

**RADIOLOGY
APPLICATIONS
TRAINING**

WORKSHEETS

UW/MC July 1, 2015

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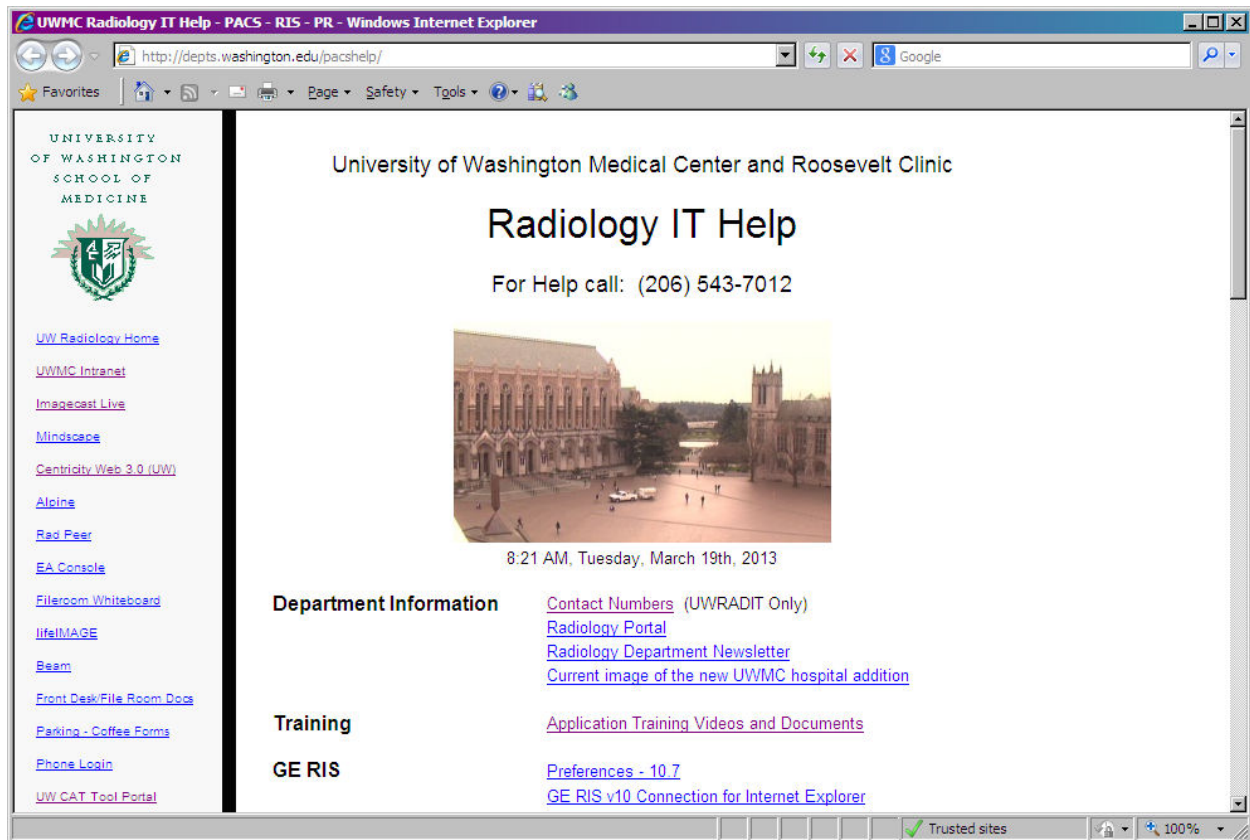
UW RADIOLOGY HELP PAGE:

Instructions and information for radiology applications and connectivity.

Hyperlinks to frequently used applications.

Access links to training videos.

Updated as things change.



The screenshot shows a web browser window titled "UWMC Radiology IT Help - PACS - RIS - PR - Windows Internet Explorer". The address bar shows "http://depts.washington.edu/pacs/help/". The page content includes the University of Washington School of Medicine logo on the left, a navigation menu with links like "UW Radiology Home", "UWMC Intranet", "Imagecast Live", "Mindscope", "Centricity Web 3.0 (UW)", "Alpine", "Rad Peer", "EA Console", "Fileroom Whiteboard", "lifeIMAGE", "Beam", "Front Desk/File Room Docs", "Parking - Coffee Forms", "Phone Login", and "UW CAT Tool Portal". The main content area features the text "University of Washington Medical Center and Roosevelt Clinic", "Radiology IT Help", and "For Help call: (206) 543-7012". Below this is a photograph of a large, historic building. The date "8:21 AM, Tuesday, March 19th, 2013" is displayed. The page is organized into sections: "Department Information" with links for "Contact Numbers (UWRADIT Only)", "Radiology Portal", "Radiology Department Newsletter", and "Current image of the new UWMC hospital addition"; "Training" with a link for "Application Training Videos and Documents"; and "GE RIS" with links for "Preferences - 10.7" and "GE RIS v10 Connection for Internet Explorer". The browser status bar at the bottom shows "Trusted sites" and a zoom level of "100%".

A link to the help page can be found on the UW Medicine, Workplace Services tab.

The screenshot shows the UW Medicine website header with the following navigation tabs: ABOUT UWMC, DIVISIONS & DEPARTMENTS, TOOLKITS, MY EMPLOYEE RESOURCES, WORKPLACE SERVICES (highlighted), and QUALITY & SAFETY. The main content area is divided into three columns:

- Maps and Directions:** UWMC Maps and Directions
- Communications:** Teleservices, Alpine (E-mail), Using UW E-mail, Send a Text to a USA Mobility Pager, Configure Your Smart Phone, E-mail Vacation Message, Junk E-mail Filter, WIFI Access, Web UW Medicine Outlook
- Public Safety:** Public Safety and Parking, ID Badges
- Passwords and Accounts:** AMC Passwords, UW Net ID
- Where Do I Go For?:** Broken Clinical Equipment, Computer Repairs, Flu Shots and TB Testing, Food Options, IV Grid (IV Med Administration By Floor), Lost and Found, Mail Services, Materials Management Item Catalog, Pagers or Phone Problems, Plaza Cafe Menu, PMM Online Requisition, Public Safety Escorts, Radiology IT Help

This is the same place you will find links to change your AMC and UW Net ID passwords.

SETTING UP NEW ACCOUNTS AT UWMC/ HMC

For new accounts, you will need to start with page 3 of this document – setting your AMC and UWNetID passwords.

When creating passwords, the more passwords you can make the same and keep synchronized the easier logging in will be. Therefore, keep this in mind when creating your passwords:

Passwords for all applications must include at least:

1 upper case letter

1 lower case letter

1 number

Passwords must be between 8 and 12 characters.

Do not exceed 12 characters.

If you use symbols, USE ONLY these symbols

! @ \$ () -

Symbols are not required for PACS or RIS, but *are required* for AMC. If you want your AMC password to match the others, include one of the symbols listed above.

(From experience, I use a –
I have yet to find an application that doesn't like it.)

While this is the most important information, additional suggestions and instructions are on the next 2 pages.

For new staff, we will help you create access to the radiology applications but you must first have AMC and UWNetID set up. Both are needed prior to your radiology training sessions.

CHANGING YOUR PASSWORDS AT UWMC:

Passwords must be changed regularly in multiple applications. While we are working on coordinating this, we are not there yet.

To assure you have a password that will work in all places, consider changing your passwords in the following order:

1. Start by updating RIS and PACS. They are the most restricted.

If you are using an integrated PACS workstation, you only need to change your RIS password. RIS will update PACS on your next log in.

Passwords must be between 8 and 12 characters.
Do not exceed 12 characters.

If you use symbols, USE ONLY these symbols

! @ \$ () -

Symbols are not required for PACS or RIS, but *are required* for AMC. If you want your AMC password to match, include one of the symbols listed above.

- Open “Prefs”.
- Go to the “Password” Tab.
- Change both your System and your Signing passwords. They can be identical.
- Save, and close the window.
- Now update your PowerScribe password to match RIS.
- Log off RIS and log in with your new password. If you are on an integrated workstation, your UW PACS password will automatically update to match RIS.
- If you also have a ViewPoint account, update this on as well.
- If desired, also update HMC PACS and HMC PowerScribe to match.

2. Now log into MyUW and update your AMC and UWNetID to match your new RIS / PACS password. Use the following link: <http://myuw.washington.edu/>

UW Medicine Computing Services
(Access to ORCA, EPIC, MINDscape, AMC)

UW NetID Computing Services
(Access to Email, MyUW Web Publishing, etc.)

XIV. Automatic Logoff Standard

To assist in maintaining the confidentiality of protected health information, UW Medicine has standard automatic logoffs for applications and workstations to complement the user's personal responsibility to log out or to secure applications or workstations. These measures are in place to help preserve the confidentiality of patient identifiable information. These measures do not replace employees' personal responsibility to log out or secure applications and workstations or the requirement that only authorized personnel use medical center workstations. The following timeout standards apply for applications and workstations where protected health information is accessible:

- 1.** Applications that contain RESTRICTED or CONFIDENTIAL information must secure inactive sessions. This can be accomplished by the application logging off idle users after fifteen minutes of inactivity or use of application utilities to lock a user's session while allowing other users to use the application. For areas where patients or the public have access to a workstation, these UW Medicine workstations require a screen saver to appear at one minute of workstation inactivity.
- 2.** Exemptions may be granted with approval from the UW Medicine Confidentiality and Access Work Group where inadvertent access risk is lower, staff interruptions are greater, and general timeouts represent a barrier to patient safety.

HELP PHONE NUMBERS:

IT Services Help desk: mcsos@uw.edu

- **206 543-7012**
- Hours: 24 hour help, 7 days per week
- Be specific about what you need and how soon you need it. This is a triage line for the entire institution.

UWMC Radiology IT Help line:

- **598-4890**

And HMC Radiology IT Help line:

- **744-4890**
- Hours: 8 to 5, Monday to Friday
All other times use the IT Services line. This line forwards to IT services afterhours.
- Use for radiology application specific assistance.

School of Medicine Help: somradit@uw.edu

- 206 221-3016
- Hours: 8 to 5, Monday to Friday
All other times use the IT Services Help Desk line.

SCCA IT Help:

- General computer support / network logon
 - SCCA Helpdesk 288-8200 itsd@seattlecca.org
- Radiology Application support (RIS, PACS)
 - Rad IT support line at **288-8213** Radsupport@seattlecca.org

STATUS CODES

GE PACS - RIS Status Codes					
PACS	Description	RIS	Description	Report Status	ViewPoint Status
10	Canceled	X	Canceled	Pending Creation	None
20	Ordered	O	Ordered	Pending Creation	None
30	Scheduled	S	Scheduled	Pending Creation	New exam
40	In-Progress	I	In progress	Pending Creation	Scan started
50	Verified	C	Completed	Pending Creation and Draft Report	Scan Finished
60	Dictated	D	Dictated (in transcription)	Dictated	Report Draft
70	Preliminary	P	Preliminary	Preliminary	Report Preliminary
90	Final	F	Finalized	Final	Report Finalized
	Addended	A	Addended	Addended	Addend in RIS only
100	Reference Only	N	Non-reportable or Outside Films	Non-reportable	None

REMOTE CONNECTIONS:

UWMC Radiology has a remote server (Statler) for access to radiology applications.

To find RDC that is already loaded on a PC, click on the START button and select *Programs / Accessories / Communications / Remote Desktop Connection*.



Type in “statler.rad.washington.edu”, and then click Connect. This will take you to the log in window on the server. Enter your AMC\username and password.

NOTE:

- Do not save files on Statler. Email them to yourself or save to a thumb drive.
- Don't forget to LOG OFF this server when you are done with your session.

If you need assistance getting this to work from your office or home computer call

School of Medicine Help: somradit@uw.edu

- 206 221-3016
- Hours: 8 to 5, Monday to Friday
All other times use the IT Services line.

PREFERENCE SETTINGS:

Also see the "Preferences" video on this web site:

<http://depts.washington.edu/pacshelp/docs/Training/RIS-IC.html>

User Preferences -- Webpage Dialog

User Preferences [help] [save] [close]

General Passwords Report Creation Viewer

Organization

Default Organization: UM-University of Washington Medical Center.

Current Session Organization: UM

Worklist

Page to automatically launch at Login: Home

Action when the worklist queue is emptied: Go to Worklist

Reset closed exams when queue is emptied:

Retain exam selections when collapsing a section: Prompt

Related Prior search by: Body Site and Modality

Clinical Info Summary - Initially display: Related Exams

Exam Assignment - assign to me by default:

Disable auto display of Clinical Info in Work Queue:

Radiologist Worklist

Number of patients other exams to show on worklist: (All)

Number of related exams for which to hang images: 0

Document Management

Auto launch documents from Paperclip:

Auto launch documents in Clinical Info:

Auto launch documents in Clinical Info Document tab:

Priority Document Type (floats to top of Document Worklist)

Org	Subspecialty	Document Type
< click to add new row >		

Application Behavior

Application is always displayed on top: ←

User Preferences -- Webpage Dialog

User Preferences [help] [save] [close]

General Passwords Report Creation Viewer

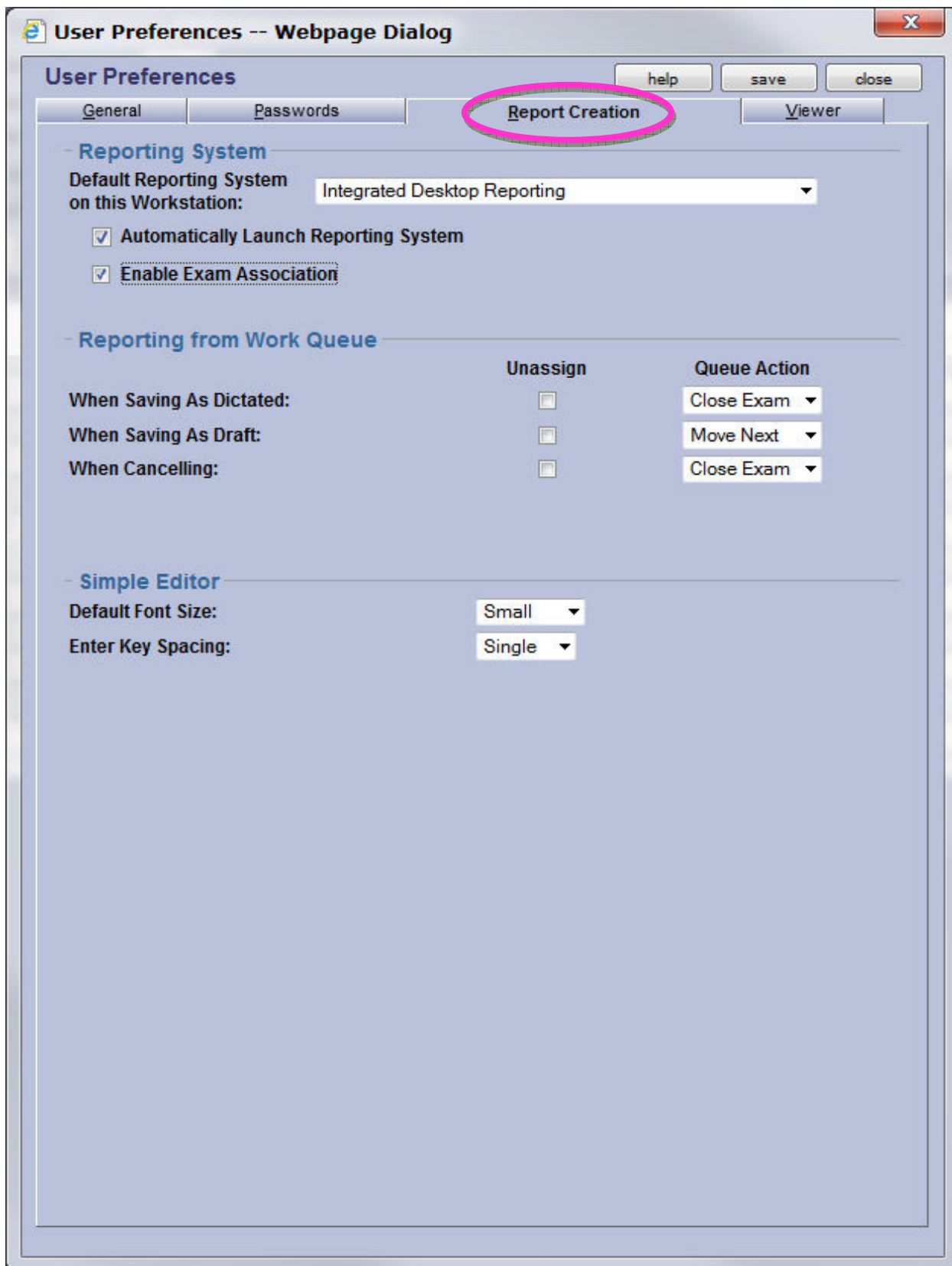
Viewer Launch Mode (Clinical Info Window Only)

Enable multi-select for Primary viewer:

PACS Viewer

Use Diagnostic Viewer on this Workstation: ←

Work Queue Action on 'Move Next' from PACS: Close Item



POWERMIC II

POWERMIC II



L-3332-001







12/2010







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Icons in the Worklist Module

Icons on the left side of the worklist indicate certain conditions and, also may launch system components—for example, Document Management, Exam Memos.

Positioning the cursor over the icon displays more information about the icon

Worklist Indicators	Displayed on These Worklists	Description
Indicator		
	<ul style="list-style-type: none"> ▪ Technologist ▪ Patients ▪ Exams ▪ Lookup 	<p>Indicates that images exist for the exam.</p> <p>Although the images are available, they have not yet been verified. Radiologists can view the images; however, they should not begin the report creation process.</p>
	<ul style="list-style-type: none"> ▪ Patients ▪ Exams ▪ Lookup 	<p>Indicates to a radiologist that the images have been verified by a technologist.</p> <p>Radiologists can view the images; they can also begin the report creation process.</p>
	<ul style="list-style-type: none"> ▪ Patients ▪ Exams ▪ Lookup 	<p>Indicates that, in conjunction with use of a diagnostic viewer, an exam has been added to someone's work queue.</p> <p>Notes: Positioning the cursor over the icon displays a ToolTip containing the name of the provider who has the exam in queue.</p>
	<ul style="list-style-type: none"> ▪ Patients ▪ Exams ▪ Lookup 	<p>Indicates one of the following:</p> <ul style="list-style-type: none"> ▪ Exam is currently open; consequently, the corresponding report is not available for editing (there are several places in the Centricity RIS-IC system where an exam can be open for editing—for example, the Enter/Edit Exam and Results Reporting windows). <p>Notes:</p> <ul style="list-style-type: none"> ▪ Positioning the mouse pointer over the icon displays a ToolTip containing the reason for the lock and the name of the user who has the exam open. ▪ A locked exam or exception is not added to a work queue that is created automatically. ▪ If a locked exam or exception loads into the work queue workspace, a lock indication is displayed.
	<ul style="list-style-type: none"> ▪ Technologist ▪ Patients ▪ Exams ▪ Lookup 	<p>Indicates a stat exam.</p>
	<ul style="list-style-type: none"> ▪ Exams ▪ Patients ▪ Lookup 	<p>Indicates a stat exam and a stat read.</p>

	<p>Worklist module options:</p> <ul style="list-style-type: none"> ▪ Exams ▪ Patients ▪ Lookup ▪ Signing <p>Provider module options:</p> <ul style="list-style-type: none"> ▪ Outstanding Rpts ▪ Signature Queue 	Indicates that the exam is a stat read.
	<ul style="list-style-type: none"> ▪ Technologist ▪ Patients ▪ Exams ▪ Lookup 	<p>Indicates that documents exist for this exam in the Document Management Solution.</p> <p>Clicking the icon launches the Document Management Solution.</p>
	<ul style="list-style-type: none"> ▪ Protocol ▪ Technologist 	Indicates that protocols have been added to the exam.
	<ul style="list-style-type: none"> ▪ Patients ▪ Exams ▪ Lookup 	Indicates the exam has been assigned. Positioning the cursor over the icon displays a ToolTip containing the name of either the assignee or assigner. Right click to "unassign".
	<ul style="list-style-type: none"> ▪ Technologist ▪ Patients ▪ Exams ▪ Lookup 	Indicates that an exam memo exists for the exam. Click to view.
	<ul style="list-style-type: none"> ▪ Exams 	<p>Indicates the exam is for the same modality and anatomy as the primary exam.</p> <p>Note: On the Exams worklist, primary exams are the exams with the blue arrow (▶) next to them.</p>

REPORT TYPES:

Draft – use to save during report creation. Cannot be seen outside of Imagecast

Preliminary – use to save edited reports ready for the attending to sign. Reports in this status go to PACS, EPIC, ORCA for internal clinical staff to view.

