

**ARKANSAS MEDICAID EXTENSION OF BENEFITS**

**RADIOLOGY REFERRAL FORM**

Today's Date \_\_\_\_\_

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Medicaid ID#

\_\_\_\_\_  
Reason for Test (Please provide a brief description supporting the reason for ordering the requested testing)

\_\_\_\_\_  
Referring/Ordering Physician's Name (Please PRINT)

\_\_\_\_\_  
Referring/Ordering Physician's Medicaid/NPI #

\_\_\_\_\_  
Referring/Ordering Physician's Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Primary Care Physician's Name (Please PRINT)

\_\_\_\_\_  
PCP Medicaid/NPI #

**RADIOGRAPHIC EXAMS**

- Specify # of views \_\_\_\_\_
- Head/neck (specify) \_\_\_\_\_
- Chest  Ribs
- Abdominal (specify) \_\_\_\_\_
- Spine  Cervical  Thoracic  Lumbar  Pelvic
- Joint \_\_\_\_\_  RT  LT  Bilateral
- Other \_\_\_\_\_

**RADIOGRAPHIC SPECIAL EXAMS**

- Vascular (specify) \_\_\_\_\_
- Gastrointestinal (specify) \_\_\_\_\_
- Urinary (specify) \_\_\_\_\_
- Arthrogram (specify joint) \_\_\_\_\_
- Bone Density/Osteoporosis Study

**ULTRASOUND EXAMS**

- Head/Neck  Ophthalmic
- Chest  Heart  Aorta  Abdomen
- Gall Bladder  Retroperitoneal
- Trans-rectal  Scrotum
- Non-OB Gynecological (specify) \_\_\_\_\_
- Extremity (specify) \_\_\_\_\_
- Other \_\_\_\_\_

**VASCULAR ULTRASOUND**

- Carotid Doppler
- Arterial Doppler  Upper  Lower
- Venous Doppler  Upper  Lower  RT  LT  Bilateral

**CT SCAN (Computed Tomography)**

- with contrast  without contrast
- Brain  Sinus  Soft tissue neck  Chest
- Abdomen  Pelvis  Renal stone protocol
- Spine  Cervical  Thoracic  Lumbar
- Joint/Extremity (specify) \_\_\_\_\_
- CT Angiography (specify) \_\_\_\_\_
- RT  LT  Bilateral (if applicable)
- Other (specify) \_\_\_\_\_

**MAMMOGRAPHY**

- RT  LT  Bilateral
- Screening Mammogram
- Diagnostic Mammogram (requires diagnosis)/Ultrasound  
If necessary
- Breast Ultrasound
- Breast procedures (specify- e.g. core biopsy, aspirations, ductogram pre-op localization) \_\_\_\_\_

**OTHER**

- Bone/Joint (specify) \_\_\_\_\_
- PET (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_