



Referring Physician Name (please print): _____

Patient Name: _____

Date: _____ Time: _____

History & Diagnosis: _____ Code: _____ History: _____

Authorization: _____ Call Abnormal Only: _____

Deliver Film and/or Reports to: _____ via Courier Patient

CONTRAST

___ W & W/O ___ W ___ W/O

Physician's Signature _____

CT IMAGING

- ___ Brain (W/ & W/O contrast)*
- ___ Brain (W/O contrast)
- ___ Abdomen*
- ___ Abdomen/Pelvis (W/ & W/O contrast)
- ___ Pelvis*
- ___ Chest*
- ___ Chest*/High Resolution
- ___ Spine, Cervical
- ___ Spine, Lumbar
- ___ Neck*
- ___ Orbits*
- ___ Sinuses (Full or Limited)
- ___ Extremities (Upper, Lower or Pelvis)
- ___ Other _____

PLAIN FILMS

- ___ KUB
- ___ Flat/Upright Abdomen
- ___ Chest (PA & LAT)
- ___ Chest (AP)
- ___ Ribs (R or L)
- ___ Pelvis
- ___ Sinus Series
- ___ Skull (4 views)
- ___ Spine, Cervical
- ___ Spine, Thoracic
- ___ Spine, Lumbar
- ___ Extremity _____
- ___ Joint _____
- ___ Other _____

MRI

- ___ Brain
- ___ Lumbar
- ___ Cervical
- ___ Thoracic
- ___ Abdomen
- ___ Cerebral
- ___ Pelvis
- ___ Orbit, Face, Neck
- ___ TMJ
- ___ Chest
- ___ Upper Extremity _____
- ___ Lower Extremity _____
- ___ Joint _____
- ___ Other _____

MRA

- ___ Carotid
- ___ Other _____

NUCLEAR MEDICINE & CARDIOLOGY

- ___ Biliary Scan* (w/EF if indicated).
- ___ Bone Scan* (SPECT if needed).
- ___ Bone Scan 3 Phase*
- ___ Liver Scan*
- ___ Renal Scan
- ___ Gastric Emptying w/Reglan
- ___ Other _____
- ___ Cardiac Imaging Stress Test*
- ___ Cardiac Imaging Stress Test w/Adenosine*
- ___ Muga
- ___ Other _____

ULTRASOUND

GENERAL

- ___ Abdomen Complete*
- ___ Renal*
- ___ Aorta*
- ___ Pelvic*
- ___ Pelvis w/Transvaginal
- ___ Pelvis
- ___ Orbit, Face, Neck
- ___ TMJ
- ___ Chest
- ___ Thyroid
- ___ Testicular
- ___ RUQ
- ___ Other _____

VASCULAR

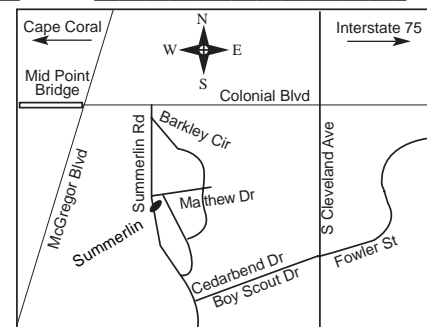
- ___ Carotid
- ___ Lower Arterial
- ___ Lower Venous

CARDIAC

- ___ Echocardiogram w/Doppler

BONE DENSITOMETRY

- ___ Lumbar, Spine & Hip
- ___ Spine Only
- ___ Other _____



*** Preparation is required for this procedure. Please see other side.**

Patient Preparations for Procedures

CT Exam (CAT SCAN) Preparations

ABDOMINAL & PELVIS: Can have clear liquids and all medications are permitted up to four hours prior to the exam. Patient will need to drink barium liquid at specified time. Barium liquid will taste best cold or may be mixed with orange juice. Specific instructions as follows:

ABDOMEN ONLY: Drink two bottles of barium liquid one hour prior to exam time.

ABDOMEN/PELVIS: Drink one bottle of barium liquid two hours prior and one bottle one hour prior to exam.

PELVIS ONLY: Drink two bottles of barium liquid two hours prior to exam time.

BRAIN WITH CONTRAST, SOFT TISSUE, NECK, SOFT TISSUE ORBITS, CHEST: Can have clear liquids and all medications are permitted up to four hours prior to exam.

CHEST CT: Send most recent chest x-ray and report with patient as this will expedite reading. Chest x-ray will be taken if indicated.

MRI (Magnetic Resonance Imaging) Preparation

MRI ABDOMEN/MRCP (CHOLANGIOGRAM): Do not eat and/or drink four hours prior to exam.

ALL OTHER MRI EXAMS: No preparation needed. Arrive 30 minutes prior to scheduled appointment. Wear simple clothing.

Nuclear Cardiology Preparations

No Makeup • No Jewelry • No Hairpins

CARDIAC IMAGING STRESS TEST (TREADMILL): This is a two stage study. Stage one is the resting baseline picture, stage two is the stress picture and stress test with doctor. Eat lightly three-four hours before stress test. Discontinue caffeine and Beta Blockers the day before and the day of stress test, unless otherwise instructed by your doctor. Wear comfortable clothing and shoes.

ADENOSINE (NO TREADMILL): Same as above except discontinue any Theophylline (Bronchodila) meds the day before and the day of stress test.

Nuclear Medicine Preparations

HEPATOBIILIARY SCAN: Do not eat and/or drink anything six hours before and no barium enemas or upper GI studies 48 hours prior to exam. Do not take any narcotics.

THYROID SCAN: This is a two-part study. You take a pill early AM and return three-five hours later for scan. Fast after midnight. No thyroid medications, iodine treatments, CT's or IVP's three-six weeks prior to exam.

GASTRIC EMPTYING: Do not eat and/or drink anything six hours prior to exam. No Reglan twenty four (24) hours before exam.

BONE SCAN: Arrive for injection; return two-three hours later for scan. No barium studies prior to test. Plain x-ray if indicated.

LIVER/SPLEEN SCAN: No barium enemas or upper GI studies 48 hours to test.

RENAL SCAN: Drink 24 to 32 oz. of water prior to exam. Can void if needed.

Ultrasound Preparations

ABDOMINAL, RENAL, & AORTA ULTRASOUND: *Do not eat and/or drink anything after midnight the night before the exam.*

PELVIC & OB ULTRASOUND: Drink 36-40 ounces of liquid (water, tea, soda) two hours before the exam. *Do not empty your bladder. It must be full for the exam.*

The above preparations are only recommendations by our radiologists. Other preps may be followed.