Final – Signed off by the attending provider. Goes to PACS, EPIC, ORCA, faxes to outside providers, and generates billing.

PROVIDER TYPES:

Performing: This is the tech or sonographer who performed the exam.


Contributing: Anyone, tech or physician, who contributed to the report.

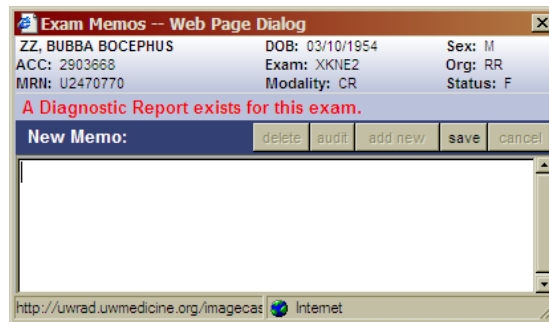
Responsible: The final signer who is responsible for approving the content of the report.

EXAM MEMOS

Also see the "Exam Memos" video on this web site:

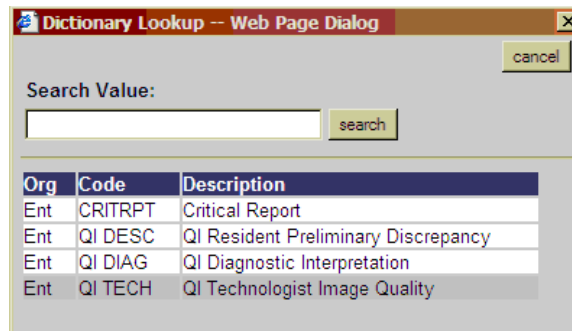
<http://depts.washington.edu/pacshelp/docs/Training/RIS-IC.html>

 Exam Memos are accessed using this icon on the patient banner.



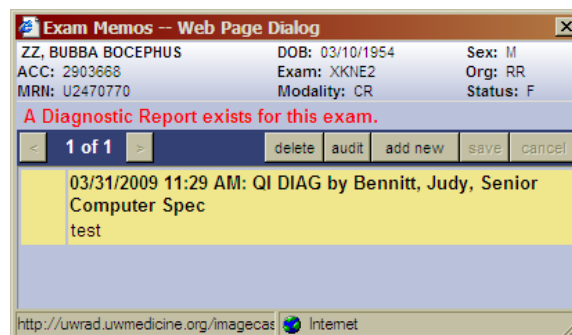
Add your comment and 

Select the memo type.



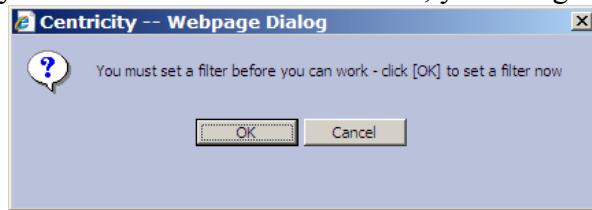
Org	Code	Description
Ent	CRITRPT	Critical Report
Ent	QI DESC	QI Resident Preliminary Discrepancy
Ent	QI DIAG	QI Diagnostic Interpretation
Ent	QI TECH	QI Technologist Image Quality

Your memo is saved.



SETTING UP A FILTER FOR PROTOCOLS:

The first time you select the Protocols Worklist, you will get this pop-up:



The date range needs to be 7 days to cover weekends.

A screenshot of a web browser dialog box titled "Protocol Worklist Filters -- Webpage Dialog". The form contains several fields and checkboxes:

- Filter Name: BODY (dropdown)
- Date Range: Next 7 Days (dropdown)
- Rows/Page: (All) (dropdown)
- Load Stats on Top? (checked checkbox)
- Exclude Existing: Yes (dropdown)
- Minutes/Refresh: 4 (dropdown)
- Organization: RR, SC, SO, UM (text field with search and clear buttons)
- Modality: CT, MR (text field with search and clear buttons)
- Sub-Specialty: BODY, BODY PRO, CARDIO (text field with search and clear buttons)
- Anatomy: (empty text field with search and clear buttons)
- Patient Status: (empty text field with search and clear buttons)
- Patient Loc: (empty text field with search button)
- Age Range: between (empty text field) and (empty text field)
- Exam Status: A list of checkboxes: Ordered, Scheduled (checked), In Progress (checked), Completed, Non-reportable, Dictated, Preliminary, Finalized, Added, Revised. A "select all" button is below the list.

At the bottom, there are buttons for "help", "remove", "save", and "cancel".

Exclude Existing:

- If you want to see exams with protocols, this should say "No".
- To have protocolled exams drop off the list, this should say "Yes".

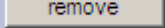
Enter the organization(s) you want to view. (ES, NW, RR, SC, UM)

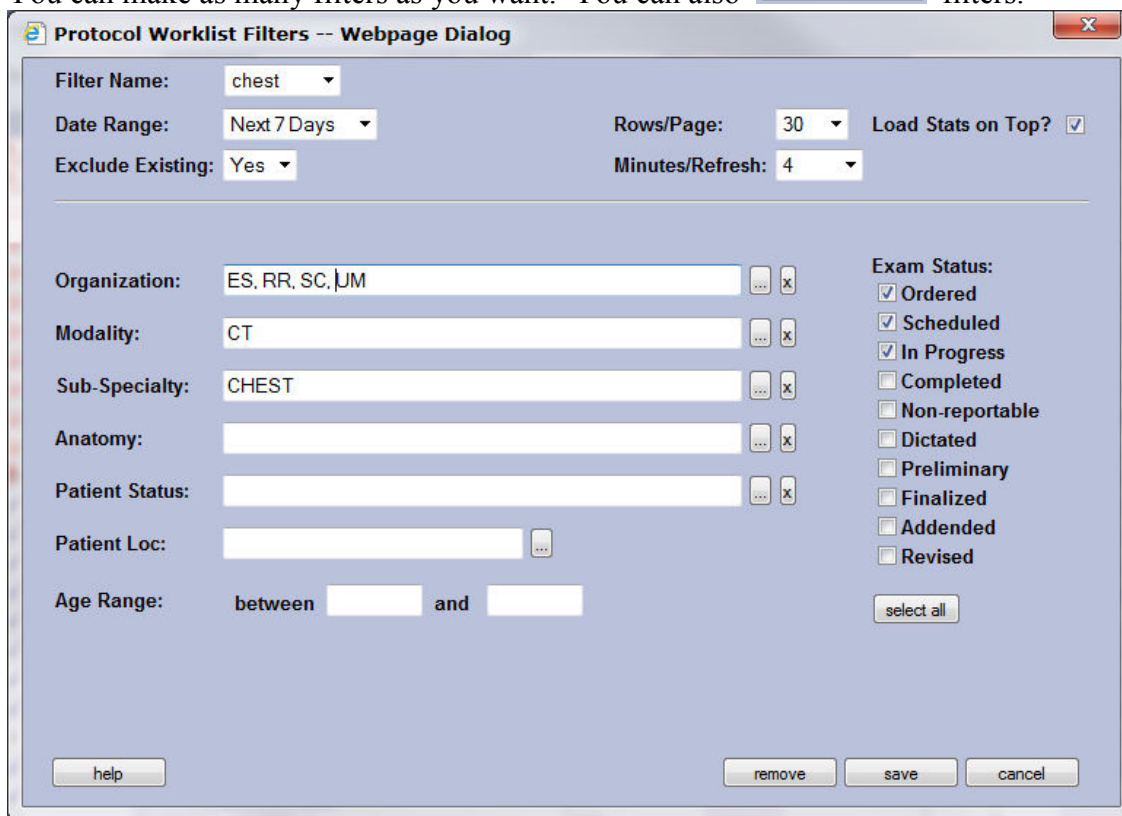
Enter the modality (CT, MR)

Enter the Sub-Specialty: (MSK, Body, Neuro)

Save and Name.

Examples of other filters you will need are on the next 2 pages.

You can make as many filters as you want. You can also  filters.



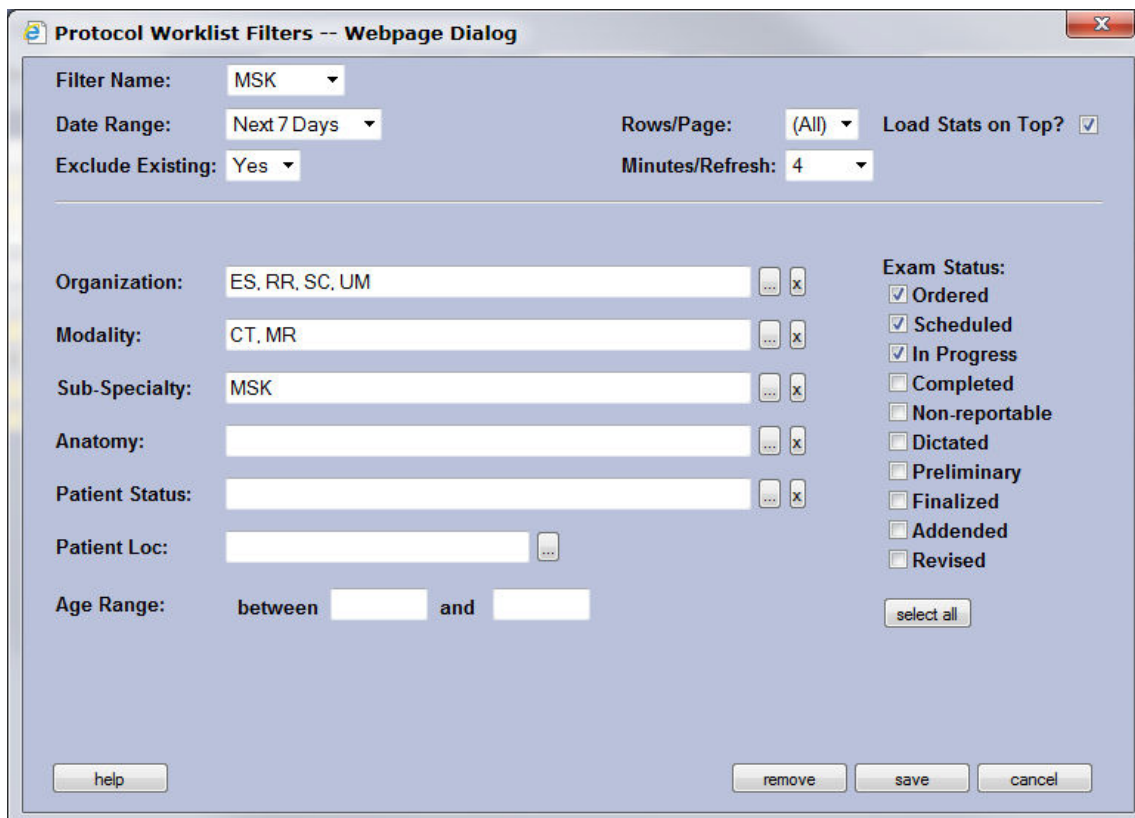
Protocol Worklist Filters -- Webpage Dialog

Filter Name: chest
Date Range: Next 7 Days
Exclude Existing: Yes
Rows/Page: 30
Load Stats on Top?
Minutes/Refresh: 4

Organization: ES, RR, SC, UM
Modality: CT
Sub-Specialty: CHEST
Anatomy:
Patient Status:
Patient Loc:
Age Range: between and

Exam Status:
 Ordered
 Scheduled
 In Progress
 Completed
 Non-reportable
 Dictated
 Preliminary
 Finalized
 Added
 Revised

Buttons: help, remove, save, cancel



Protocol Worklist Filters -- Webpage Dialog

Filter Name: MSK
Date Range: Next 7 Days
Exclude Existing: Yes
Rows/Page: (All)
Load Stats on Top?
Minutes/Refresh: 4

Organization: ES, RR, SC, UM
Modality: CT, MR
Sub-Specialty: MSK
Anatomy:
Patient Status:
Patient Loc:
Age Range: between and

Exam Status:
 Ordered
 Scheduled
 In Progress
 Completed
 Non-reportable
 Dictated
 Preliminary
 Finalized
 Added
 Revised

Buttons: help, remove, save, cancel

Protocol Worklist Filters -- Webpage Dialog

Filter Name: **NEURO** ▾

Date Range: **Next 7 Days** ▾

Exclude Existing: **Yes** ▾

Rows/Page: **(All)** ▾

Load Stats on Top?

Minutes/Refresh: **4** ▾

Organization: **ES, NW, RR, SC, UM** ... x

Modality: **CT, MR** ... x

Sub-Specialty: **NEURO** ... x

Anatomy: ... x

Patient Status: ... x

Patient Loc: ...

Age Range: between and

Exam Status:

- Ordered
- Scheduled
- In Progress
- Completed
- Non-reportable
- Dictated
- Preliminary
- Finalized
- Addended
- Revised

Protocol Worklist Filters -- Webpage Dialog

Filter Name: **BODY** ▾

Date Range: **Next 7 Days** ▾

Exclude Existing: **Yes** ▾

Rows/Page: **(All)** ▾

Load Stats on Top?

Minutes/Refresh: **4** ▾

Organization: **ES, RR, SC, UM** ... x

Modality: **CT, MR** ... x

Sub-Specialty: **BODY** ... x

Anatomy: ... x

Patient Status: ... x

Patient Loc: ...

Age Range: between and

Exam Status:

- Ordered
- Scheduled
- In Progress
- Completed
- Non-reportable
- Dictated
- Preliminary
- Finalized
- Addended
- Revised

USING ONLINE PROTOCOLING

Also see the "Protocols" videos on this web site:
<http://depts.washington.edu/pacshelp/docs/Training/RIS-IC.html>:

To use on-line protocols, go to the Protocol Worklist. (First time users, see instructions for setting up your filters.)

1. The paperclip is an icon noting a scanned document exists. It is not a link. To see the document, open the Clinical Info Window (#3) and click the paperclip at the top. If you are auto-launching documents, make sure the ACC number on the requisition matches the ACC number of the exam. (See instructions under Set up to Autolaunch Documents.)
2. The Name hyperlink shows you today's exams for the patient. Protocols, except for add ons, are done at least 48 hours in advance. This link shows you current day exams **only**, regardless of the date you are protocoling.
3. The Accession number hyperlink takes you to the Protocol window.
4. The Exam hyperlink connects you to the Enter/Edit window where you can **change the exam code. Also use this to add a modifier when you need the exam to switch worklists.** (See instructions for Switching an Exam to a Different Worklist.)

Name	Org	Acc	Sts	Exam	Requester	Date/time	Mod	Anat
MRI BRAIN WO CONT	UM		S	MRI BRAIN WO CONT	GRAHAM, CARRIE	10/02/2010 7:30 AM	MR	HEAD_NECK
MRI C SPINE WO CONT	UM		S	MRI C SPINE WO CONT	HEINEN, CORINNE	10/02/2010 8:00 AM	MR	SPINE
MRI BRAIN WO CONT	UM		S	MRI BRAIN WO CONT	DUCKERT, LARRY	10/02/2010 8:30 AM	MR	HEAD_NECK
MRI BRAIN WO CONT	UM		S	MRI BRAIN WO CONT	LUCAS, SYLVIA M	10/02/2010 10:30 AM	MR	HEAD_NECK
MRI C SPINE WO CONT	UM		S	MRI C SPINE WO CONT	LUCAS, SYLVIA M	10/02/2010 10:30 AM	MR	SPINE
CT ABDOMEN WO CONT	UM		S	CT ABDOMEN WO CONT	SAMSON, WERNER	10/02/2010 10:30 AM	CT	ABDM-PEL
CT ABDOMEN WO CONT 10	UM		S	CT ABDOMEN WO CONT 10	BAKTHAVATSALAM	10/02/2010 11:00 AM	CT	ABDM-PEL
CT PELVIS WO CONT 5	UM		S	CT PELVIS WO CONT 5	BAKTHAVATSALAM	10/02/2010 11:00 AM	CT	ABDM-PEL

To protocol an exam click the accession number hyperlink, which opens the Clinical Exam Notes window.

1. Prior Exam Protocol (if there is one) will display and can be selected for the current exam if appropriate.
2. Quick protocol is a list of protocols frequently selected for this exam.

Clinical Exam Notes -- Webpage Dialog

Clinical Exam Notes Top of List Note 1 of 3

TEST, BINKY a DOB: 01/01/1968 Age at exam: 42 Y, 9 M Sex: F MRN: U0000199
 ACC: 7004105 Exam: MRI PELVIS W/O CONT BODY Org: UM
 10/01/2010 12:00 AM PDT Ex. Sts: S Report Status: Pending Creation Perf. Resource: UMMR1

Clinical Info Memos

This patient has allergies on file. details

Protocols

Prior Exam Protocol: [dropdown] save save & next

Quick Protocol List: ** Select Quick Protocol **

Protocol: Bennitt, Judy 09/30/2010 9:55 AM PDT [dropdown]

Code	Protocol Description	[Full] Comments
<input checked="" type="radio"/> M PELV MRV	MRI Pelvic MRV (MRV 1)	no contrast

Diagnostic report text

Signs and Symptoms: testtesttest
 History:
 Comments:
 Details: OUTPATIENT Phase: YES

Related Exams hide list all exams


Org	Acc	Sts	Exam	Requester	Date/time	Mod	Anat	Resource
UM	2789287	N	MRI ABDOMEN W CONT OF	SUPPORT, SERVIC	01/01/2005 12:00 PM	MR	ABDOM-PEL	UMMR1

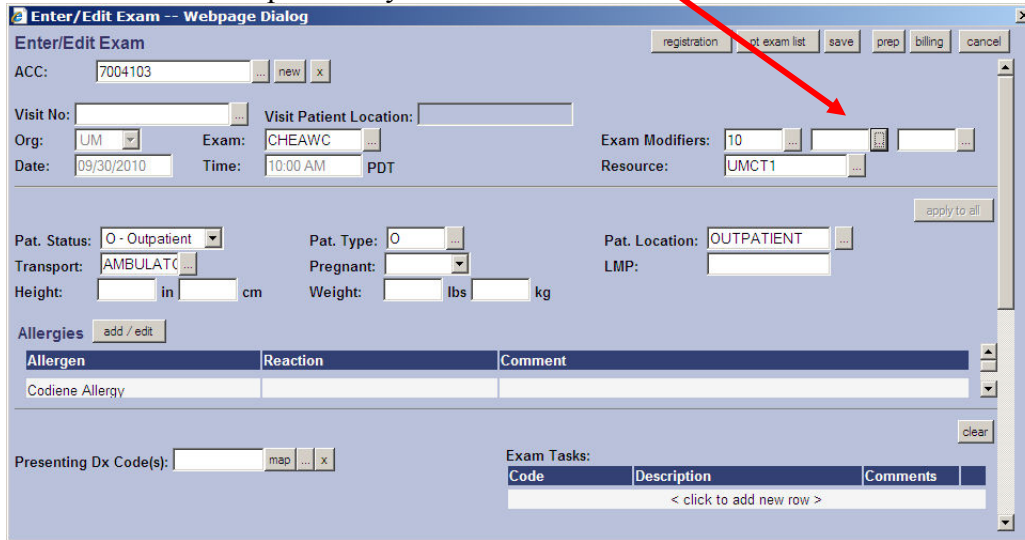
3. If you don't see an appropriate protocol on the quick list, it could be the wrong exam was scheduled. This is common for exams that can be done with contrast. Correcting the exam code should put your protocol on the quick list.
4. The look up button below the quick list will show you all protocols.
5. Comments should include information the tech needs to scan outside the standard protocol, e.g. additional sequences, contrast, delay scan times.
6. To protocol additional exams for the same patient, use the hyperlink on the Related Exams list.
7. Once the protocol is done, **save** to return to the worklist or **save & next** to protocol the next exam.

SWITCHING THE EXAM TO A DIFFERENT WORKLIST:

Also see the video "Transfer an Exam to Another Worklist" on this web site:
<http://depts.washington.edu/pacshelp/docs/Training/RIS-IC.html>

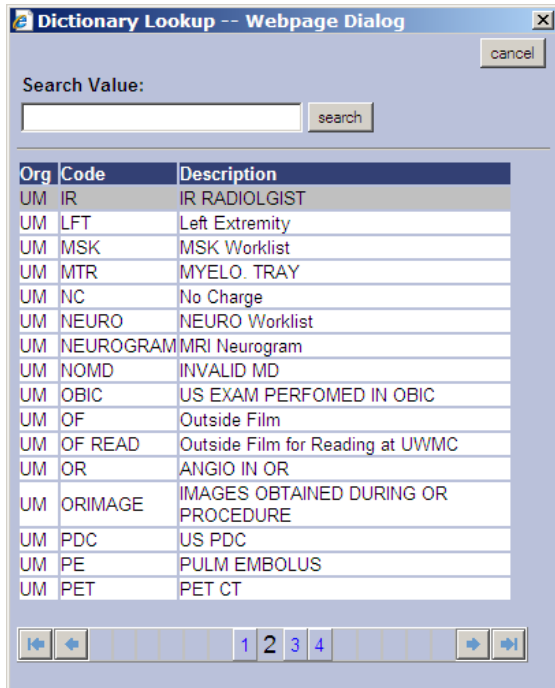
Sub Specialty allows you to move exams from one list to another. This works for the Exams Worklist as well as Protocol lists.

