

Patient Name _____ DOB _____ Appointment Date / Time _____

Diag. Code _____ Clinical Information _____

Symptoms (Please identify for each study) _____

Physician Signature* _____ Physician Name _____
**Requires original physician signature*

Female Patient LMP _____ Perform urine pregnancy test? _____

Creatinine* _____ Perform Creatinine / BUN _____

**Provide Creatinine levels on any CT patient with Diabetes (within 1 week of appointment) and all patients over 55 years of age (within 3 months of appointment.)*

STAT Report Fax# _____

RADIOGRAPHIC EXAM

- Chest 1 View Chest PA & Lateral
- Abdomen / KUB Flat & Upright Acute Abd. Series
- Ribs
 - Rt. Lt. Bilat.
- Spine (Designate)
 - Cervical Thoracic Lumbar
 - Complete W/ Flex & Ext. Flex & Ext. Only
 - AP Only Lat Only AP & Lat Only
 - Sacrum Coccyx Thoraco Lumbar
- Scoliosis AP Only Lat Only
- Hips / Pelvis Pelvis Only Hip Only
 - Rt. Lt. Bilat.
- Joints & Extremities (Designate) _____
- Skull AP & Lateral 4 Views
- Orbits Facial Bones Mandible
- Nasal Bones Sinuses
- Neck Soft Tissue AP & Lat
- Bone Age DEXA Bone Density
- Other _____

UROLOGICAL

- IVP Cystogram
- VCUg (16 years and older)
- Other _____

COMPUTED TOMOGRAPHY (CT SCAN)

- Head / Brain Cervical Spine
- Temporal Bones Thoracic Spine
- Orbits Lumbar Spine
- Facial Bones Liver Dynamics (3 Phase)
- Neck Pelvis
- Sinuses
 - Limited Complete CT Brain Lab
- Chest PE Protocol High Resolution
- Abdomen Stone Sequence CT IVP Protocol
- Contrast (Designate)
 - Radiologists Discretion
 - With Contrast Without Contrast
- Extremities _____
- CTA (Designate)
 - Head Neck Chest
 - Abdomen Pelvis
- Orthopedic (CT with Reconstruction)
 (Specify Joint/Area) _____
- Other _____

ULTRASOUND

- Complete Abdomen (Liver, GB, Pancreas, Kidneys)
- RUQ (GB, Liver, Pancreas) Aorta
- Renal (Kidneys, Bladder) Bladder Only
- Renal Transplants Thyroid
- Thyroid FNA Scrotum
- Testicular with Doppler
- Pelvis - Uterus, Ovaries
 - Transvaginal with Doppler Transabdominal only
- Obstetrical
 - 1st trimester Complete
 - 2nd trimester (anatomy) Limited
 - 3rd trimester (growth)
- Carotid Doppler Carotid
- Extremity (Popliteal Cyst) TIPS Evaluation
- Groin R/O Pseudo Aneurysm Breast
- Upper Ext Rt. Lt. Bilat.
- Lower Ext Rt. Lt. Bilat.
- Soft tissue (Designate) _____
- Extremity Venous Doppler (DVT) (Designate) _____
- Other _____

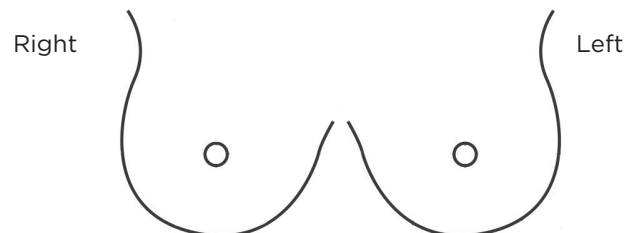
BREAST IMAGING including 3D Tomosynthesis

- Screening Mammogram with CAD*
**To include diagnostic & ultrasound as needed*
- Diagnostic Mammogram with CAD*
**To include ultrasound, aspiration or biopsy as needed*
 - Rt. Lt. Bilat.
- Breast Ultrasound
 - Rt. Lt. Bilat.
- Other _____

PROCEDURES

- Biopsy or Aspiration*
- Wire Localization
- Other _____
**To include post-biopsy mammogram as needed*

Please Indicate Areas of Concern:
 O'Clock Position for Palpable Lump _____



PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT

Preparations: The following are routine adult preparations. If you & your doctor feel they are not indicated for you, please call for alternative instructions.

Clear liquids include: Water, tea, coffee (no cream), soft drinks, bouillon, Jello (no fruit), apple juice, cranberry juice, ice popsicles.

CT - Oral Prep: Mix Omnipaque 240 with 40 oz. of clear liquids. Drink mixture 90 minutes before your exam. If your exam is in the morning, you may have clear liquids for breakfast. If your exam is in the afternoon, you may eat a regular breakfast and then only clear liquids 5 hours prior to exam.

Ultrasound

Abdominal, Aorta, Biopsy or TIPS Evaluation: Do not eat or drink after midnight.

Pelvic: Empty bladder. Ninety minutes before your exam, start drinking 1-1.5 quarts of liquid. If you weigh over 150 lbs., drink 2 quarts. Do not empty bladder again until your exam is completed. Most pelvic and early obstetrical studies include an endo-vaginal ultrasound exam.

OB Ultrasound: Follow pelvic prep instructions for up to 20 weeks gestation. After 20 weeks gestation, drink only 1 quart.

Renal Ultrasound: One hour prior to exam empty bladder. Drink 1 quart non-carbonated liquid. Do not empty bladder.

Renal Transplants: One hour prior to exam empty bladder. Drink 1 quart non-carbonated liquid. Do not empty bladder.

Breast Imaging

Mammograms: Do not use powder, deodorant or lotion. Wear a two-piece outfit. Please bring outside mammograms.

Core Biopsy: As above for mammograms. No blood thinners for one week. (Ex. aspirin, coumadin) Table weight limit is 300 pounds.

Bone Density: No intestinal contrast studies seven days prior to exam. (Ex. BE, GI, SB, CT or nuclear medicine studies). No calcium tablets 3 days prior. Wear two piece outfit without zippers or metal.

