

630 East 11th Street, Washington, NC 27889 Open Mon-Fri 8am - 5pm 252.946.2137 | easternrad.com

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Patient Name	DOB	Appointment Date / Time	
Diag. Code	Clinical Information		
Symptoms (Please identify for each study)			
Physician Signature*	Physician Na	ime	
STAT Report Fax#	Female Pa	atient LMP	
	Perfor	m urine pregnancy test?	

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/ Flax & Evt □ Flax & Evt Only

		VV/ FIEX & EXL		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.	🗆 Bil	at.		
Joints & Extrem	ities	s (Designate)			
Skull		AP & Lateral		4 Views	
Orbits		Facial Bones		Mandible	
Nasal Bones		Sinuses			
Neck Soft Tissue AP & Lat					

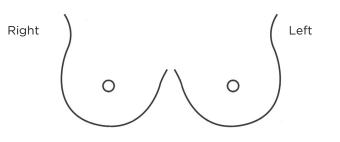
BREAST IMAGING including 3D Tomosynthesis

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

PROCEDURES

- □ Wire Localization
- Other _____

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



ULTRASOUND

□ Other ___

Pediatric (Specify Study Below)

□ Bone Age □ DEXA Bone Density

□ Complete Abdomen (Liver, GB, Pancreas, Kidneys)
 □ RUQ (GB, Liver, Pancreas)
 □ Aorta

□ Renal Doppler

□ Scrotum

□ Complete

□ TIPS Evaluation

□ Limited

□ Breast

- □ Renal (*Kidneys, Bladder*) □ Bladder Only
- Relial (*Kiulleys, Blaudel*)
- □ Renal Transplants
- □ Thyroid
- □ Testicular (*with Doppler*)
- Pelvis (Uterus, Ovaries)Transabdominal only
- $\hfill\square$ Obstetrical
- 1st trimester2nd trimester (anatomy)
- □ 3rd trimester (growth)
- □ Carotid Doppler
- Renal Doppler
- □ Extremity (Popliteal Cyst)
- □ Groin R/O Pseudo Aneurysm
- □ Upper Ext □ Rt. □ Lt. □ Bilat.
- □ Lower Ext □ Rt. □ Lt. □ Bilat.
- □ Soft tissue (Designate) _
- □ Extremity Venous Doppler (DVT) (Designate) ____
- □ 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.

Ultrasound

Abdominal, Aorta, Biopsy or TIPS Evaluation: Do not eat or drink 8 hours prior to exam.

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.

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.