1. Select the Exam hyperlink to go to the Enter/Edit window.
2. Click the ellipsis  by the first blank Exam Modifier field.



The screenshot shows the 'Enter/Edit Exam' dialog box with various fields for patient information, exam details, and modifiers. A red arrow points to the ellipsis icon next to the first blank Exam Modifier field.

3. Select the desired Worklist modifier from the pop-up list.



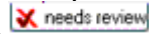



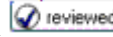



The screenshot shows the 'Dictionary Lookup' dialog box with a search field and a list of worklist modifiers. The list has columns for Org, Code, and Description.

Org	Code	Description
UM	IR	IR RADIOLOGIST
UM	LFT	Left Extremity
UM	MSK	MSK Worklist
UM	MTR	MYELO. TRAY
UM	NC	No Charge
UM	NEURO	NEURO Worklist
UM	NEUROGRAM	MRI Neurogram
UM	NOMD	INVALID MD
UM	OBIC	US EXAM PERFORMED IN OBIC
UM	OF	Outside Film
UM	OF READ	Outside Film for Reading at UWMC
UM	OR	ANGIO IN OR
UM	ORIMAGE	IMAGES OBTAINED DURING OR PROCEDURE
UM	PDC	US PDC
UM	PE	PULM EMBOLUS
UM	PET	PET CT

Your exam will move to the selected modality's worklist.

PROTOCOL REVIEW STEPS:

Desired Result	Steps
Attending radiologist attaches and approves protocol	<ol style="list-style-type: none"> 1. Attach the protocol to the exam. 2. Click  3. Click Save <p> icon displays indicating this protocol is reviewed.</p>
Resident/Fellow attaches protocol, marks it “needs review”.	<ol style="list-style-type: none"> 1. Attach the protocol to the exam. 2. Click  3. Click Save <p> icon displays in the worklist indicating this protocol needs review.</p>
Attending radiologist reviews and changes the assigned protocol.	<ol style="list-style-type: none"> 1. Review existing protocol and documents. 2. Remove existing protocol. 3. Attaches new protocol. 4. Click  5. Click Save <p> icon displays indicating this protocol is reviewed.</p>
Attending radiologist reviews and agrees with assigned protocols.	<ol style="list-style-type: none"> 1. Review existing protocol and documents 2. Click  3. Click Save <p> icon displays indicating this protocol is reviewed.</p>

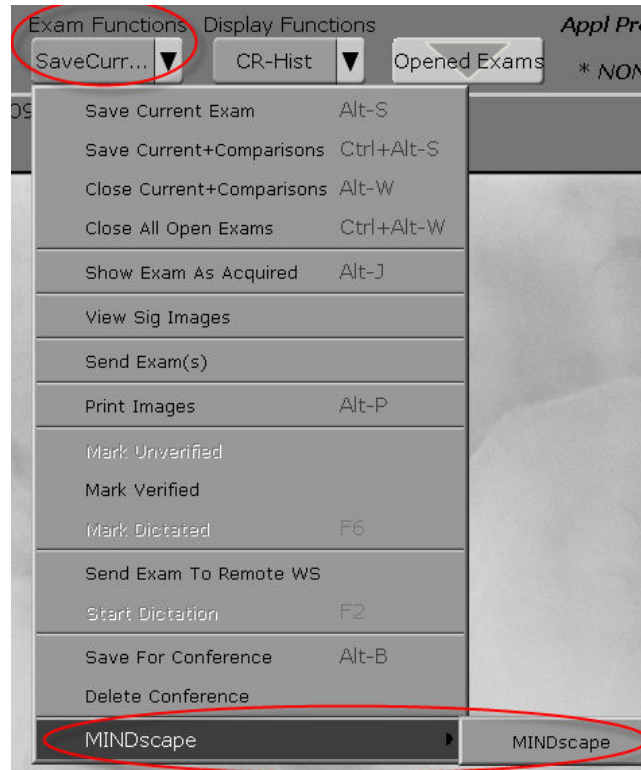
VIEWING PROTOCOLS FROM THE CLINICAL INFORMATION WINDOW.

1. On the Exam worklist, double-click the patient to open the Clinical Info Summary window (this also auto-launches the report window)
2. Close to minimize the report window.
3. Do one of the following:
 - a. Click the hyperlink on Protocol information section if set up on this tab to view or edit as appropriate.
 - b. Click the **Protocol** tab and view and/or edit the protocol as appropriate.

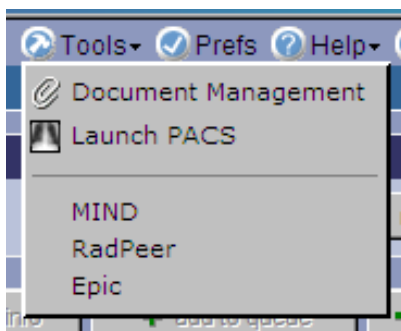
RIS PACS – MINDscape LINKS

Also see the Video: “Launch External Applications” on this web site:
<http://depts.washington.edu/pacshelp/docs/Training/RIS-IC.html>

1. Open images in PACS, choose the Exam Functions Menu, MINDscape:



In Imagecast, select the Tools menu, then MIND.



In both instances Mindscape will hide behind Imagecast due to the preference “application always displayed on top”.

STEPS FOR DICTATING:

Dictating

1. Open the worklist
2. Select the exam(s) to dictate
 - a. Double click on the line or
 - b. Check it and click the Start button.
3. Associate if appropriate
4. Add the attending
5. Choose your macro if the default is incorrect for this study.
6. Dictate the exam.

You now have several choices to save your work.

1. Save Draft, to save a draft copy of the report. You can then return to it later to work on it further
2. Approve or sign as preliminary – sends the report to the EMR's and PACS. It will be visible to clinicians.
3. Sign - if you are a final signer. At this time the report faxes to the providers listed at scheduling.

Your choices depend on the workflow you are using.

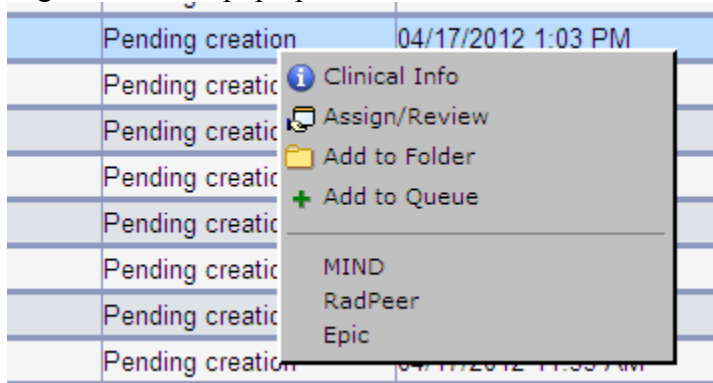
1. To hold a report to read out with the attending use #1, Save Draft.
2. For Nighthawk workflow (where the report needs to go to the EMRs) use #2, assign "Support, Services" as the attending and save preliminary.
3. To immediately sign off the report (attendings only) use #3

ASSIGN / UNASSIGN

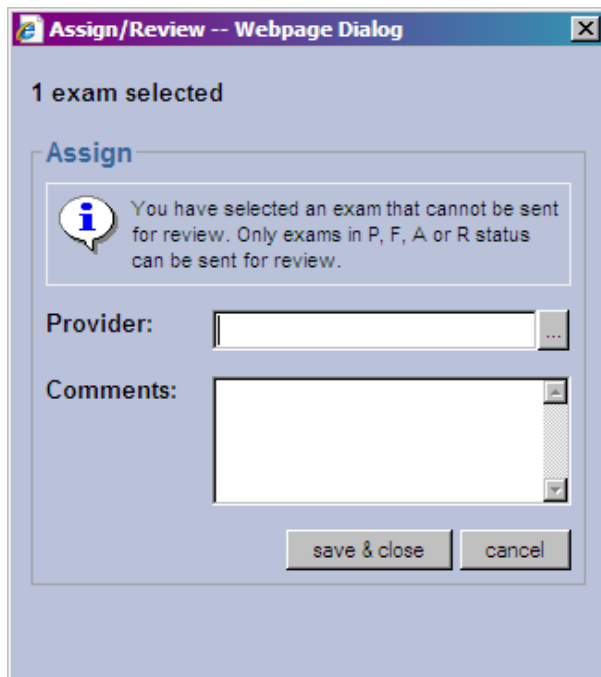
Also see Video: "Assign/Unassign Exams" on this web site:
<http://depts.washington.edu/pacshelp/docs/Training/RIS-IC.html>

Select the exam on the worklist.

Right click for a pop up box.



Select Assign/Review.



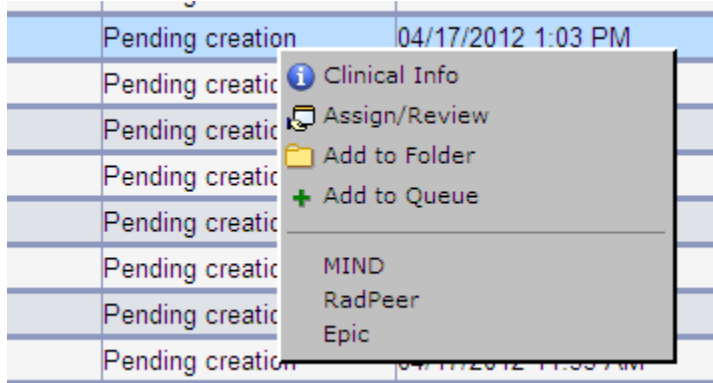
Select the provider.

Save & close will assign this exam to the selected provider and puts this icon on the worklist:

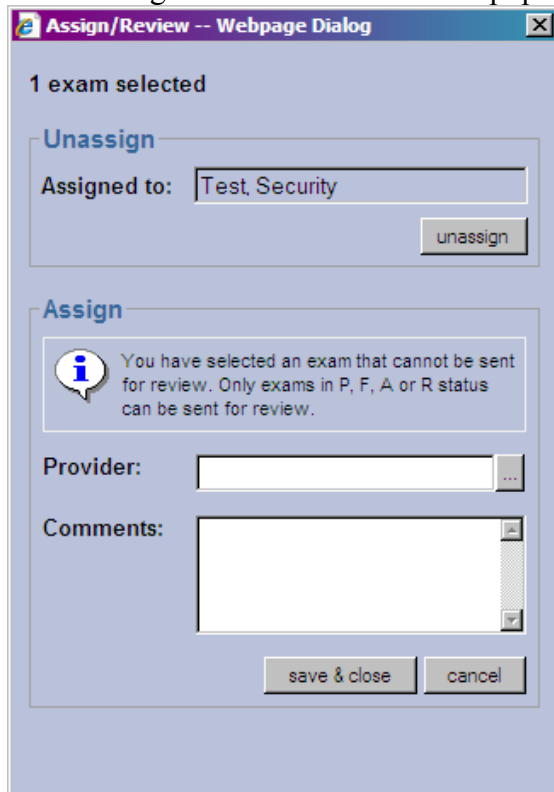


To remove an assigned exam,

Right click for a pop up box.



Select Assign/Review. This time the pop up will look like this:

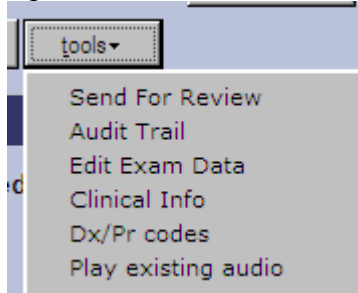


Click unassign, save & close.

Send For Review:

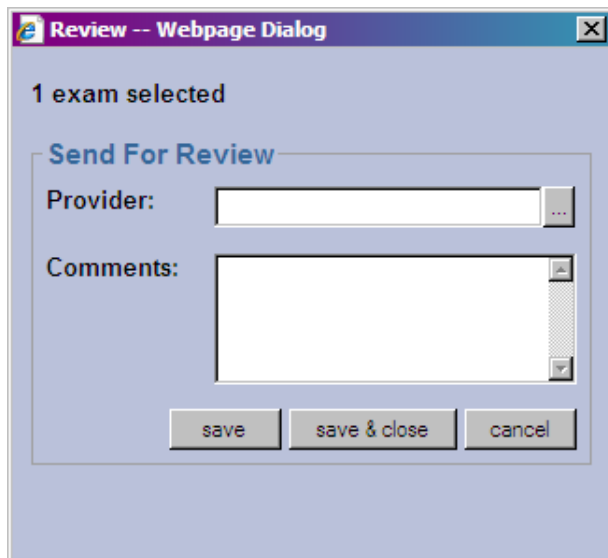
This can be done from the worklist with the Assign / Review pop up. It can also be found on the report window.

Open the exam. From the report window click tools and select Send for Review.



Select the provider.

Include the reason for the review in Comments.



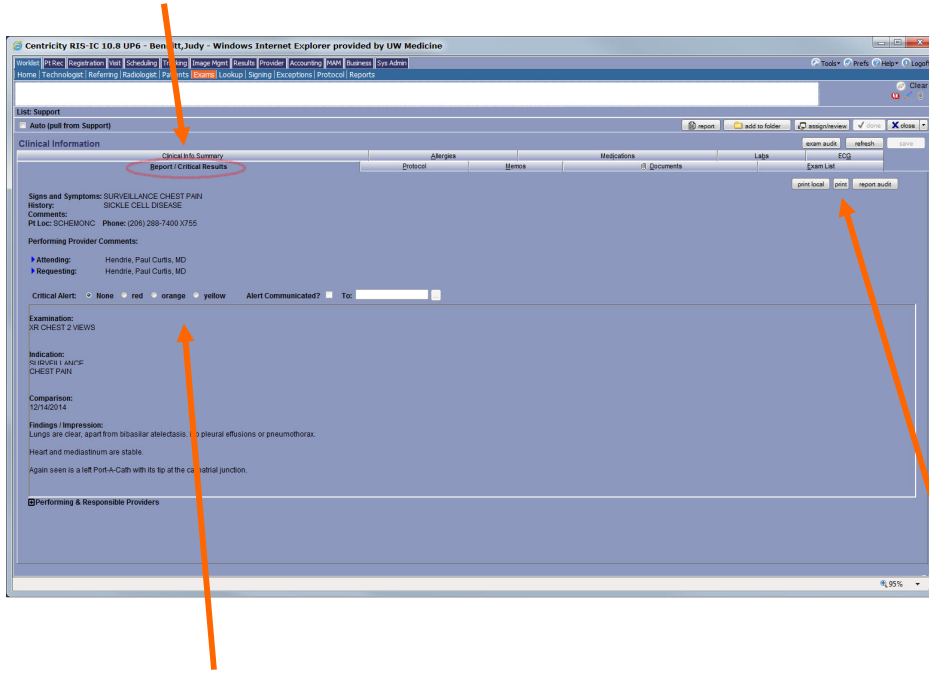
Save & Close to send this to the provider's signature queue.

To **remove** it from the signature queue,

- Open the report
- Select "Tools"
- "Remove from my queue".

DOCUMENTING CRITICAL FINDINGS

Go to the “Report/Critical Results” tab on the Clinical Info window in RIS:



Select the Alert level according to the Critical Alert Colors list below and save.

Once you have spoken with the provider, check **Alert Communicated?** and **To:** and save.

In PS360, dictate the critical finding. You can use a macro for this. The macro names are “critical red”, “critical orange”, “critical yellow”.

CRITICAL ALERT COLORS

1. **Red** - Therapeutic intervention or additional diagnostics should be performed soon to avoid patient harm. *Respond within 1 hour.*
2. **Orange** - Provider attention to this finding today or tomorrow or care may be compromised. *Respond within 12 hours.*
3. **Yellow** - Provider attention to this finding in the next several days for optimal care. *Respond within 2 days.*

Tips For Using Imagecast

Associate Reports:

Please remember to associate the accessions for the reports that you are reading. Otherwise,

- They may be read twice. Or
- They end up on the un-read reports list and must be fixed on the backend which delays billing and is resource intensive.

"Support Service" Radiologist:

Residents: use the "Support Service" (night hawk attending) when you do not know who the correct attending is. Remove "Support Service" when you assign the correct attending.

BODY, MSK, NEURO, CHEST Exam Modifiers:

If you have an exam on your worklist that belongs on a different worklist, you can assign a modifier for that worklist by going to **tools**, then select **enter edit**, then enter the appropriate group (MSK, BODY,NEURO...) in the first available **modifier field**, and **save**. It will now appear on the other team's worklist.

This can be done from both the protocol worklists and the exams worklists.

Don't clobber your RAM:

Leaving multiple studies open in PACS eats up RAM. Remember: one CT exam can be over 500MB in size. That's one eighth of your total RAM.

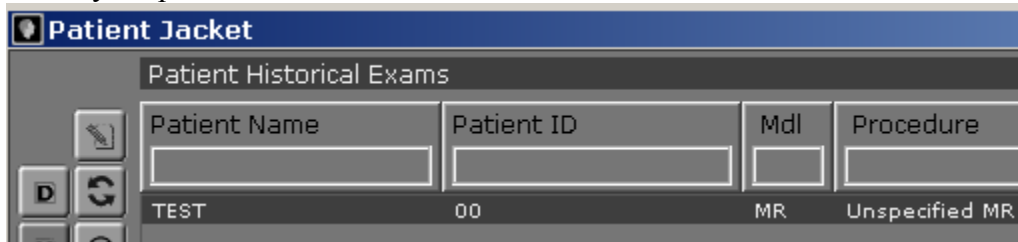
PACS ICONS:

	The Selection tool allows you to select images to be manipulated by other tools. (State Tool)
	The Significant Image Selection tool is used to mark individual images as "significant." These images are added to the Significant Image series. (State Tool)
	The Window/Level tool controls the image contrast and brightness. (State Tool).
	The ROI Window Level tool draws an ROI rectangle that calculates the optimal Window level value.
	The Reset Window Level to Last Saved tool re-displays the image with the same window and level settings from when it was last saved. Cannot be used with the middle mouse button. (Action Tool)
	The Reset Images to Last Saved tool displays the image in the same state as when it was last saved. Cannot be used with the middle mouse button. (Action Tool)
	The Manual Cine tool is used to scroll through images in Stack mode . (State Tool)
	The Invert Gray Scale tool displays the image with the gray scale values inverted. Cannot be used with the middle mouse button. (Action Tool)
	The Flip Horizontal tool flips the image horizontally on the vertical axis. Cannot be used with the middle mouse button. (Action Tool)
	The Flip Vertically tool flips the image vertically on the horizontal axis. Cannot be used with the middle mouse button. (Action Tool)
	The Rotate Counter Clockwise tool displays the image rotated 90 degrees counter clockwise. Cannot be used with the middle mouse button. (Action Tool)
	The Rotate Clockwise tool displays the image rotated 90 degrees clockwise. Cannot be used with the middle mouse button. (Action Tool)
	The Spatial Cursor tool provides a simple way to correlate anatomy to functional data on mixed-modality exams, such as PET/CT. It can also be used as a general navigational aid for sync-stack, scout-based navigation, and multiplanar navigation for a single-modality case. (State Tool)
	The Pixel Lens tool displays the pixel values and X and Y locations of the mouse pointer on the image. The information is updated immediately as you move the mouse over the image. Cannot be used with middle mouse button. (State Tool)
	The Pan Images tool moves a displayed image within its individual display region (useful with magnified or large images). (State Tool)
	The Magic Glass tool displays a viewport that magnifies, manipulates, or inverts the gray scale of a subsection of an image. (State Tool)
	The Zoom 2x tool increases the image size to twice its current size. Cannot be used with the middle mouse button. (Action Tool)
	The Zoom 1/2x tool reduces the image size to half its current size. Cannot be used with the middle mouse button. (Action Tool)
	The Fit to Display Region tool allows you to enlarge or reduce an image so that the entire image fits within the image display region. Cannot be used with the middle mouse button. (Action Tool)


	The Continuous Zoom tool magnifies and minimizes the image for better viewing. (State Tool)
	The Last Zoom Exact Value tool displays the last value used with the Zoom Exact Value tool. This allows you to click on the tool to reapply the same zoom ratio. Cannot be used with the middle mouse button. (Action Tool)
	The Rectangle ROI tool allows you to draw a rectangular region of interest on a displayed image. (State Tool)
	The Oval ROI tool allows you to draw an oval region of interest on a displayed image. (State Tool)
	The Polygon ROI tool allows you to draw a free-form region of interest on a displayed image. (State Tool)
	The Text Annotation tool is used to add textual annotations to images. (State Tool)
	The Arrow Annotation tool is used to draw arrows on displayed images. These can be used in conjunction with text annotations to draw attention to particular areas of an image. (State Tool)
	The Measure Angle tool is used to make angular measurements directly on a displayed image. (State Tool)
	The Measure Distance tool allows you to measure the distance between two points on an image. (State Tool)
	The Measure Calibration tool allows you to add a distance measurement frame of reference for the image. (State Tool)
	The Image Information tool displays a window containing the header information for the selected image(s). Cannot be used with middle mouse button. (Action Tool)
	The Drag and Drop Images tool allows you to change the order of images within the image series display area. (State Tool)
	Use the Image Mask tool to eliminate background noise on an image. After using the Regions of Interest (ROI) tools, click the Image Mask to make all of the pixels outside of annotation black or invisible.
	The Next Image tool moves each of the displayed images in the series over one space to the left. (Action Tool)
	The Previous Image tool moves each of the displayed images in the series over one space to the right. (Action Tool)
	The Next Page tool displays the next page of the series. (Action Tool)
	The Previous Page tool displays the previous page of the series. (Action Tool)
	The Lock Mouse tool allows you to auto cine images.

