



ASSOCIATES  
of Tallahassee, P.A.

# Musculoskeletal Radiology

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1600 Phillips Road • Tallahassee, Florida 32308

Main Facility #: 850-878-4127

## Procedural Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: Home / Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Insurance: \_\_\_\_\_  Obtain and Attach Authorization if Required

HISTORY: \_\_\_\_\_

Please Check the Procedure Requested Below:

### Musculoskeletal Diagnosis Ultrasound

- Right       Left
- Shoulder       Elbow
- Wrist       Hip
- Knee       Ankle
- Hand       Foot

### Ultrasound Guided Tendon Injections

- Biceps Brachii       Gluteus Medius
- Right       Proximal       Right
- Left       Distal       Left
- Iliopsoas       Gluteus Minimus       Piriformis
- Right       Right       Right
- Left       Left       Left

### Image Guided Joint Injections (US/Fluoro/CT)

- Acromioclavicular       Sternoclavicular
- Right       Right
- Left       Left
- Glenohumeral (Shoulder)       Ischial Bursa
- Right       Right
- Left       Left
- Subtalar       Hip       Other: \_\_\_\_\_
- Right       Right       Right
- Left       Left       Left

### MR / CT Arthrogram

- Specify Joint: \_\_\_\_\_
- Right       Left

### Ultrasound Guided Joint Aspiration

- Right       Left      Site: \_\_\_\_\_
- Therapeutic       Diagnostic

### Ultrasound Guided Bakers Cyst Aspiration

- Aspiration Only       Right
- Therapeutic Injection       Left

### Ultrasound Guided Lavage / Barbotage

- Right       Left      Site: \_\_\_\_\_

### Ultrasound Guided Tenotomy

- Right       Left      Site: \_\_\_\_\_

### CT Guided Bone Biopsy

- Right       Left      Site: \_\_\_\_\_

### CT Guided Sacroiliac Joint Injection

- Right       Left

OTHER REQUESTED PROCEDURE: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Please send any pertinent history, lab values, prior imaging reports/images.