

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?

STAT Report Fax# \_\_\_\_\_

**RADIOGRAPHIC EXAM**

- Chest PA & Lateral - 2 Views       Chest PA - 1 View
- Abdomen KUB - 1 View
- Abdomen Flat / Upright - 2 Views
- Abdomen Acute Series
- Spine *(Designate)*
  - Cervical       Thoracic       Lumbar
  - Complete       w/ Flex & Ext.
  - Flex & Ext. Only       AP & Lat Only
- Scoliosis
- Pelvis
- Hip w/1 view Pelvis
  - Rt.       Lt.       Bilat.
- Ribs w/1 view Chest
  - Rt.       Lt.       Bilat.
- Orbits
- Neck Soft Tissue
- Bone Age
- Joints & Extremities *(Designate)*
  - Rt. \_\_\_\_\_
  - Lt. \_\_\_\_\_
- Weight Bearing
- Other \_\_\_\_\_

**INJECTIONS**

- Arthrogram *(Specify Joint)* \_\_\_\_\_
  - MRI     CT
- Steroid *(Specify Joint/Area)* \_\_\_\_\_
  - Dose *(If applicable)* \_\_\_\_\_
- Other \_\_\_\_\_

**NUCLEAR MEDICINE EXAM**

- Bone, Total Body       Liver / Spleen
- Bone, Three Phase       Renal
- Bone Limited *(Designate Site)* \_\_\_\_\_
- Thyroid Uptake & Scan
- Thyroid Therapy Ablation       Hepatobiliary w/CCK
- Parathyroid /Sestamibi       Lung / VQ
- Spect Imaging
- Other \_\_\_\_\_

**NEURO**

- Myelogram *(Designate)*
  - Cervical       Thoracic       Lumbar
  - Flex/Ext       Flex/Ext       Flex/Ext
- Spine Injection *(Designate)*
  - Cervical       Thoracic       Lumbar
- PT/INR \_\_\_\_\_ *\*Provide PT/INR levels for patients on Coumadin*
- Perform PT/INR
- Other \_\_\_\_\_

**ULTRASOUND**

- Abdomen Complete *(Liver, GB, Pancreas, Kidneys)*
- Abdomen Limited *(RUQ-GB, Liver, Pancreas)*
- RUQ w/ Elastography
- Pelvis *(Uterus, Ovaries)* Transvaginal / Transabdominal
- Pelvis *(Male or Transabdominal only)*
- Aorta       Carotid Doppler
- Renal *(Kidneys, Bladder)*       Obstetrical
- Renal Transplant       Testicular / Scrotum
- Renal Doppler       Extremity (Popliteal Cyst)
- Venus Doppler *(Designate)*
  - Lower Ext       Rt.       Lt.       Bilat.
  - Upper Ext       Rt.       Lt.       Bilat.
- Soft Tissue (Other than head or Neck)
  - (Specify Area)* \_\_\_\_\_
- Thyroid       Thyroid FNA
- TIPS Evaluation
- Other \_\_\_\_\_

**COMPUTED TOMOGRAPHY (CT SCAN)**

- Head / Brain      *Spine (Designate)*
- Facial Bones       Cervical
- Orbits       Thoracic
- Temporal Bones       Lumbar
- Sinuses      *Contrast (Designate)*
- Brain Lab       With Contrast
- Neck Soft Tissue       Without Contrast
- Chest       Radiologists Discretion
- Abdomen/Pelvis       Low Dose Chest
- Abdomen       High Resolution Chest
- Pelvis       Calcium Scoring
- Pelvis       Renal Stone Protocol
- CTA *(Designate)*
  - Head (COW)       Neck (Carotids)
  - Chest (PE/Aorta)       Cardiac (Heart)
  - Abdomen / Pelvis
  - Abdomen (Liver/ Pancreas/Renal)
  - Aorta-iliac Femoral Runoff
- Extremities *(Designate)*
  - (Specify Joint/Area)* \_\_\_\_\_
- 3D Reconstructions
- 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.)*
- Other \_\_\_\_\_

**FLUOROSCOPY**

- Upper GI Series       Esophagus / Barium Swallow
- Barium Enema       Air Contrast Barium Enema
- Small Bowel       Hysterosalpingogram
- Other \_\_\_\_\_

## 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.

**Espohgram, UGI or Small Bowel:** Nothing to eat or drink after midnight.

### **Barium Enema or ACBE**

Noon - Begin clear liquid diet: water, tea, coffee, yellow gelatin, clear sodas, and broth. No alcoholic beverages, bread, fruit, vegetables, milk, milk products, or artificial milk products. Drink 8 to 10 glasses of water during the day to help ensure a successful colonoscopy procedure.

4:00pm - Drink one whole bottle of Magnesium Citrate (10 oz.)

5:00pm - Clear liquid supper.

6:00pm - Take up to 4 Dulcolax (bisacodyl) tablets (if not contraindicated). Do not chew or crush. Tablets should be swallowed whole and not taken within an hour of antacids or milk.

Midnight - Do not eat or drink after midnight (may take regular medications, if any, with a small amount of water.)

5:30am - Insert Ducolax (bisacodyl) suppository in rectum & retain for 20 minutes, if possible.

Day of Examination - No breakfast (may take regular medication, if any, with a small amount of water)

### **Colostomy Prep**

Take 1 oz. of Milk of Magnesia 2 nights prior to your exam. Take 1 oz. of Milk of Magnesia the night before your exam. Do not eat or drink anything after midnight the night before the exam.

### **Myelogram**

Only clear liquids after midnight before your myelogram. You may take pain medications or birth control pills. Bring other medications with you, but do not take any other medicines (unless asked to) before the myelogram. Diabetics - do not take your medications, but bring them with you. Please arrive at 7:00am at 10 Doctors Park. Everyone must have a driver. If no one is staying here with you, bring food to eat.

### **Epidural Steroid Injection**

Only clear liquids 4 hours prior to injection. Must bring a driver.

### **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.

## **Nuclear**

**Liver or Spleen Scan:** Your abdomen should not have barium from x-ray studies, otherwise, no prep.

**Hepatobiliary Scan:** No food or drink 4 hours prior to exam.  
1-131 Therapy / Ablation: Drink only liquids the morning of treatment.

**Thyroid Scan:** Must be off thyroid medication for at least 5 weeks prior to scan. Do not have any x-ray exams using contrast materials containing iodine for 1 month prior to exam.

**Parathyroid:** None.

**Bowel Imaging:** Do not eat or drink 6 hours prior to exam.

**Meckels Scan:** No laxatives or enemas 6 hours prior to exam.