USING FOLDERS IN PACS:


Select your patient:



The 'Patient Jacket' window displays patient information. It has a title bar 'Patient Jacket' and a subtitle 'Patient Historical Exams'. Below the subtitle are four input fields: 'Patient Name', 'Patient ID', 'Mdl', and 'Procedure'. The 'Patient Name' field contains 'TEST', 'Patient ID' contains '00', 'Mdl' contains 'MR', and 'Procedure' contains 'Unspecified MR'. There are also some navigation buttons on the left side of the window.

 Add to Folder

Select your folder from the pop-up. This will save the exam into your folder.



The 'Add Exams to Folders' dialog box shows a table of 'Selected exams' and a list of 'Destination folders'. The 'Selected exams' table has columns for 'Patient name', 'Study time', 'MDL', and '# of images'. The 'Destination folders' list includes various folder names, with 'Swanson, Jonathan' selected.

Patient name	Study time	MDL	# of images
TEST	Fri Jul 08 1...	MR	65

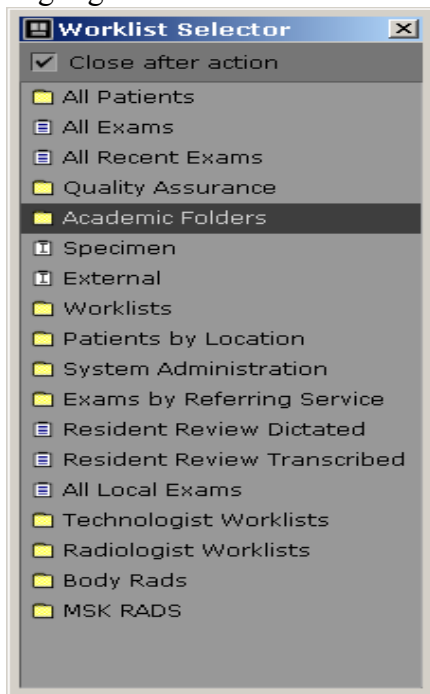
Destination folders:

- Shuman
- Shuman CT
- Shuman MISC
- Shuman MR
- Singh, Ranjeet
- Smith, Martin P
- Stanley Cheng
- Stevenson, Kevin
- Strigel, Roberta
- Suresh, Anand
- Surg C
- Swanson, Jonathan
- TG3

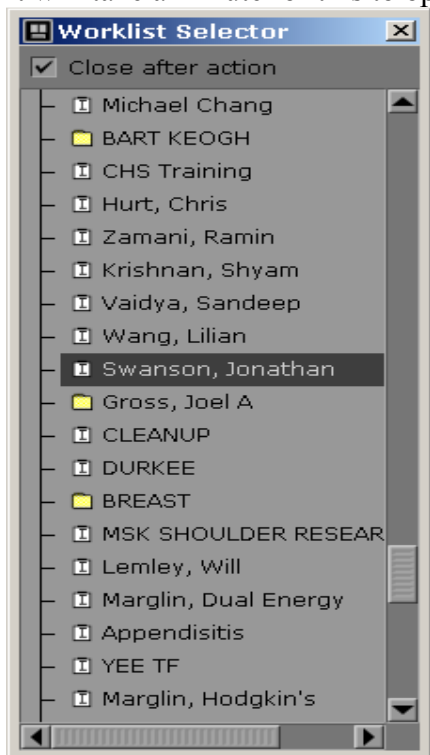
Buttons: Add, Cancel

To find your folder click the  icon by the worklist selector.

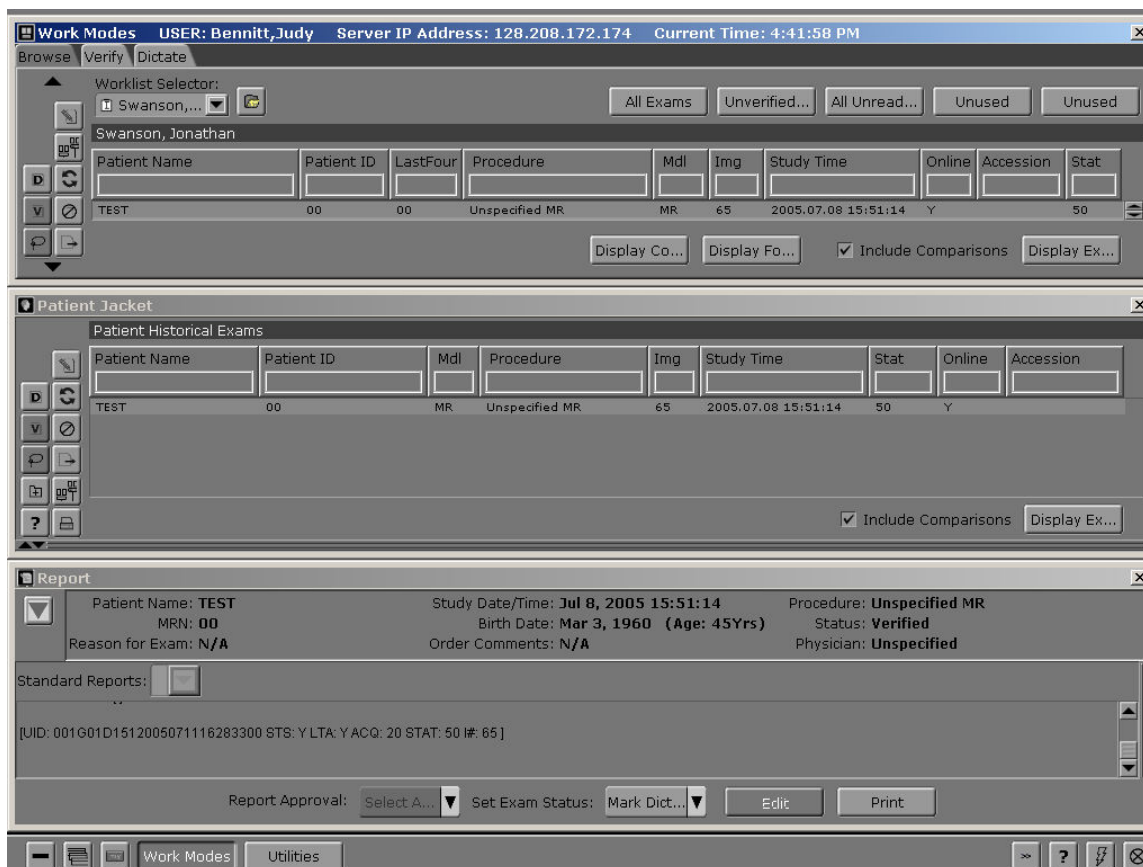
Highlight Academic Folders




It will take a minute for this to open. Find your name.



Double click and your folder will open. (Add your folder to your PACS shortcuts.)



To remove the patient from your folder, highlight the patient and click  **Remove from folder.**

NOTE:

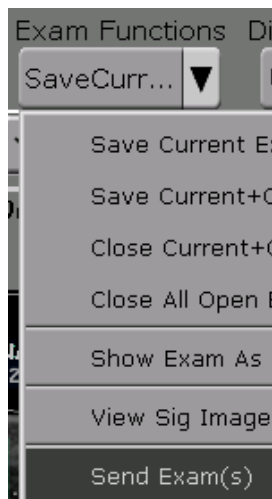
You can multi select (add or remove) by either holding down the shift key + if the items are in order, or the ctrl key + if they are not in order.

EMAILING IMAGES TO YOURSELF

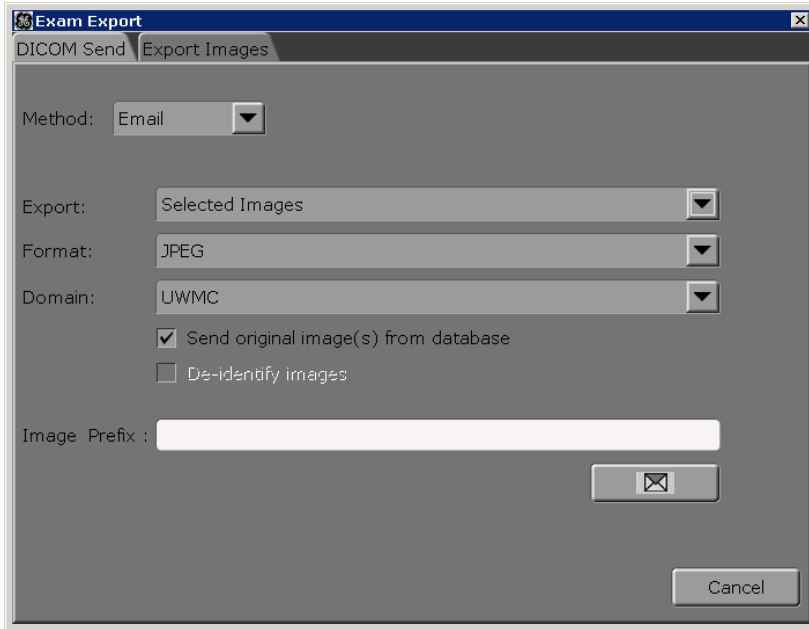
This will remove any patient identifiers on the images.


1. Select the images
 - a. Control and click to select specific images
 - b. Shift and click to select a group of images
 - c. Mark Significant Images
 - d. Use “Select All” for all images


2. Select “Send Exam(s)” from the Exam Functions drop down menu.

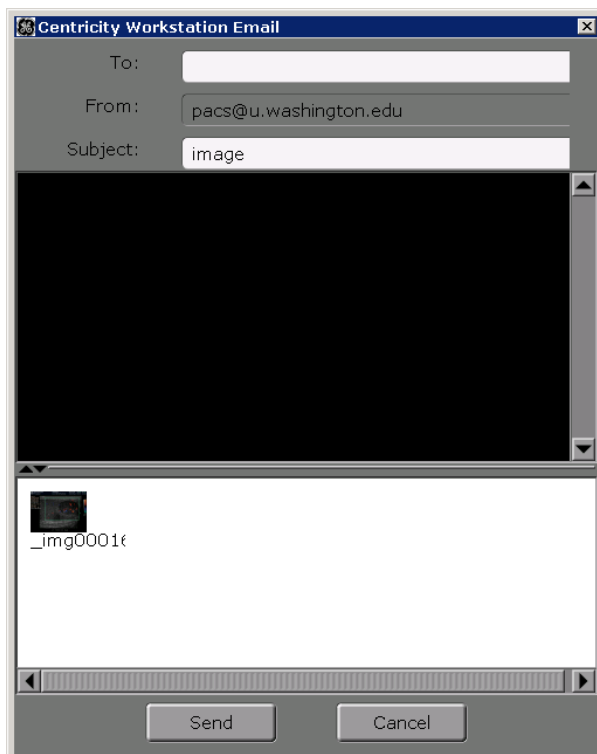


3. On the Exam Export window, choose the “Export Images” tab. See screen shot.
 - a. Method: Email
 - b. Export: (select 1)
 - i. All images from series
 - ii. Selected Images
 - iii. Significant Images
 - c. Format: JPEG
 - d. Domain: UWMC



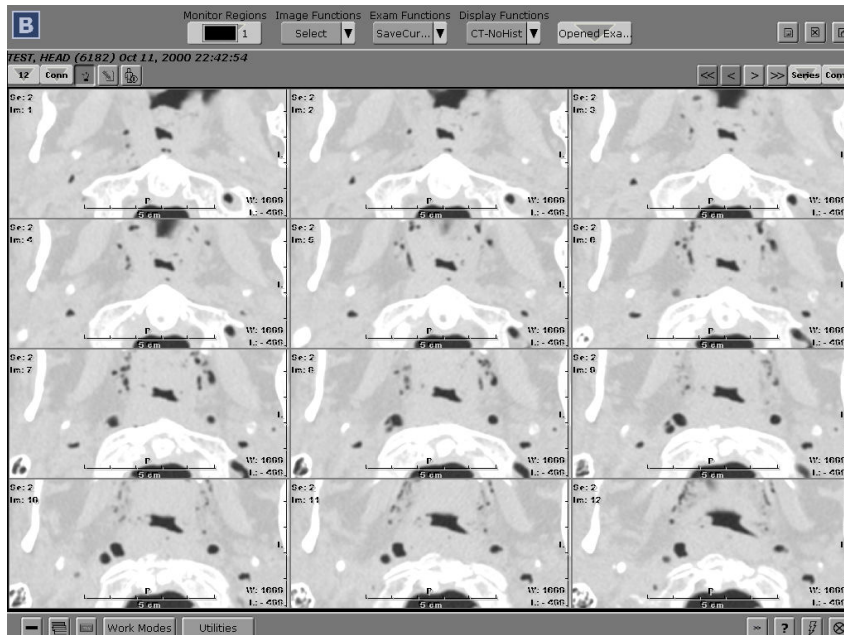
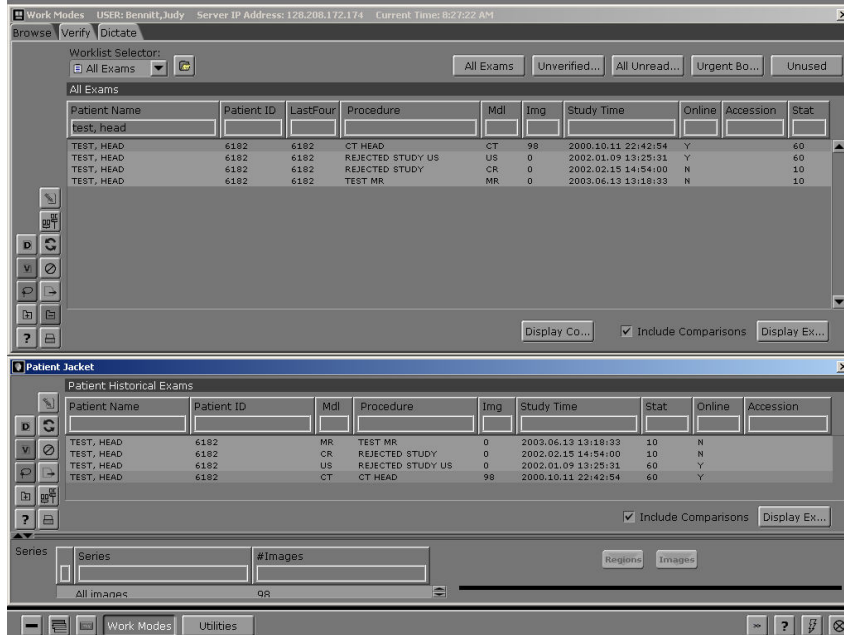
4. The  button accesses the email window.

5. Enter your email address and click .

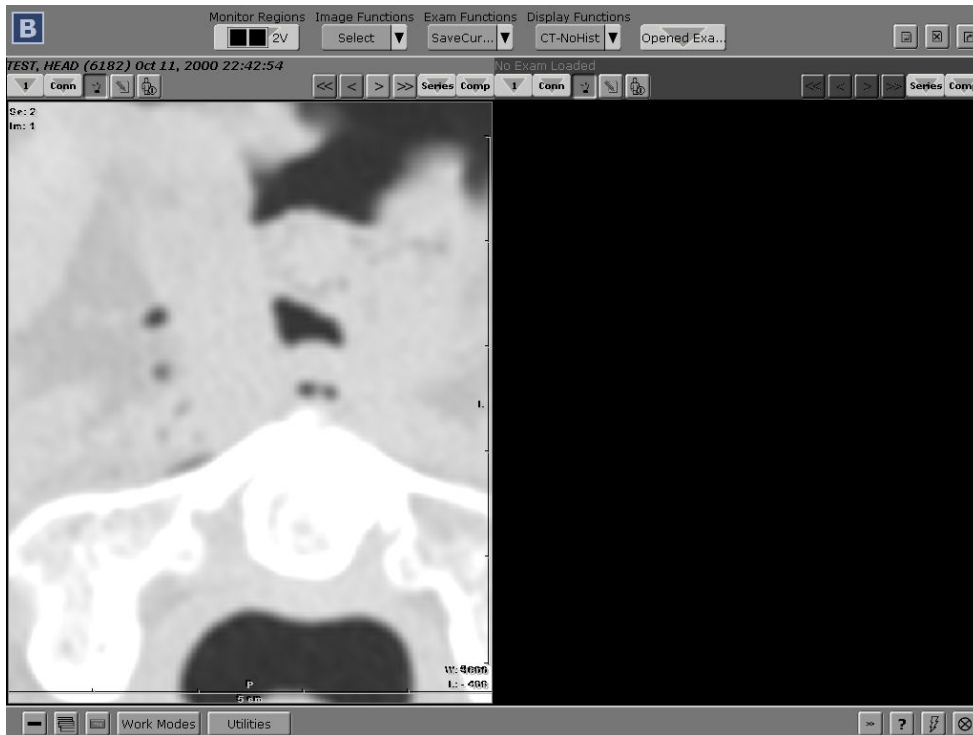


OPENING IMAGES FOR 2 DIFFERENT PATIENTS:

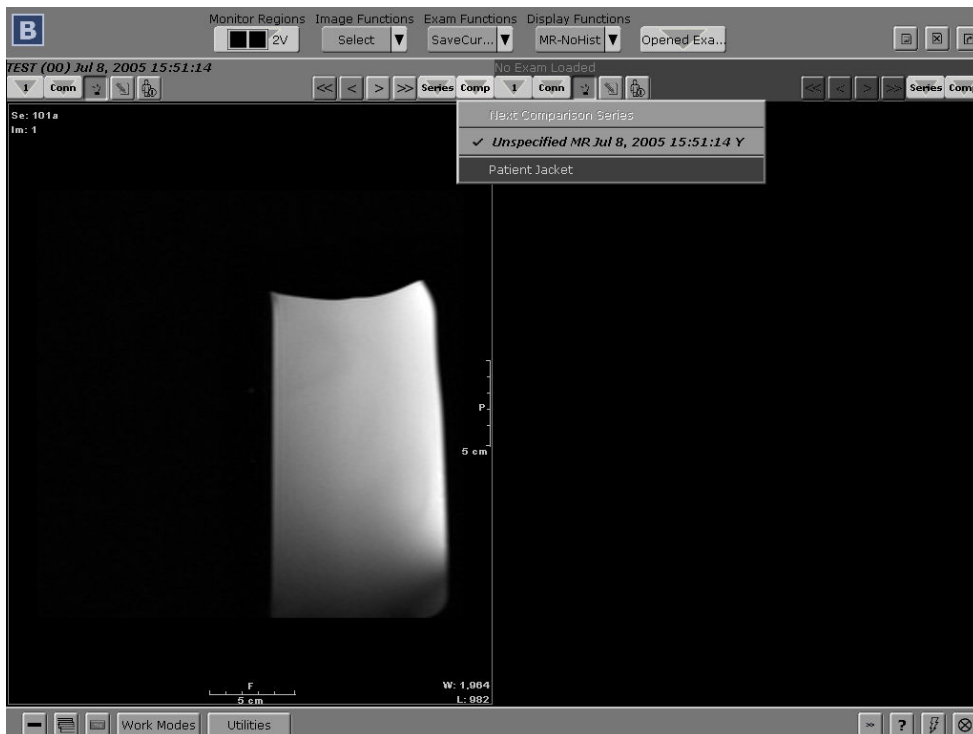
Locate your first patient and open the images.



