

MSK (Musculoskeletal) Radiology Order Form

Please Fax all orders to (713) 500-7710		
ATH Katy UT Physicians MSK Radiology 23910 Katy Fwy, Suite 201, Katy, TX 77494 Nurse: (713)486-9897, Fax: (281)574-1464		
Patient Information		
Patient Name:	DOB:	Age:
Contact number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Diagnosis:	ICD-10 Codes:	
Physician Information		
Physician Name:	Phone number:	
Address:	Fax Number:	
City / State / Zip:	Office Contact:	
Physician Signature:	Date:	
Image guided injection		
Procedure	<input type="checkbox"/> Steroid <input type="checkbox"/> PRP – Platelet Rich Plasma <input type="checkbox"/> Toradol <input type="checkbox"/> Visco supplement <input type="checkbox"/> Aspiration <input type="checkbox"/> Labs for fluid <input type="checkbox"/> Barbotage <input type="checkbox"/> Fenestration	
Image Guidance	<input type="checkbox"/> Ultrasound <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Other:	
Site	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL	
Region (please specify area)		
<input type="checkbox"/> Joint	<input type="checkbox"/> Bursa	<input type="checkbox"/> Nerve
<input type="checkbox"/> Muscle	<input type="checkbox"/> Tendon	<input type="checkbox"/>
<input type="checkbox"/> Facet Joint	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ESI	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Diagnostic Ultrasound		
<input type="checkbox"/> Upper extremity Left	<input type="checkbox"/> Ligaments	<input type="checkbox"/> Other
<input type="checkbox"/> Upper extremity Right	<input type="checkbox"/> Tendons	
<input type="checkbox"/> Lower extremity Left	<input type="checkbox"/> Soft tissue	
<input type="checkbox"/> Lower extremity Right	<input type="checkbox"/> Muscle	
Comments:		
CT Guided injections (MHOSH / MH TMC OPID)		
<input type="checkbox"/> Piriformis muscle	<input type="checkbox"/> Facet joint	<input type="checkbox"/> SI joint
<input type="checkbox"/> Sciatic nerve	<input type="checkbox"/> Pudendal nerve	<input type="checkbox"/> Epidural
<input type="checkbox"/> Other		
Comments:		