Change this view to a split screen by selecting 2 Monitor Regions, and a single image (triangle icon).



Open the patient jacket (comp button) for the first region

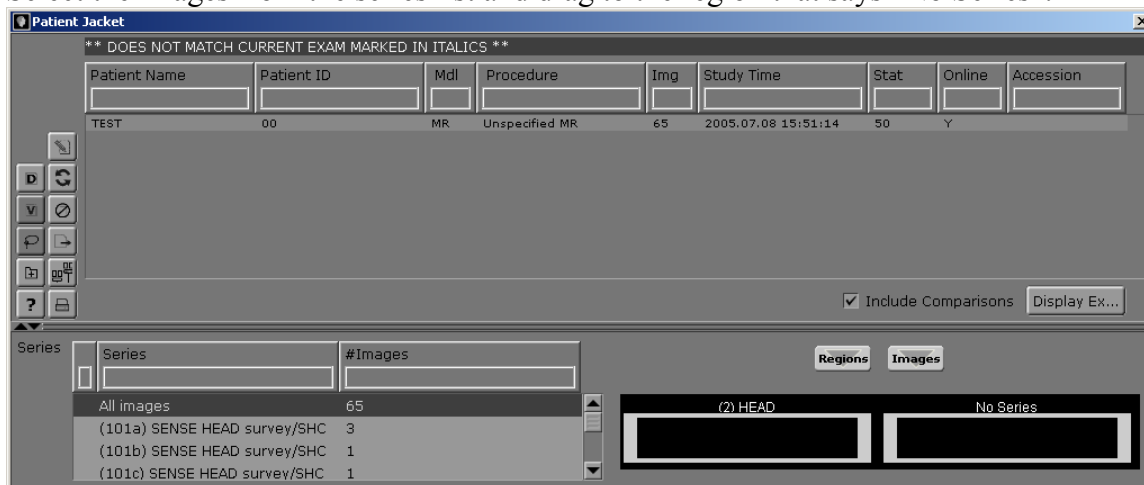


If the regions (bottom half of the patient jacket window) are not visible on opening, drag the line by the “up and down arrows” to widen the space, splitting the window. (If you click on the arrows it will not split the window.)

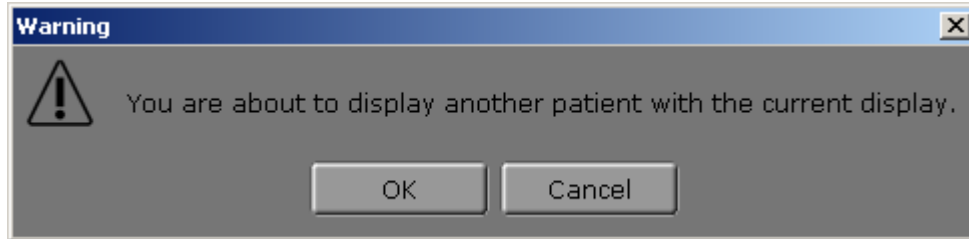


Now find your second patient on the Work Modes window. The “new” patient jacket and image list will open.

Select the images from the series list and drag to the region that says “No Series”.



When you drag, you will see a rapidly blinking box attached to the cursor.



Select OK.

Close the work mode window and patient jacket windows. You will see both patients' images.

To synchronize the images, select the **Conn** button on the first patient and choose Link. Now do this again for the second patient. This will synchronize the images and allow you to scroll simultaneously through the images for both patients.

To break this link, select the **Conn** button and Break Link.

NOTE: You can only link images of the same type (2 CT's, 2 MR's...)

ORCA (Cerner Powerchart) Screenshots:

Radiology Flowsheet in PowerChart:

ZZRADCR, HI - H3134736 Opened by Overland, Janet

Task Edit View Patient Chart Links Notifications Time Scale Options Help

Pt List PAL MPTL In-Box Message Center View Scheduling SCCA HOV-E Surgery Schedule Rounding (CORES) Quality Safety Dashboard eFeesheet Links

Tear Off Attach Change View Sticky Notes Suspend Exit Calculator AdHoc Explorer Menu PM Conversation New Sticky Note Encounter Location Hist

UWMC Radiology Images HMC Radiology Images

ZZRADCR, UE x ZZRADCR, HO x ZZRADCR, HI x

ZZRADCR, HI
H3134736 58 years DOB: 05/29/52 F Allergies: Allergies Not Recorded

Menu - Inpatient ▾

- IVIEW & PowerNote
- Med Profile
 - Med Admin Summary
 - Med Admin
- Immunizations
- Med Reference
- Chart Summary
 - Status / Plan Summary
 - Alerts / Adv Dir / Code
- Form Browser
- Task List
- Orders
- Medication List + Add
- Clinical Notes
 - Document Viewer
- UWMedicine Notes
- Demographic Info
- Visits
- Results Review
 - Result Search
- Lab
 - Lab Cultures
 - Lab Organism vs. Drug
 - Radiology
 - Pathology
 - Diagnostics Other

Radiology

Flowsheet: Radiology Level: More Table Group List

Event Date	Event	Result	Ref. Range	Status
3/31/2011 10:36 AM	XR Chest	XR Chest C		Authenticated
3/31/2011 10:13 AM	XR Chest	XR Chest		Authenticated
3/29/2011 11:27 AM	XR Chest	XR Chest C (c)		Modified

Non critical results in blue

Critical results in red with 'C' (To be changed in the future to !)

Radiology Document in PowerChart:

Document Viewer - ZZRADCR, HI - H3134736

Result Type: XR Chest
Service Date: March 31, 2011 10:36 AM
Result Status: Modified
Result Title: ***CRITICAL* RAD: XR CHEST 2VIEWS** ← **CRITICAL* at the beginning of the result title*
Performed By: 234567 -Test, Radiologist on March 31, 2011 10:41 AM
Cosigned By: 234567 -Test, Radiologist on March 31, 2011 10:41 AM
Encounter info: RADH3134736HMC, HMC, Ancillary, 7/1/2003 -

*** Final Report ***

Accession No: 7500127
~Addendum Begins

Addend:
Test "Critical Result" appended to exam description.

Addendum Ends

History: Trauma

Comparison: BLANK

CONCLUSION:

Supine AP exam reveals the ET and NG tubes to be in appropriate positions. No rib fractures, mediastinal widening, or infiltrates are noted. There is no definite evidence of pneumothorax or effusion on this supine exam.
END OF CONCLUSION:
CRITICAL RESULT (RED)

ATTENDING RADIOLOGIST AND PAGER NUMBER
234567 Test Radiologist MD

RESULT DETAIL

Ordering Provider:Michael K. Copass 009798
Diagnosis:CRM testing
History:CRM testing
Comment:CRM testing
Assisting Radiologist (s):Resident Test 911111

Message Center Inbox in PowerChart:

PowerChart Organizer for Overland, Janet

Task Edit View Patient Chart Links Notifications Inbox Help

Pt List PAL MPLT In-Box Message Center View Scheduling SCCA HOW-E Surgery Schedule Rounding (CORES) Quality Safety Dashboard eFeesheet Links and Reports MPages Support VALID | Tra

Tear Off Attach Change View Sticky Notes Suspend Exit Calculator AdHoc Explorer Menu PM Conversation New Sticky Note Encounter Location History Viewer Tracking Encounter Location Hist

UWMC Radiology Images HMC Radiology Images

Message Center

Inbox Summary

Inbox Proxies Pools

Proxy: Copass, MD, Mix Manage

Display Last 60 Days

Priority Items (0)

Inbox Items (332)

Documents X

Subject can be sorted by *CRITICAL*

Communicate Open Message Journal Forward Only Select Patient Select All

Assigned	Author	Create Date	Description	Subject	Description-Subject	Due Date
Copass, MD ,...	Test , Radiologist	3/31/2011 10:3...	XR Chest	*CRITICAL*_RAD: XR CHEST 2VIEWS	XR Chest - *CRITICAL*_RAD: XR CHEST 2VIEWS	
Copass, MD ...	Test , Radiolo...	3/31/2011 10...	XR Chest	_RAD: XR CHEST 2VIEWS	XR Chest - _RAD: XR CHEST 2VIEWS	
Copass, MD ...	Test , Radiolo...	3/29/2011 11...	XR Chest	_RAD: XR CHEST 1VIEW	XR Chest - _RAD: XR CHEST 1VIEW	
Copass, MD ...	Talcott, PT , J...	12/6/2010 5...	Physical Therapy - Out...	P.T. Plan of Care Review	Physical Therapy - Outpt Record - P.T. Plan of Care ...	
Copass, MD ...	Talcott, PT , J...	11/4/2010 3...	Physical Therapy - Out...	P.T. Plan of Care Review	Physical Therapy - Outpt Record - P.T. Plan of Care ...	

FirstNet Tracking Board for EDs:

FirstNet Organizer for Overland, Janet

Task Edit View Patient Chart Links Patient Actions Provider List Help

Tracking Shell In-Box Pt List PAL MPLT View Scheduling Tear Off Attach Change Suspend Exit Calculator AdHoc PM Conversation Explorer Menu Patient Inform

UWMC Radiology Images HMC Radiology Images

Tracking Shell

UWMC 72hr Discharge UWMC Pending Discharge UWMC Incoming UWMC Consults UWMC Care Team UWMC Pt Flow UWMC Registration UWMC Greaseboard DBA HMC Troubleshoot DBA UWMC Troubleshoot UW

HMC All Beds HMC Blue HMC Green HMC Resus 1-3 HMC Resus 4 HMC PES HMC ED East HMC OBS HMC Triage/WR HMC Follow-up HMC Checkout HMC 72hr Discharge HMC Pending Dis

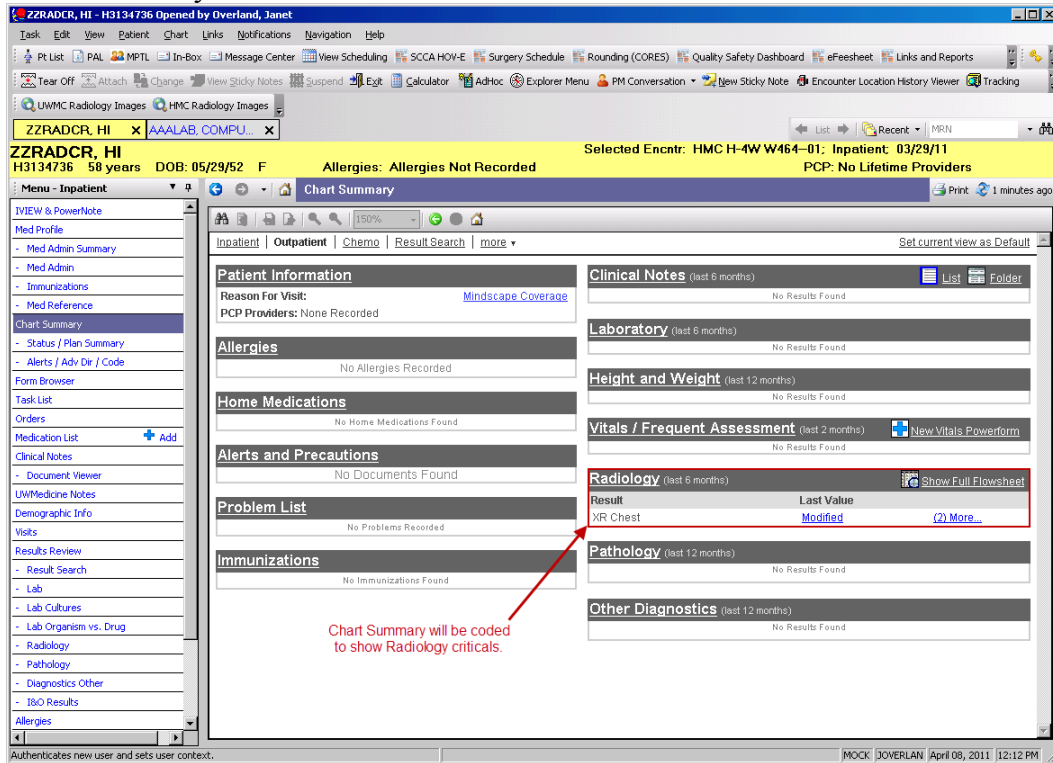
HMC Greaseboard PES/EDE/OBS HMC Greaseboard Zn1-3/Hwy/Angio HMC Greaseboard Zn4/Resus5/Blu/Grn/Iso/Ortho HMC Greaseboard ED Blue HMC Greaseboard ED East HMC Greaseboard ED Green HMC Greaseboard

Patient: ZZRADCR, UE WR: 40 Total: 53 Avg LOS: 1807:23 Filter: <None>

Rm	DecPt	Ac	Name	Age	LOS	Reason for Visit	PRV1	PRV2	RN	Lab	Rad	To Do	Done
WR			ZZTEST, AMONE	52 ye	377:24								
WR			ZZRADCR, UE	52 ye	190:50						1 / 1* / 0		

Radiology Criticals in Red

Chart Summary in PowerChart:



ZZRADCR, HI - H3134736 Opened by Overland, Janet

Task: Edit View Patient Chart Links Notifications Navigation Help

PT List PAL MPLT In-Box Message Center View Scheduling SCCA HOV-E Surgery Schedule Rounding (CORES) Quality Safety Dashboard eFeesheet Links and Reports

Tear Off Attach Change View Sticky Notes suspend Exit Calculator Adhoc Explorer Menu PM Conversation New Sticky Note Encounter Location History Viewer Tracking

UWMC Radiology Images HMC Radiology Images

ZZRADCR, HI x AAALAB, COMPU... x

ZZRADCR, HI H3134736 58 years DOB: 05/29/52 F Allergies: Allergies Not Recorded Selected Enctr: HMC H-4W W464-01: Inpatient: 03/29/11 PCP: No Lifetime Providers

Menu - Inpatient

VIEW & PowerNote

- Med Profile
- Med Admin Summary
- Med Admin
- Immunizations
- Med Reference
- Chart Summary
- Status / Plan Summary
- Alerts / Adv Dir / Code
- Form Browser
- Task List
- Orders
- Medication List + Add
- Clinical Notes
- Immunization Viewer
- UW Medicine Notes
- Demographic Info
- Visits
- Results Review
- Result Search
- Lab
- Lab Cultures
- Lab Organism vs. Drug
- Radiology
- Pathology
- Diagnostics Other
- T&O Results
- Allergies

Chart Summary

Inpatient | Outpatient | Chemo | Result Search | more

Set current view as Default

Patient Information

Reason For Visit: [Mindscape Coverage](#)

PCP Providers: None Recorded

Allergies

No Allergies Recorded

Home Medications

No Home Medications Found

Alerts and Precautions

No Documents Found

Problem List

No Problems Recorded

Immunizations

No Immunizations Found

Clinical Notes (last 6 months)

No Results Found

Laboratory (last 6 months)

No Results Found

Height and Weight (last 12 months)

No Results Found

Vitals / Frequent Assessment (last 2 months)

No Results Found

Radiology (last 6 months)

Result Last Value

XR Chest Modified [\(?\) More...](#)

Pathology (last 12 months)

No Results Found

Other Diagnostics (last 12 months)

No Results Found

Chart Summary will be coded to show Radiology criticals.

Authenticates new user and sets user context. MOCK DOVERLAN April 06, 2011 12:12 PM

The coding to change this tab is to be done within the next couple months and will look similar to how critical Labs display:

Laboratory (last 6 months) [Show Full Flowsheet](#)

Result	Last Date	Last Value	Range (Min - Max)	Prior
Eosinophil, Nasal Smear	03/16/11	Positive		
Blood C and S	03/16/11	In Progress		Authenticated
Blood Culture BT Agent	01/28/11	Modified		
Na (mEq/L)	03/15/11	In Progress		In Progress More...
K (mEq/L)	03/15/11	! 9.8	3.2 - ! 9.8 ! 6.7	More...
Cl (mEq/L)	03/14/11	88	68 - 99 68	More...
CO2 (mEq/L)	03/14/11	! 44	19 - ! 44 ! 44	More...
Ion Gap	03/14/11	24	12 - 44 44	More...

Critical Labs

[More...](#)

UWMC PROTOCOLS

Protocol	Description
BCT Custom	BODY CT Custom (specify protocol)
BCT A01	BODY CT Abdomen noncontrast A1
BCT A01IV	BODY CT Abdomen contrast-iv A1
BCT A01O	BODY CT Abdomen contrast-oral A1
BCT A01OIV	BODY CT Abdomen contrast-iv oral A1
BCT A02	BODY CT Abd-Pelvis noncontrast A2
BCT A02IV	BODY CT Abd-Pelvis contrast-IV A2
BCT A02O	BODY CT Abd-Pelvis contrast-oral A2
BCT A02OIV	BODY CT Abd-Pelvis contrast-IV oral A2
BCT A02ULD	BODY CT ABD-Pelvis Ultra Low Dose VEO A2
BCT A03	BODY CT Appendicitis Abd-Pelvis contrast-IV A3
BCT A03O	BODY CT Appendicitis Abd-Pelvis contrast-IV oral A3
BCT A04	BODY CT Liver 4 phase Abdomen (nc art. venous 5min) A4
BCT A05	BODY CT Liver 3 phase Abdomen (art venous 5min) A5
BCT A06	BODY CT Liver 1 phase Abdomen for hypovascular mets (venous) A6
BCT A07	BODY CT Pancreas mass 3 phase Abdomen (nc.art.venous) A7
BCT A09	BODY CT Pancreas pancreatitis for necrosis 3 phase Abdomen (nc.art.venous) A9
BCT A10	BODY CT Pelvis noncontrast A10
BCT A10IV	BODY CT Pelvis contrast-IV A10
BCT A10O	BODY CT Pelvis contrast-oral A10
BCT A10OIV	BODY CT Pelvis contrast-IV oral A10
BCT A11	BODY CT Colonography Abd-Pelvis noncontrast A11
BCT A12	BODY CT Enterography Abd-Pelvis contrast-IV A12
BCT A13	BODY CT Hernia Abd-Pelvis noncontrast A13
BCT A13O	BODY CT Hernia Abd-Pelvis contrast-iv oral A13
BCT A14	BODY CT Retroperitoneal Hematoma Abd-Pelvis noncontrast A14
BCT A14IV	BODY CT Retroperitoneal Hematoma Abd-Pelvis contrast-iv A14
BCT A15	BODY CT Chest-Abd-Pelvis Combo noncontrast A15
BCT A15IV	BODY CT Chest-Abd-Pelvis Combo contrast-iv A15
BCT A15O	BODY CT Chest-Abd-Pelvis Combo contrast-oral A15
BCT A15OIV	BODY CT Chest-Abd-Pelvis Combo contrast-iv oral A15
BCT A15ULD	BODY CT Chest-Abd-Pelvis Ultra Low Dose VEO A15
BCT A16	BODY CT Chest-Abd Combo noncontrast A16
BCT A16IV	BODY CT Chest-Abd Combo contrast-iv A16
BCT A16O	BODY CT Chest-Abd Combo contrast-oral A16
BCT A16OIV	BODY CT Chest-Abd Combo contrast-iv oral A16
BCT A17	BODY CT Neck-Chest Combo noncontrast A17
BCT C01	CHEST CT Chest noncontrast C1
BCT C01IV	CHEST CT Chest contrast-venous C1
BCT C02	CHEST CT Chest lung nodule low-dose noncontrast C2
BCT C03	CHEST CT PE Chest CTA for pulmonary embolism C3
BCT C03ULD	CHEST CT Ultra Low Dose CT Pulmonary Angiogram to rule out Pulmonary Embolus C3
BCT C04	CHEST CT HR Chest high resolution noncontrast C4
BCT CA01	BODY CTA Cardiac CT ECG gated coronary artery (CA1)

BCT CA02	BODY CT Cardiac CT ECG gated other indication (specify scan extent, contrast phases, meds) (CA2)
BCT CA03	BODY CTA Cardiac CT ECG gated triple rule out (CA3)
BCT CA04	BODY CT Cardiac CT ECG gated coronary artery calcium scoring noncontrast (CA4)
BCT CA05	BODY CTA Cardiac CT ECG gated pulmonary vein anatomy for afib ablation (CA5)
BCT CVA01	BODY CTA Aorta CAP acute aortic syndrome non-gated 2 phases (nc.art) (CVA1)
BCT CVA02	BODY CTA Aorta CAP arterial phase (CVA2)
BCT CVA03	BODY CTA thoracic Aorta (CVA3)
BCT CVA04	BODY CTA abdominal Aorta (CVA4)
BCT CVA05	BODY CTA pre-endograft thoracic Aorta for planning (CVA 5)
BCT CVA06	BODY CTA pre-endograft abdominal Aorta for planning (CVA6)
BCT CVA07	BODY CTA endograft surveillance abdominal Aorta 3 phases (nc.art.2min) (CVA7)
BCT CVA08	BODY CTA endograft surveillance thoracic Aorta 3 phases (nc.art.2min) (CVA8)
BCT CVA09	BODY CTA abd-pelvis for mesenteric ischemia or inflam aneurysm abdominal Aorta 2 phases (art.70s) (CVA9)
BCT CVA10	BODY CTA peripheral runoff CTA abd Aorta and lower extremities (CVA10)
BCT CVA11	BODY CTA Aorta ECG Gated CAP arterial phase (CVA11a)
BCT CVA11N	BODY Cardiac CTA non contrast option gated chest for acute aortic syndrome. CVA11 no contrast
BCT CVA12	BODY CTA Aorta ECG Gated thoracic Aorta (CVA12)
BCT CVA13	BODY CTA abd-pelvis for DIEP flap breast reconstruction (CVA13)
BCT CVA14	BODY CTA IVC or hepatic vein venogram 1 phase (2-3 min delayed) (CVA14)
BCT CVA15	BODY CTA for percutaneous aortic valve replacement CTA chest-abd partner exam (CVA 15)
BCT CVA16	BODY CTA Intestinal hemorrhage 3 phases (nc.art.2min) (CVA 16)
BCT G01	BODY CT GU Bladder Cystogram, contrast via foley G1
BCT G02	BODY CT GU Renal mass 3-phase (nc.90sec.6min)G2
BCT G04	BODY CT GU Renal donor 3-phase (nc.art.split bolus) G4
BCT G05	BODY CT GU CT IVP Hematuria under age 50y Renal 3 phase (nc.art.split bolus) G5
BCT G06	BODY CT GU CT IVP Hematuria over age 50y Renal 4 phase (nc.art.90sec.10min) G6
BCT G07	BODY CT GU CT KUB Stone Renal noncontrast G7
BCT G07ULD	BODY CT GU CTKUB Ultra Low Dose G7
BCT G08	BODY CT GU Adrenal nodule characterization 3-phase (nc.60sec.10min) G8
BCT G09	BODY CT GU Adrenal nodule hyperaldosteronoma 1-phase (venous) G9
BCTV A01	BODY CT veo Abdomen noncontrast A1
BCTV A01io	BODY CT veo Abdomen contrast-iv oral A1
BCTV A01IV	BODY CT veo Abdomen contrast-iv A1
BCTV A01o	BODY CT veo Abdomen contrast-oral A1
BCTV A02	BODY CT veo Abd-Pelvis noncontrast A2
BCTV A02io	BODY CT veo Abd-Pelvis noncontrast-iv oral A2
BCTV A02IV	BODY CT veo Abd-Pelvis contrast-iv A2
BCTV A02o	BODY CT veo Abd-Pelvis contrast-oral A2
BCTV A03io	BODY CT veo Appendicitis Abd-Pelvis contrast-iv oral A3
BCTV A03IV	BODY CT veo Appendicitis Abd-Pelvis contrast-iv A3
BCTV A10	BODY CT veo Pelvis noncontrast A10
BCTV A10o	BODY CT veo Pelvis contrast-oral A10
BCTV A10IV	BODY CT veo Pelvis contrast-iv A10

BCTV A10io	BODY CT veo Pelvis contrast-iv oral A10
BCTV A12IV	BODY CT veo Enterography Abd-Pelvis contrast iv A12
BCTV A13	BODY CT veo Hernia Abd-Pelvis noncontrast (A13)
BCTV A13io	BODY CT veo Hernia Abd-Pelvis contrast-iv oral (A13)
BCTV A15	BODY CT veo CAP Chest-Abd-Pelvis Combo noncontrast (A15)
BCTV A15io	BODY CT veo CAP Chest-Abd-Pelvis Combo contrast-iv oral (A15)
BCTV A15IV	BODY CT veo CAP Chest-Abd-Pelvis Combo contrast-iv (A15)
BCTV A15o	BODY CT veo CAP Chest-Abd-Pelvis Combo contrast-oral (A15)
BCTV A16	BODY CT veo Chest-Abd Combo noncontrast (A16)
BCTV A16io	BODY CT veo Chest-Abd Combo contrast-iv oral (A16)
BCTV A16IV	BODY CT veo Chest-Abd Combo contrast-iv (A16)
BCTV A16o	BODY CT veo Chest-Abd Combo contrast-oral (A16)
BCTV A17	BODY CT veo Neck-Chest Combo noncontrast (A17)
BMR A01	BODY MRA Renal Artery with contrast(renal artery stenosis) MRA1
BMR A02	BODY MRA Renal Artery wo contrast (renal artery stenosis with elevated Cr) MRA2
BMR A03	BODY MRA Thoracic Aorta (dissection, aneurysm, no cardiac) MRA3
BMR A04	BODY MRA Abdominal Aorta with contrast (dissection, aneurysm) MRA4
BMR A05	BODY MRA Thoracoabdominal Aorta (dissection, aneurysm, no cardiac) MRA5
BMR A06	BODY MRA Pelvic arteries and veins (pelvic vascular studies) MRA6
BMR A07	BODY MRA Pulmonary Arteries (PE) MRA7
BMR A08	BODY MRA Aortogram with runoff (PVD with lower extremities) MRA8
BMR A09	BODY MRA Renal Pancreas Transplant (Pelvic MRA) MRA9
BMR ARD	BODY MRA Renal Donor
BMR AP01	BODY MRA General Abdomen and Pelvis Survey, breath hold MRAP1
BMR AP02	BODY MRA Acute Abdomen and Pelvis, non breath hold MRAP2
BMR AP03	BODY MRA Enterography (IBD, etc) MRAP3
BMR AP03R	Body MRI Enterography with Perirectal Evaluation - MR AP03R
BMR AP05	BODY MRA Fetal Survey, fetal anomaly evaluation MRAP5
BMR B01	BODY MR Liver focal mass MRB1
BMR B01E	BODY MR Liver Mass with EOVISt MRB1
BMR B01P	BODY MR Liver Mass with pelvic MR screen MRB1P
BMR B01T	BODY MR Liver Mass Transplant Donor MRB1T
BMR B02L	BODY MR Liver Iron only MRB2
BMR B02LH	BODY MR Liver and Heart Iron MRB2
BMR B03	BODY MR Renal mass (RCC and other indeterminate masses) MRB3
BMR B04	BODY MR Renal IV Urogram (TCC and urthelial lesions) MRB4
BMR B05	BODY MR Pancreas MRB5
BMR B06	BODY MR MRCP no contrast(specify dynamic THRIVE if desired) MRB6
BMR B06L	BODY MR MRCP with dynamic enhanced liver/pancreas MRB6L
BMR B07	BODY MR Adrenal Nodule, not cancer or pheo, non contrast MRB7
BMR B08	BODY MR Pheochromocytoma screen (MRB8)
BMR C01	BODY MR CARDIAC Atrial Fibrillation Venous mapping (45 min) MRC1
BMR C02	BODY MR CARDIAC ARVD
BMR C03	BODY MR CARDIAC Cardiomyopathy Viability. (HOCM, amyloid, etc.) MRC3
BMR C04	BODY MR CARDIAC Cardiac mass (6-8 opt) MRC4
BMR C05	BODY MR CARDIAC Congenital (5-7 if not prev done) MRC5
BMR C05a	BODY MR CARDIAC Congenital Follow up non-contrast MRC05a
BMR C06	BODY MR CARDIAC Thoracic Aorta (Specify card coil or 16 ch coil) MRC6

BMR C06b	BODY MR CARDIAC Thoracic Aorta Ablavar with contrast MRC06b
BMR C07	BODY MR CARDIAC Pericardial Constriction MRC7
BMR C08	BODY MR CARDIAC Aortic or Mitral Regurgitation Quant. MRC8
BMR C09	BODY MR CARDIAC Stress PerfusionMRC9
BMR C10	BODY MR CARDIAC ASD En Face MRC10
BMR CCUST	BODY MR CARDIAC CUSTOM PROTOCOL - use Custom Protocol worksheet.
BMR P01	BODY MR Pelvis Survey (replaces pelvic CT, use other if available) MRP1
BMR P02	BODY MR Uterus Anomaly, Adenomyosis uterine anatomy, non contrast MRP2
BMR P03	BODY MR Pelvis cervix, Uterine, endometrial, ovarian cancer MRP3
BMR P04	BODY MR Fibroids, pre embolization eval with MRA MRP4
BMR P05	BODY MR Urethral Diverticula, small FoV of urethra, non contrast MRP5
BMR P06	BODY MR Perianal Fistula, Rectal CA, small FoV focused on rectum MRP6
BMR P06R	BODY MR Rectal Cancer (Lalwani protocol) MRP6R
BMR P07	BODY MR Prostate, local staging of prostate cancer, 3T ONLY MRP7
BMR P08	BODY MR Bladder Tumor, TCC SCC of bladder MRP8
BMR P09	BODY MR Pelvic Floor, dynamic study for floor laxity MRP9
BMR P10	BIMR P10 MR Defecography
BMR T01	BODY MR THORAX MALIGNANCY (non cardiac) MRI MRT01
BMR T02	BODY MR THORAX MRI Add On MRT2
BMR V01	BODY MRV Pelvic Veins without contrast (DVT, elevated Cr) MRV1
BMR V02	BODY MRV Upper Extremity Central Veins (DXT, SVC syndrome) MRV2
BMR WB01	BODY MR Bone Marrow (myeloma, low resolution, non contrast) MRWB1
BMRLYML	BODY MR Two station lymphangiogram lower extremity interstitial without and with intradermal and intravenous Gd contrast.
BMRLYMU	BODY MR lymphangiogram upper extremity interstitial without/with intradermal and intravenous Gd contrast.
CHE CT Scr	CHEST CT Lung Cancer Screening
MSK CT 1	MSK CT Without Contrast (specify site)
MSK CT 2	MSK CT With Contrast (specify site)
MSK CT 3	MSK CT Leg Length Rotation
MSK CT 4	MSK CT Feet Weight-Bearing
MSK CT 5	MSK CT DRUJ 3 position
MSK CT 6	MSK CT Arthrogram (specify site)
MSK CT A1	MSK CT Ankle Without Contrast
MSK CT A2	MSK CT Ankle With IV Contrast
MSK CT BX	MSK CT Guided Biopsy (specify site)
MSK CT CL1	MSK CT Clavicle Without Contrast
MSK CT CL2	MSK CT Clavicle With IV Contrast
MSK CT CM	MSK CT Custom Protocol Enter Comments
MSK CT E1	MSK CT Elbow Without Contrast
MSK CT E2	MSK CT Elbow With IV Contrast
MSK CT FA1	MSK CT Forearm Without Contrast
MSK CT FA2	MSK CT Forearm With IV Contrast

MSK CT FT1	MSK CT Foot Without Contrast
MSK CT FT2	MSK CT Foot With IV Contrast
MSK CT H1	MSK CT Hip Without Contrast
MSK CT H2	MSK CT Hip With IV Contrast
MSK CT INJ	MSK CT Guided Injection (specify site)
MSK CT K1	MSK CT Knee Without Contrast
MSK CT K2	MSK CT Knee With IV Contrast
MSK CT KT1	MSK CT Tibial Plateau Without Contrast
MSK CT KT2	MSK CT Tibial Plateau With IV Contrast
MSK CT LL1	MSK CT Lower Leg Without Contrast
MSK CT LL2	MSK CT Lower Leg With IV Contrast
MSK CT P1	MSK CT Pelvis Without Contrast
MSK CT P2	MSK CT Pelvis With IV Contrast
MSK CT SC1	MSK CT Scapula Without Contrast
MSK CT SC2	MSK CT Scapula With IV Contrast
MSK CT SH1	MSK CT Shoulder Without Contrast
MSK CT SH2	MSK CT Shoulder With IV Contrast
MSK CT ST	MSK CT Subtalar Injection
MSK CT TH1	MSK CT Thigh Without Contrast
MSK CT TH2	MSK CT Thigh With IV Contrast
MSK CT UA1	MSK CT Upper Arm Without Contrast
MSK CT UA2	MSK CT Upper Arm With IV Contrast
MSK CT W1	MSK CT Wrist Without Contrast
MSK CT W2	MSK CT Wrist With IV Contrast
MSK MR 31	MSK MR 31 Sternoclavicular Joints
MSK MR 32	MSK MR 32 Pectoralis Major
MSK MR 33	MSK MR 33 Shoulder 1.5T
MSK MR 34	MSK MR 34 Shoulder Arthrogram
MSK MR 35	MSK MR 35 Elbow
MSK MR 36	MSK MR 36 Elbow Arthrogram
MSK MR 37	MSK MR 37 Wrist
MSK MR 38	MSK MR 38 Wrist Arthrogram
MSK MR 39	MSK MR 39 Wrist - Hand Rheumatology
MSK MR 40	MSK MR 40 Finger - Thumb Arthrogram
MSK MR 41	MSK MR 41 Pelvis - Hips
MSK MR 42	MSK MR 42 Hips Arthrogram
MSK MR 43	MSK MR 43 Sports Hernia - Athletic Pubalgia
MSK MR 44	MSK MR 44 Femur Stress Fracture
MSK MR 45	MSK MR 45 Dermatomyositis - Polymyositis
MSK MR 46	MSK MR 46 Knee
MSK MR 47	MSK MR 47 Knee Arthrogram
MSK MR 48	MSK MR 48 Knee Metal
MSK MR 49	MSK MR 49 Tibia - Fibula Stress Fracture
MSK MR 50	MSK MR 50 Achilles Tendon
MSK MR 51	MSK MR 51 Ankle
MSK MR 52	MSK MR 52 Ankle Arthrogram
MSK MR 53	MSK MR 53 Metatarsal Stress Fracture
MSK MR 54	MSK MR 54 Tumor - Osteomyelitis
MSK MR CM	MSK MR Custom Protocol - Enter Commends

NCAHD	NEURO CTA Head Intracranial hemorrhage Aneurysm AVM (N-47)
NCANCAPSP	NEURO CTA Trauma Neck - CAP - Spine Retros TC2 IV (N-51)
NCANCHSRET	NEURO CTA Trauma Neck and Chest - Abd Pelv - Spine Retros TC3 IV (N-52)
NCANK	NEURO CTA Head and Neck Trauma and Stroke (N-48)
NCANKBYPS	NEURO CTA Head and Neck Bypass (N-49)
NCAVENO	NEURO CTA Venogram (N-50)
NCAPEDGRY1	NEURO CTA Peds Grey Zone 0-20 lbs (0-9 kg)
NCAPEDGRY2	NEURO CTA Peds Grey Zone 21-60 lbs (9.1-27.2 kg)
NCAPEDGRY3	NEURO CTA Peds Grey Zone 61-100 lbs (27.3-45.4 kg)
NCAPEDGRY4	NEURO CTA Peds Grey Zone 101-200 lbs (45.5-90.7 kg)
NCAPEDGRY5	NEURO CTA Peds Grey Zone greater than 200 lbs (90.8 kg)
NCF	NEURO CT Face fine cuts with coronal reformats (N-23)
NCF3D	NEURO CT Face Plastics with 3D (N-25)
NCFMAND	NEURO CT Face Mandible with curved reformats - wo contrast (N-26)
NCFORB	NEURO CT Orbit fine cuts with reformats - wo contrast (N-28)
NCFORBSCM	NEURO CT Orbit Pre MRI screen for metal - wo contrast (N-30)
NCFORBW	NEURO CT Orbit fine cuts with reformats - w contrast (N-29)
NCF SIN	NEURO CT Sinus Fine Cut Axial with cor Sag reformat - wo contrast (N-33)
NCF S INSCA	NEURO CT Sinus Screen Axial wo contrast (N-31)
NCF S INSCDC	NEURO CT Sinus Screen Direct Cor wo contrast (N-32)
NCF S INW	NEURO CT Sinus Fine Cut Axial with Cor Sag reformat - w contrast (N-34)
NCFTMJ	NEURO CT Face TMJ wo contrast Oblique Sag reformats (N-27)
NCFW	NEURO CT Face w contrast fine cuts with coronal reformats (N-24)
NCH	NEURO CT Head Routine wo contrast (N-1)
NCHCIST	NEURO CT Head Cisternogram (N-11)
NCHGKAVM	NEURO CT Head Surgery Planning Gamma Knife for AVM (N-12)
NCHGKTUM	NEURO CT Head Surgery Planning Gamma Knife for Tumor (N-13)
NCHPED	NEURO CT Head Inf Ped Routine wo contrast (N-7)
NCHPEDTR	NEURO CT Head Inf Ped Trauma wo contrast (N-8)
NCHPERCO2	NEURO CT Head Perf wo and w - chronic ischemia wCO2 (N-18)
NCHPERTBP	NEURO CT Head Perf wo and w - Trauma 5S inj delay wo BP changes (N-20)
NCHPERTR	NEURO CT Head Perf wo and w - Trauma 5S inj delay w BP changes (N-19)
NCHPERV	NEURO CT Head Perf wo and w - vasospasm 5S scan delay wo BP changes (N-21)
NCHPERVBP	NEURO CT Head Perf wo and w - vasospasm 5S scan delay w BP changes (N-22)
NCHPF	NEURO CT Head Posterior Fossa wo contrast (N-4)
NCHPFW	NEURO CT Head Posterior Fossa w contrast (N-5)
NCHPFWOW	NEURO CT Head Posterior Fossa wo and w contrast (N-6)
NCHPITW	NEURO CT Head Pituitary w contrast(N-9)
NCHPITWOW	NEURO CT Head Pituitary wo and w contrast (N-10)
NCHSPPRX	NEURO CT Head Surgery Planning - Porex wo contrast (N-14)
NCHSPSS	NEURO CT Head Surgery Planning - Stealth Stryker wo contrast (N-15)
NCHSYNW	NEURO CT Head Surgery Planning - Synthes with opt surface rendered 3D w contrast (N-16)
NCHSYNWO	NEURO CT Head Surgery Planning - Synthes with opt surface rendered 3D wo contrast (N-17)
NCHW	NEURO CT Head Routine w contrast (N-2)
NCHWOW	NEURO CT Head Routine wo and w contrast (N-3)
NCNK	NEURO CT Neck wo contrast Trauma - High GFR Ax with Cor reformats (N-40)
NCNKCAPIV	NEURO CT Neck CAP Combo A18 IV only (N-45)

NCNKCAPOIV	NEURO CT Neck CAP Combo A18 Oral and IV (N-46)
NCNKCHIV	NEURO CT Neck Chest A17 IV only (N-44)
NCNKLARNX	NEURO CT Neck Larynx w contrast - Ax with Cor Sag reformat - Optional Breath Hold, Straw blow (N-42)
NCNKRET	NEURO CT Neck Retro (N-43)
NCNKW	NEURO CT Neck w contrast - Tumor or Infection - Ax with Cor Sag reformats (N-41)
NCSC	NEURO CT Cervical Spine Routine wo contrast (N-53)
NCSCDEN	NEURO CT Cervical Spine Density wo contrast (N-55)
NCSCMYE	NEURO CT Cervical Spine Post Myelogram - Levels to be determined by MD (N-56)
NCSCPOP	NEURO CT Cervical Spine - Postop - 2 levels above and below hardware wo contrast (N-57)
NCSCRET	NEURO CT Cervical Spine Retro (N-58)
NCSCW	NEURO CT Cervical Spine Routine w contrast (N-54)
NCSDISC	NEURO CT Discogram - Levels to be determined by MD (N-71)
NCSL	NEURO CT Lumbar Spine Routine wo contrast (N-65)
NCSLMYE	CT Lumbar Spine Post Myelogram (N-67)
NCSLPOP	CT Lumbar Spine - Postop - 2 levels above and below hardware wo contrast (N-68)
NCSLRET	CT Lumbar Spine Retro (N-72)
NCSLSPD	CT Lumbar Spine Spondylolysis wo contrast - MUST Specify Levels (N-69)
NCSLW	CT Lumbar Spine Routine w contrast (N-66)
NCSSAC	CT Sacrum Routine wo contrast (N-70)
NCST	CT Thoracic Spine Routine wo contrast (N-59)
NCSTLRET	CT Thoracolumbar Spine Retro (N-64)
NCSTMYE	CT Thoracic Spine - Post Myelogram (N-61)
NCSTPOP	CT Thoracic Spine - Postop - 2 levels above and below hardware wo contrast (N-62)
NCSTRET	CT Thoracic Spine Retro (N-63)
NCSTW	CT Thoracic Spine Routine w contrast (N-60)
NCTBN	CT Temporal Bone wo contrast - axials with coronal reformats (N-35)
NCTBNRET	CT Temporal Bone Retro wo contrast (N-38)
NCTBNRETW	CT Temporal Bone Retro w contrast (N-39)
NCTBNSCC	CT Temporal Bone Semi-Circular Canal wo contrast - axials with Coronal, Transverse and Longitudinal oblique reformats (N-36)
NCTBNW	CT Temporal Bone w contrast - axials with coronal reformats (N-37)
NMAEXTU	NEURO MRA Upper Extremity
NMAHD	NEURO MRA Head
NMAHDAVM	NEURO MRA Head AVM postGD TOF
NMAHDAVMGN	NEURO MRA Head Post Gamma Knife AVM pre and post GD TOF
NMAHDNK	NEURO MRA Head and Neck, stroke
NMAHDPC	NEURO MRA Head post coiling
NMANK	NEURO MRA Neck
NMANKDIS	NEURO MRS Neck Dissection plus AX FAT SAT T1
NMASPC	NEURO MRA Cervical Spine
NMASPT	NEURO MRA Thoracic Spine
NMACOW	Neuro MRA Head - COW only (Circle of Willis)***MRA ONLY*** (B-11)
NMACOWNK	Neuro MRA H&N - COW and Neck Vessels only ***MRA ONLY*** (B-11) and (B-13)
NMAHD	NEURO MRA Head - Brain and Aneurysm (B 1) and (B-11)
NMAHDAVM	NEURO MRA Head - Brain and AVM postGD TOF (B 12t)
NMAHDAVMGN	NEURO MRA Head - Post Gamma Knife AVM pre and post GD TOF (B 12t)

NMAHDNK	NEURO MRA Head and Neck - Stroke Brain (B-1),(B-11) and (B 13)
NMAHDPC	NEURO MRA Head - Post coiling (B 1)and(B 11t)
NMANK	NEURO MRA Neck Vessels only (B 13)**MRA ONLY**
NMANKDIS	NEURO MRA Neck - Dissection plus AX FAT SAT PD (B 13t)
NMASPC	NEURO MRA - Cervical Spine (C 1t)
NMASPT	NEURO MRA - Thoracic Spine (T 1t)
NMAVENO	NEURO MRI Head Venogram
NMFCSFLEAK	NEURO MRI Face CSF Leak or Encephalocele (B 25)
NMFORB	NEURO MRI Face Orbits wo contrast
NMFORBW	NEURO MRI Face Orbits wo and w contrast
NMFSIN	NEURO MRI Face Sinuses wo contrast
NMFSINW	NEURO MRI Face Sinuses wo and w contrast
NMFTMJ	NEURO MRI Face TMJ wo contrast
NMH	NEURO MRI Head Routine - SAG T1, AX DWI, T1, T2, FLAIR
NMH3DDBS	NEURO MRI Head 3D DBS
NMH3DGKT	NEURO MRI Head 3D Gamma Knife Treatment
NMH3DST	NEURO MRI Head 3D Stealth cranial navigation w contrast
NMHCN5	NEURO MRI Head Cranial Nerve - Trigeminal Nerve and MRA w contrast
NMHCN7	NEURO MRI Head Cranial Nerve - Facial Nerve w contrast
NMHCNIAC	NEURO MRI Head Cranial Nerve - IAC Screen w contrast
NMHCNIACBR	NEURO MRI Head Cranial Nerve - IAC and Brain w contrast
NMHCSF3V	NEURO MRI Head Spine CSF Flow, 3rd ventricle
NMHDDDEM	NEURO MRI Head Dementia Routine plus COR SPGR
NMHDSTK	NEURO MRI Head Stroke Routine plus AX GRE, AX T1
NMHDSTKAC	NEURO MRI Head, Stroke Acute (3D TOF MRA) (B 1t)
NMHDTRMA	NEURO MRI Head Trauma Routine plus COR GRE and FLAIR
NMHEPI	NEURO MRI Head Epilepsy seizure plus COR STIR and T2
NMHEPIDTI	NEURO MRI Head Epilepsy seizure plus COR STIR and T2 and DTI
NMHFMRI	NEURO MRI Head Functional
NMHFMRLANG	NEURO MRI Head Functional Language
NMHFMRMOT	NEURO MRI Head Functional Motor
NMHICH	NEURO MRI Head ICH contrast plus AX GRE
NMHMRS	NEURO MRI Head Spect Only
NMHMRS1	NEURO MRI Head Spect Only - Single Voxel TE 35
NMHMRS2	NEURO MRI Head Spect Only - Multi Voxel TE 35 144 288
NMHMRSP	NEURO MRI Head Spect plus Perf
NMHMRSP1	NEURO MRI Head Spect plus Perf - Single Voxel TE 35
NMHMRSP2	NEURO MRI Head Spect plus Perf - Multi Voxel TE 35 144 288
NMHMS	NEURO MRI Head Demyelination contrast plus SAG FLAIR
NMHPED	NEURO MRI Head, Pediatric Brain (B 24)
NMHPERF	NEURO MRI Head Perf Only - EG Stroke Ischemia
NMHPIT	NEURO MRI Head Pituitary - Macro
NMHPITMI	NEURO MRI Head Pituitary - Micro plus dynamic
NMHPSTC	NEURO MRI Head Post coiling MRI plus MRA
NMHPTGK	NEURO MRI Head Post Gamma Knife tumor plus postGD AX SPGR
NMHSCSF	NEURO MRI Head and Spine - CSF Flow - Chiari
NMHSZ	NEURO MRI Head Seizure contrast plus COR GRE
NMHTUM	NEURO MRI Head Tumor contrast plus post GD SAG T1

NMHTUMEX	NEURO MRI Head Extra-Axial Tumor (Mening/Schwann) B-2EA
NMHW	NEURO MRI Head Routine contrast plus post GD AX and FAT SAT COR T1
NMMRNANK	NEURO MRI Neurogram Ankle
NMMRNBRBP	NEURO MRI Neurogram Brach Plex bilateral
NMMRNBRPC	NEURO MRI Neurogram Brach Plex Central Option
NMMRNBRPL	NEURO MRI Neurogram Brach Plex left
NMMRNBRPR	NEURO MRI Neurogram Brach Plex right
NMMRNELBB	NEURO MRI Neurogram Elbow ulnar nerve bilateral
NMMRNELBL	NEURO MRI Neurogram Elbow ulnar nerve left
NMMRNELBR	NEURO MRI Neurogram Elbow ulnar nerve right
NMMRNKNEB	NEURO MRI Neurogram Knee popliteal nerve bilateral
NMMRNKNEL	NEURO MRI Neurogram Knee popliteal nerve left
NMMRNKNER	NEURO MRI Neurogram Knee popliteal nerve right
NMMRNPELV	NEURO MRI Neurogram Pelvis Lumbar Sacral plexus - piriformis muscle
NMMRNTHIB	NEURO MRI Neurogram Thigh sciatic nerve bilateral
NMMRNTHIL	NEURO MRI Neurogram Thigh sciatic nerve left
NMMRNTHIR	NEURO MRI Neurogram Thigh sciatic nerve right
NMMRNWRSB	NEURO MRI Neurogram Wrist median nerve bilateral
NMMRNWRSL	NEURO MRI Neurogram Wrist median nerve left
NMMRNWRSR	NEURO MRI Neurogram Wrist median nerve right
NMNK	NEURO MRI Neck Whole sella to clavicles
NMNKINFRHY	NEURO MRI Neck Infrahyoid larynx thyroid
NMNKSUPHY	NEURO MRI Neck Suprahyoid sella to hyoid
NMSCDG	NEURO MRI Cervical Spine Degenerative
NMSCEMD	NEURO MRI Cervical Spine Extramedullary lesions - Infection pre and post
NMSCIMD	NEURO MRI Cervical Spine Intramedullary lesions - pre and post
NMSCMSTUM	NEURO MRI C-Spine Myelopathy Tumor (MS or Cord tumor) C-2t
NMSCSF	NEURO MRI Cervical Spine - Chiari - CSF Flow
NMSCSYX	NEURO MRI Cervical Spine fu Syrx
NMSCTR	NEURO MRI Cervical Spine Trauma - C1 to C7
NMSCUPC	NEURO MRI Cervical Spine Trauma - Clivus to C3
NMSFBNMET	NEURO MRI Full Spine, Osseous mets Spinal block (S 2FS)
NMSFCFMET	NEURO MRI Full Spine CSF or drop mets (S 2t)
NMSFCG	NEURO MRI Full Spine Congenital - MD MUST consult with tech
NMSFEMINF	NEURO MRI Full Spine Extramedullary lesions - Infection pre and post
NMSFIMD	NEURO MRI Full Spine Intramedullary lesions pre and post
NMSFMS	NEURO MRI Full Spine, C and T cord M.S. (S 7)
NMSFNPH	NEURO MRI Full spine Avelino NPH Gate Disturbance
NMSFTCM	NEURO MRI Full spine Tethered Cord Myelomeningocele
NMSFTR	NEURO MRI Full Spine Trauma
NMSLCG	NEURO MRI Lumbar Spine Congenital - MD MUST consult with tech
NMSLDG	NEURO MRI Lumbar Spine Degenerative - GD if prior surgery
NMSLEMD	NEURO MRI Lumbar Spine Extramedullary lesions - Infection pre and post
NMSLTR	NEURO MRI Lumbar Spine Trauma
NMSACR	NEURO MRI Sacral Spine Sacrum

NMSTAVF	NEURO MRI Thoracic Spine Dural AVF - GD MRA
NMSTDG	NEURO MRI Thoracic Spine Degenerative
NMSTEMD	NEURO MRI Thoracic Spine Extramedullary lesions - Infection pre and post
NMSTIMD	NEURO MRI Thoracic Spine Intramedullary lesions - pre and post
NMSTMSTUM	NEURO MRI T-Spine Myelopathy Tumor (MS or Cord tumor) (T-4)
NMSTSXX	NEURO MRI Thoracic Spine fu Syrinx
NMSTTR	NEURO MRI Thoracic Spine Trauma
PET 01BSTH	PET Base of skull to thigh
PET 02TSTH	PET Top of skull to thigh
PET 03Knee	PET include leg to knee
PET 04Toes	PET include leg to toes
PET 05HdNk	PET Head Neck protocol
PET 06ArmD	PET Arms down
PET 07ArmU	PET Arms in view
PET 08Radp	PET Radiation Planning
PET 09Retr	PET Retrograde Bladder protocol
PET 10Lasx	PET Administer Lasix
PET 11Blup	PET Bladder Up protocol
PET 12NaF	PET NaF Bone, whole body to toes
PET 13CTAC	PET Low dose CTAC
PET 14Br1h	PET 3D Brain, 1 hour post injection
PET 15Br	PET 3D Brain, 1 and 4 hours post injection
RADASSOC	Protoled as part of an associated exams group.
RADCAN	Radiologist cancelled, see comments
RADPRESEAR	Rad PET Research Exam
RADWRONG	Radiologist wrong exam or modality. See comments.
PrepIVhyd	Patient was given an IV hydration prep due to contrast sensitivity prior to this exam.
prepOralhy	Patient was given an oral hydration prep due to contrast sensitivity prior to this exam.
PrepSlong	Patient was prescribed a steroid prep due to contrast sensitivity prior to this exam.
PrepSshort	Patient was prescribed a fast acting steroid prep due to contrast sensitivity prior to this exam.

DOCUMENT MODEL LIST:

Org	DocTextCode	DocTextDesc	Look up
	DefaultDM	Default Document Model	
	ANGBASIC	Angiography Basic Report	
	ANG ABDABS	CT Abdominal Abscess Drainage	
	ANG AORTA	Abdominal Aortography	
	ANG ARTERI	Arteriogram	
	ANG BILDCH	Biliary Tube Change	
	ANG BILDNL	Biliary Drainage Cath Left	
	ANG BILDNR	Biliary Drainage Cath Right	
	ANGBILTUB	Biliary Tube Change	
	ANG CATHEX	Dialysis Cath Exchange	
	ANG CHEMOE	Chemoembo	
	ANG CHETFL	Chest Tube (Fluoro)	
	ANG CHETUB	Chest Tube (CT)	
	ANG CTHLF	Dialysis Cath Lt Femoral	Cath
	ANG CTHLIJ	Dialysis Cath Left IJ	
	ANG CTHREM	Catheter Removal	
	ANG CTHRF	Dialysis Cath Rt Femoral	
	ANG CTHRIJ	Dialysis Cath Right IJ	
	ANG DRAIN	Drainage Cath Placement Guided	
	ANG GASTRO	Gastrostomy	
	ANG GEN	Angio Generic	
	ANG GRAPTA	Dialysis Graft Angio-PTA	Graft
	ANG GRATHR	Dialysis Graft Thrombolysis	
	ANG GTUBN	Percutaneous Gastrostomy	
	ANG IVCFP	IVC Filter Placement	Filter
	ANG IVCFPF	IVC Filter Placement Femoral	
	ANG IVCFR	IVC Filter Removal	
	ANG LINEEX	Revision of IJ Tunneled Cath	
	ANG LINEP	Tunneled Line Placement	
	ANG LINER	Tunneled Line Replacement	
	ANG NEPHPR	Percutaneous Nephrostomy	
	ANG NEPHST	Nephroureteral Stent	
	ANG PCN	Percutaneous Nephrostomy	
	ANG PORTP	Chest Port Placement	
	ANG PORTR	Chest Port Removal	
	ANG PULART	Pulmonary Arteriography	
	ANG PULM	Pulmonary Angiography	
	ANG RFA	Radiofrequency Ablation	
	ANG TACE	Transarterial Chemoembolization	
	ANG TIPS	TIPS	
	ANG TJLB	Transjugular Liver Bx Transplt	
	ANG TJLBPR	Transjugular Liver Bx wPress	
	ANG TJRB	Transjugular Renal Biopsy	
	ANG TJLIBX	Transjugular Liver Bx Transplt	
	ANG UFE	Uterine Fibroid Embolization	
	ANG USAAD	US Abdominal Abscess Drainage	

	ANGCUFFRMV	SCCA Angio Cuff Removal		
	ANGCVCHF	Ang High-flow non-tunneled CVC	tunneled	
SC	ANGDBLPLT	SCCA Angio Double Port, left	port	
SC	ANGDBLPRT	SCCA Angio Double Port, right		
SC	ANGHICKHFL	Hickman High-flow , LT IJ cath	ANGHICK	Hickman
SC	ANGHICKHFR	Hickman High-flow , RT IJ cath		
SC	ANGHICKLFL	Hickman Low-flow , LT IJ cath		
SC	ANGHICKLFR	Hickman Low-flow , RT IJ cath		
	ANGHLLTIJ	High flow tunneled LT IJ cath	tunneled	
	ANGHFRTIJ	High-flow tunneled RT IJ cath		
	ANGLFLTIJ	Low-flow tunneled, LT IJ cath		
	ANGLFRTIJ	Low-flow tunneled, RT IJ cath		
SC	ANGPORTLT	SCCA Angio Port Left		
SC	ANGPORTRT	SCCA Angio Port Right		
SC	ANGPORTCHK	SCCA Angio Port Check		
SC	ANGPORTREM	SCCA Angio Port Removal		
Enterprise	Bldefault	Body Imaging Default Doc Model		
	BICTBA1	CTB A1 CT Abdomen Survey		
	BICTBA2	CTB A2 CT Abd Pelvis Survey		
	BICTBA3	CTB A3 CT Appendicitis		
	BICTBA4	CTB A4 CT Liver 4 Phase	Liver	
	BICTBA5	CTB A5 CT Liver 3 Phase		
	BICTBA6	CTB A6 CT Liver 1 Phase		
	BICTBA7	CTB A7 CT Pancreatic Mass		
	BICTBA8	CTB A8 CT Pancreas Insulinoma		
	BICTBA9	CTB A9 CT Pancreatitis		
	BICTBA10	CTB A10 CT Pelvis Survey		
	BICTBA11	CTB A11 CT Colonography		
	BICTBA12	CTB A12 CT Enterography		
	BICTBA13	CTB A13 CT Hernia		
	BICTBA14	CTBA14 CT Retro Hematoma		
	BICTBA15	CTB A15 CT Chest Abd Pelvis	Chest	
	BICTBA16	CTB A16 CT Chest Abdomen		
	BICTBA17	CBT A17 CT Neck Chest		
	BICTBC1	CTB C1 CT Chest Survey	CTB C	
	BICTBC2	CTB C2 CT Low Dose Nodule FU		
	BICTBC3	CTB C3 CT Chest Suspect PE		
	BICTBC4	CTB C4 CT Chest HighResolution		
	BICTBCA1	CTB CA1 CTA Coronary Art Dis		
	BICTBCA2	CTB CA2 CTA Card ECG tailored		
	BICTBCA3	CTB CA3 CTA Triple Rule Out		
	BICTBCA4	CTB CA4 CTA Cor Art Ca Scoring		
	BICTBCA5	CTB CA5 Pulm vein anatomy ECG		
	BICTBCVA1	CTB CVA1 Thor-Abd Aorta w&w/o	Aorta	
	BICTBCVA2	CTB CVA2 Thor-Abd Aorta w/cont		

BICTBCVA3	CTB CVA3 Thoracic Aorta
BICTBCVA4	CTB CVA4 Abdominal Aorta
BICTBCVA5	CTB CVA5 Thor Aorta Pre Stent
BICTBCVA6	CTB CVA6 Abd Aorta Pre Stent
BICTBCVA7	CTB CVA7 Post AAA Stent Graft
BICTBCVA8	CTB CVA8 Post Thor Aorta Stent
BICTBCVA9	CTB CVA9 Mesenteric CTA
BICTBCVA10	CTB CVA10 CT Peripheral runoff
BICTCVA11	CTB CVA 11a ECG gated TA Aorta
BICTBCV11b	CTB CVA11b ECG gated acute Aor
BICTBCV11c	CTB CVA11c ECG gated Aorta fu
BICTCVA12	CTB CVA 12a ECG gated T aorta
BICTBCV12b	CTB CVA 12b Pros ECG CTA chest
BICTBCV12c	CTB CVA 12c ECG gated T fu rep
BICTBCV13	CTB CVA 13 diep flap
BICTBCVA14	CTB CVA14 venogram cava IVC
BCTBCVA15	CTB CVA15 Perc Valv Repl Prtnr
BICTBCVA16	CTB CVA16 Intestinal hemorrhag
BICTBG1	CTB G1 CT Cystogram
BICTBG2	CTB G2 CT Renal Mass
BICTBG3	INACTIVATED
BICTBG4	CTB G4 CTA Renal Donor Eval
BICTBG5	CTB G5 CT IVP Less Than 50yr
BICTBG6	CTB G6 CT IVP Trans Cell > 50
BICTBG7	CTB G7 KUB Stone Protocol
BICTBG8	CTB G8 Adrenal Washout Study
BICTBG9	CTB G9 Hyperaldosteronism
BICTCV PV	CTB CV Pulmonary Vein
BIIVTBD01	BI Liver Tumor Board
BIMRA1	Renal Artery MRA w/cont MRA1
BIMRARD	MRA Renal Donor
BIMRAP1	MR General Abd & Pelvis MRAP1
BIMRAP2	Acute Abdomen/Pelvis MRAP2
BIMRAP3	MR Enterography MRAP3
BIMRAP5	Fetal Survey, 1.5T only MRAP5
BIMRB1	Liver Mass MRB1
BIMRB1E	Liver Mass w/Eovist MRB1E
BIMRB1P	Liver Mass, Pelvic Scrn BMR1P
BIMRB1T	LiverMassTransplt Donor MRB1T
BIMRB2L	MR Iron Liver Only MRB2L
BIMRB2LH	MR Iron Liver and Heart MRB2LH
BIMRB3	MR Renal Mass MRB3
BIMRB4	MR-IVU (Intrav Urogram MRB4)
BIMRB5	MR Pancreas MRB5

BIMRB6	MRCP MRB6	
BIMRB6L	MRCP w dynamic CE Liver MRB6L	
BIMRB7	MR Adrenal Nodule MRB7	
BIMRB7	Adrenal Nodule, no ca,pheoMRB7	
BIMRB8	Pheochromocytoma Screen MRB8	
BIMRP1	MRP1 MR General Pelvis	
BIMRP2	MRP2 Uterine Anomaly/Adenomyos	
BIMRP3	MRP3 MR Gynecologic Cancer	
BIMRP4	MRP4 MR Uterine Fibroids	
BIMRP5	MRP5 MR Urethral Diverticula	
BIMRP6	MRP6 Perianal Fistula/Rectal C	
BIMRP7	MRP7 MR Prostate	
BIMRP8	MRP8 MR Bladder Tumor	
BIMRP9	MRP9 MR Pelvic Floor	
BIMRP10	MR Defecography MRP10	
BIMRT1	Thorax Malig noncardiac MRT1	
BIMRT2	Thorax MRI add on noncard MRT2	
BIMRWB1	MR Bone Marrow MRWB1	
BPI US BX	US Biopsy w/Conscious Sedation	
BPI US BXn	US BX wo conscious sedation	
BPI CT BX	CT BX w/Conscious Sedation	
BPI CT BXn	CT BX wo Conscious Sedation	
BPI FNA	US Fine Needle Aspiration	
BPI PARA	US Guided Paracentesis	
BPI PATH	Pathologic Correlation	also a macro
BPI THORA	US Guided Thoracentesis	
BPI THY A	US Guided Thyroid Aspiration	
BPI US ABL	US for ablation planning	
BPICTPNB	CT Guided Pudendal Nerve Block	
BPIUSCHEMO	US Guided Chemodenervation	
CARDMR1	Cardiac Aorta Ablavar	
CARDMR2	Cardiac Aorta Multihance	
CARDMR3	Cardiac Pulmonary Vein	
CARDMR4	Cardiac TOF&General Congenital	
CARDMR5	Cardiac CC-TGA	
CARDMR6	Cardiac D-TGA w/atrial baffles	
CARDMR7	Cardiac D-TGA arterial switch	
CARDMR8	Cardiac Single ventricle	
CARDMR9	Cardiac ASD	
CARDMR10	Cardiac Cardiomyopathy	
CARDMR11	Cardiac ARVD	
CARDMR12	Cardiac Mass	
CARDMR13	Cardiac Pericardial constrict	
CARDMR14	Cardiac Athletes Heart vs HCM	
CARDMRDEF	Cardiac MR Report 42	

	CHE BASIC	Chest Basic Template	
	CHE CT Scr	CT Chest Low Dose Screening	
	CHE CT W	CT Chest With Contrast	
	CHE CT WO	CT Chest Without Cont	
	CHE CTW PE	CT Chest With Contrast PE	
	CHE HIGHRE	CT Chest High Resolution	
	CHE DUAL	CT Chest Dual Energy	
	CTBC1	CTB C1 Chest CT	
	CTBC3	CTB C3 Suspected PE	
	DEXAWITH	DEXA WITH	
	DXA R1	DEXA ROOSEVELT 1	
	DXA R2	DEXA ROOSEVELT 2	
	DXA R3	DEXA ROOSEVELT 3	
	DXA S1	DXA S1	
	DXA S2	DXA S2	
	DXA S3	DXA S3	
	GEXESOC	GIGU XR Esophagogram	GIGU
	GIGU Chest	GIGU Chest Normal 2 or 3 Views	
	GIGU MSK	GIGU MSK	
	GIGU PPD	GIGU Chest PPD	
	GIGUABD	GIGU Abdomen	
	GIGUABDC	GIGU Acute Abdomen	
	GIGUBASIC	GIGU Abdomen Basic	
	GIGUBE	GIGU Barium Enema	
	GIGUCHER	GIGU Chest ER	
	GIGUCYST	GIGU Cystogram	
	GIGUESO	GIGU Esophagectomy	
	GIGUFEEDTB	GIGU Feeding Tube Check	
	GIGUFTPLAC	GIGU Feeding Tube Placement	
	GIGUFIST	GIGU Fistulagram	
	GIGUHSG	GIGU HSG	
	GIGUINST	GIGU Instrument Count	
	GIGUIOC	GIGU IntraoperativeCholangiogr	
	GIGUPHESO	GIGU Pharyngoesophagram	
	GIGURU	GIGU Retrograde Urography	
	GIGURUG	GIGU Retrograde Urethrogram	
	GIGUSB	GIGU Sm Intestine Barium	
	GIGUUGISB	GIGU UGI with small bowel	
	GIGUUGISER	GIGU UGI Series	
	GIGUVFSS	GIGU VideoFluoroscopic Swallow	
	GIXERCP	GIGU XR ERCP	
	GIXESOC	GIGU Esophagogram Complete	
	GIXUGIK	GIGU XR Upper GI W KUB	
SC	MAMBCONBCS	Mammogram BCONS BCSC	
RR/SC	MAMBSCR	Mammogram Bilat Screening	MAM
RR/SC	MAMBUNIUUS	Mammogram Unilat Diag with US	

SC	MAMBUNI	Mammogram Unilat Diagnostic	
SC	MAMCEDM	Mammogram Bilat Contrast Enhan	
RR/SC	MAMDIAGUS	Mammogram Bilat Diag with US	
RR/SC	MAMDIAG	Mammogram Bilat Diagnostic	
UM	MAMFinDef	Mammography Findings Default	
SC	MAMIntDef	Mammography Int Proc Default	
SC	MAMMBRACR	MR Breast ISPY2/ACRIN 6698	
SC	MAMMBRB	MR Breast Bilateral 1.5T	
SC	MAMMBRB3	MR Breast Bilateral 3T	
SC	MAMMBRB3M	MR Breast 3T Multi-parametric	
SC	MAMMBRBS	MR Breast Bilateral Silicon 3T	
SC	MAMMBRSPR	MR Breast SPORE Breast Project	
SC	MAMMBX	MR Breast Biopsy	
RR/SC	MAMSCRM	Mammogram Bilat Screen No Rslt	
SC	MAMUBREA	Ultrasound Breast unilateral	
	MSK_DFAULT	MSK default Doc_model	
	MSK ARTH	MSK Arthrogram	MSK
	MSK BIARFU	MSK BILATERAL Arthroplasty fu	MSK Bilateral
	MSK BIHEAL	MSK BILATERAL HEALING	
	MSK BILAT	MSK BILATERAL	
	MSK BINORM	MSK BILATERAL NORMAL	
	MSK CTMR	MSK CT MR Exams	
	MSK LEFT	MSK LEFT	MSK Left
	MSK LTARNW	MSK Left Arthorplasty New	
	MSK LTARFU	MSK Left Arthroplasty Followup	
	MSK LTHEAL	MSK LEFT HEALING	
	MSK LTNORM	MSK LEFT NORMAL	
	MSK RIGHT	MSK RIGHT	MSK Right
	MSK RTARFU	MSK Right Arthroplasty follwup	
	MSK RTARNW	MSK Right Arthroplasty New	
	MSK RTHEAL	MSK RIGHT HEALING	
	MSK RTNORM	MSK RIGHT NORMAL	
	MSK USEXT	MSK US Extremity	
	MSKABD	MSK ABDOMEN	
	MSKEPIDURA	MSK Epidural Steriod Injection	
	MSKNORMALR	MSK Normal Report	
	MSKOSSEOUS	MSK Osseous Survey	
	MSKSURVEY	MSK SURVEY	
	MSKTSRPOST	MSK TSR POST OP	
	MSPTOTAL	MR Total Spine wo w contrast	
	NM BONE	NM Bone Scan Whole Body	NM Bone
	NM BONLMT	NM Bone Scan Limited	
	NM BONSPCT	NM Bone Spect	
	NM CARSD	NM Shunt Right-to-left	
	NM CNSBT	NM Brain SPECT	
	NM CNSCI	NM CSF leak study	
	NM CNSSP	NM Shunt VP study	

NM EKG	NM EKG		
NM GIBIL	NM Hepatobiliary (HIDA)		
NM GIBLD	NM GI Bleed		
NM GIGAS	NM Gastric Emptying		
NM GILIV	NM Liver Spleen Sulfur colloid		
NM GIMEC	NM Meckel's scan		
NM INGAL	NM Gallium		
NM INWBC	NM WBC In-111		
NM IOTHGFR	NM Iothalamate GFR evaluation		
NM LUNVP	NM Lung V/Q scan	NM Lung	
NM LUVPQ	NM Lung Quantitative V/Q		
NM LYMPH	NM Lymphoscintigraphy Melanoma		
NM LYMPHBR	NM Lymphoscintigraphy Breast		
NM MUGA	NM MUGA Normal		
NM NBON3	NM Bone Scan 3 phase		
NM PROST	NM Proscint		
NM RDosim	NM Dosimetric Doses Rsrch Tracer		
NM RENCA	NM Renogram Captopril	NM renogram	
NM RENDM	NM Renogram DMSA		
NM RENLA	NM Renogram Lasix MAG3		
NM RENOG	NM Renogram MAG3 no Lasix		
NM THYCA	NM Thy CA Survey withdrawal	NM THY	
NM THYCA2	NM I-123 scan		
NM THYCA3	NM I-131 scan with thyrogen		
NM THYPA	NM Parathyroid scan		
NM THYRX	NM Hyperthyroidism I-131 treat		
NM THYRX2	NM Thy CA Tx I-131 with rTSH		
NM THYRX3	NM Thy CA Tx I-131 withdrawal		
NM THYUP	NM Hyperthyroid uptake & scan		
NM TUOCT	NM Octreotide scan		
NR Default	Neuro default template		
NR ACERDI	NR Angio Cerebral Diagnostic	NR Angio	NR A
NR ACERVDI	NR Angio Cervical Diagnostic		NR A
NR AEMBO	NR Angio Cerebral Embolization		NR A
NR AEMBOS	NR Angio Spine Embolization		NR A
NR AEPISTA	NR Angio Epistaxis		NR A
NR ASPAVM	NR Angio Spine AVM		NR A
NR AVERPL	NR Angio Vertebroplasty		NR A
NR CNECKRS	RSNA CT Neck w contrast	RSNA	NR C
NR CNECKRS	RSNA CT Neck Postop w contrast		
NR CSINRS	RSNA CT Sinus Detail		
NR CTEMPRS	RSNA CT Temporal Bone		
NR MNECWRS	RSNA MR Neck with contrast		NR M
NR CCDEGEN	CT Cervical Degenerative	CT Cervical	NR C
NR CCMYELO	CT Cervical Myelogram		NR C
NR CCTRAUM	CT Cervical Trauma		NR C

NR CHEAFU	CT Head wo FU Bleed	CT Head	NR C
NR CHEAPO	CT Head wo Post OP		NR C
NR CHEAPRE	CT Head Pre OP Planning		NR C
NR CHEAWC	CT HEAD WITH CONTRAST		NR C
NR CHEAWO	CT HEAD WITHOUT CONTRAST		NR C
NR CHEPORE	CT HEAD POREX NON CONTRAST		NR C
NR CHMAXWO	CT Head Max Face non Contrast		NR C
NR CLARYNX	CT Larynx with Contrast	CT Larynx	NR C
NR CLDEGEN	CT Lumbar Degenerative	CT Lumbar	NR C
NR CLMYELO	CT Lumbar Myelogram		NR C
NR CLTRAUM	CT Lumbar Trauma		NR C
NR CMAXW	CT Maxillofacial with Contrast	CT Maxillofacial	NR C
NR CMAXWOC	CT Maxillofacial Non Contrast		NR C
NR CNECKWC	CT Neck with Contrast	CT Neck	NR C
NR CNECKWO	CT Neck without Contrast		NR C
NR CORBSCR	CT Orbits Pre-MRI Screen	CT Orbits	NR C
NR CORBWC	CT ORBITS WITH CONTRAST		NR C
NR CPLANW	CT Treatment Plan with Cont	CT Treatment	NR C
NR CPLANWO	CT Treatment Plan wo Contrast		NR C
NR CSINDET	CT Sinus Screen Detail	CT Sinus	NR C
NR CSINWO	CT Sinus Screen Non Contrast		NR C
NR CSPBX	CT Spine Biopsy	CT Spine	NR C
NR CTAHEAD	CTA Head	CTA Head	NR C
NR CTAHENK	CTA HEAD AND NECK		NR C
NR CTEMPWO	CT Temporal Bone non Contrast	CT Temporal	NR C
NR CTTRAUM	CT Thoracic Trauma	CT Thoracic	NR C
NR MANEWW	MRI NECK wo w	MRI Neck	NR M
NR MBRACHI	MRI Brachial Plexus	MRI Brachial	NR M
NR MBRAFAC	MRI Brain and Facial Nerve	MRI Brain	NR M
NR MBRAHEA	MRI Brain and MRA Head		NR M
NR MBRAHEV	MRI Brain and MRV Head		NR M
NR MBRAIAC	MRI Brain IAC with contrast		NR M
NR MBRAIAW	MRI Brain IAC w wo contrast		NR M
NR MBRAIDE	MRI Brain Dementia		NR M

NR MBRAIEP	MRI Brain Epilepsy		NR M
NR MBRAIMS	MRI Brain MS		NR M
NR MBRAIWO	MRI Brain Non Contrast		NR M
NR MBRAIWW	MRI BRAIN PRE AND POST CONT		NR M
NR MBRAMRA	MRI Brain IAC MRA w wo		NR M
NR MBRAMRS	MRI Brain MRS		NR M
NR MBRAMXC	MRI Brain Maxfac CSF Leak		NR M
NR MBRAMXF	MRI Brain Maxfac pre and post		NR M
NR MBRAORB	MRI Brain and Orbits		NR M
NR MBRAPIT	MRI Brain and Pituitary		NR M
NR MBRASS	MRI Brain Stealth Stimulator		NR M
NR MBRAST	MRI Brain Stealth		NR M
NR MBRATRI	MRI Brain Trigeminal Nerve w wo		NR M
NR MBRFL	MRI Functional Language		NR M
NR MBRHENE	MRI BRAIN MRA HEAD MRA NECK		NR M
NR MBTUMOR	MRI BRAIN TUMOR FU		NR M
NR MBTURES	MRI BRAIN TUMOR Resection		NR M
NR MELBOW	MRI Elbow		NR M
NR MLEG	MRI Leg		NR M
NR MSACRAL	MRI Sacral Plexus		NR M
NR MSPCDG	MRI C Spine degenerative	MRI C	NR MSP
NR MSPCFL	MRI C Spine CSF Flow		NR MSP
NR MSPCMS	MRI C Spine MS post gad		NR MSP
NR MSPLDG	MRI L Spine degenerative	MRI L	NR MSP
NR MSPLPO	MRI L Spine w and wo Post Op		NR MSP
NR MSPLWC	MRI L Spine w contrast		NR MSP
NR MSPLWW	MRI L Spine w and wo contrast		NR MSP
NR MSPTDG	MRI T Spine degenerative	MRI T	NR MSP
NR MSPTMS	MRI T Spine MS post gad		NR MSP
NR MSPTWW	MRI T Spine MS wo w gad		NR MSP
NR MTMJ	MRI TMJ	MRI TMJ	NR M
NR MWRIWO	MRI Wrist without contrast	NR MW	NR M
NR XCYST	NR Fluoro Lumb Punc Cyst	NR Fluoro	NR X
NR XCYSTN	NR Fluoro Lumb Punc Cyst NM		NR X
NR XFLNPC	NR Fluoro C Spine Puncture		NR X
NR XMYECS	NR Fluoro Cervical Myelo		NR X
NR XMYELS	NR Fluoro Lumbar Myelo		NR X
NR XMYETS	NR Fluoro Thoracic Myelo		NR X
NR XPUMP	Neuro XR Pump Check	Neuro XR	NR X
NR XSHUVP	Neuro XR Shunt Series		NR X
NR XSKU3	Neuro XR Skull		NR X
NR XSPC	Neuro XR Cervical Trauma		NR X
NR XSPC3	Neuro XR Cervical 2-3 views		NR X

NR XSPC4	Neuro XR Cervical 4 views		NR X
NR XSPI2	Neuro XR Spine IntraOp		NR X
NR XSPL3	Neuro XR L Spine 2-3 views		NR X
NR XSPL4	Neuro XR Lumbar Flex 4 views		NR X
NR XSPLPI	NR Fluoro Lumb Puncture	NR Fluoro	NR X
NR XSPLPUM	NR Fluoro Lumb Punct w Methotr		NR X
NR XSPSC	Neuro XR Scoliosis	Neuro XR	NR X
NR XSPT2	Neuro XR Thoracic Spine		NR X
NR XSPTL	Neuro XR Lumbar PostOp		NR X
NR XSPTL2	Neuro XR T L Spine		NR X
PT PBRAIP	PET Brain	PET	PT P
PT PTUMME	PET (Advance)		PT P
PT PCBONES	PET CT NaF-18 of Bones	PET CT	PT P
PT PCLMTD	PET CT Brain FDG		PT P
PT PCMIDB	PET CT Mid Body FDG		PT P
PT PCWHLB	PET CT Whole Body FDG		PT P
USB1	Complete Abdominal Ultrasound		USB
USB2AbDop	USB 2 Abdominal w/ Doppler		USB
USB3	USB3 Limited Abdominal US		USB
USB8RetPer	USB 8 Retroperitoneum Complete		USB
USB9AorRen	USB 9 Ab Aortic Aneurysm Renal		USB
USB11Cscro	USB 11C Scrotum w/o Doppler		USB
USB11scrot	USB 11A - Scrotum w/ Doppler		USB
USB12Prost	USB 12 Prostate		USB
USB13and14	USB 13,14 Pelvis Compl w/oDopp		USB
USPTC	USB 13,14 Pelvis Compl w Dopp		USB
USPTCND	Pelvis, Comp No Dopp		USB
USB13PelAb	USB 13 Pelvis Transabdominal		USB
USB14PelVa	USB 14 Pelvis Transvaginal		USB
USB16	First trimester ultrasound		USB
USB17	Detailed pregnancy 2nd/3rd tri		USB
USB27Thyrd	USB 27 Thyroid, PThy, Head, Nk		USB
USB28Chest	USB 28 Chest, Mediastinum		USB
USB30	USB30 duplex scan extremity		USB
USB31Extrm	USB 31 Duplex extremity veins		USB
USB32Doplr	USB 32 Complete Doppler		USB
USB33LimDp	USB33 Limtd Doppler		USB
USRENAL	Ultrasound Renal		USB
VUSGeneric	Generic Vascular Lab Template		VUS
VUSABI	Ankle Brachial Index		VUS
VUSABIEx	Exercise Treadmill Test		VUS
VUSABITBI	ABI and TBI		VUS
VUSAortoil	Aorta and Iliac Arteries		VUS
VUSBPG	Lower Extrem Bypass Graft Eval		VUS

VUSCarB	Carotid 1-15	VUS
VUSCarD	Carotid 50-79	VUS
VUSCarLEA	Carotid, ABI and LEA	VUS
VUSCARPREO	Car Art Dupl Ev Trnscr Dop Ltd	VUS
VUSCCSVI	Chronic Cerebrospinal Venous In	
VUSCSLower	Cold Sensitivity Lower Ext	VUS
VUSCSUpper	Cold Sensitivity Upper Ext	VUS
VUSDAF	Dialysis Access Fistula	VUS
VUSDAG	Dialysis Access Graft	VUS
VUSDIEP	DIEP Arterial Perforator Map	VUS
VUSFibFlap	Pre-Fibula Flap Duplex	VUS
VUSLEAB	Lower Extremity Arterial Bilat	VUS
VUSLEAPVR	Pulse Volume Recording	VUS
VUSLEAU	Right/Left Lower Ext Art Eval	VUS
VUSLEVComp	Lower Extremity Venous Comp	VUS
VUSLEVRefl	Standing Reflux	VUS
VUSLEVVV	Varicose Vein Duplex	VUS
VUSMesent	Mesenteric Arterial and Venous	VUS
VUSPortal	Portal Vein Duplex Normal	VUS
VUSPreDag	Pre Dialysis Access Duplex	VUS
VUSPseudo	Femoral Artery and Vein Duplex	VUS
VUSRenal59	Renal Arteries Less than 60	VUS
VUSRenal61	Renal Arteries Greater than 60	VUS
VUSRenalnl	Renal Artery Duplex Normal	VUS
VUSRenMes	Renal and Mesenteric Arteries	VUS
VUSTCD	Transcranial Doppler Eval	VUS
VUSTCDIO	TCD Intraop Emboli Monitor	VUS
VUSTCPO2	Transcutaneous Oxygen Mmts	VUS
VUSTOS	Thoracic Outlet Syndrome	VUS
VUSTOSODD	Thoracic Outlet Syndrome Eval	VUS
VUSUEA	Upper Extremity Arterial	VUS
VUSUEV	Upper Venous Subs and Jugs	VUS
VUSUEVComp	Upper Extremity Venous Comp	VUS
VUSULEXVL	Lower Extremity Venous Duplex	VUS
VUSVeinMap	GSV Mapping	VUS