



Scan to Schedule Appointment

PATIENT INFO

Patient Name: _____ Patient Phone #: _____ D.O.B: _____

Appointment Date: ____/____/____ Appointment Time: ____:____

Medical Plan: Medicare PPO HMO Worker's Comp. Cash/Credit Card P.I. Lien _____
Attorney Info

Diagnosis and Clinical History (mandatory): _____ Studies to Compare: Yes No

Doctor Name: _____ Doctor Phone #: _____

Doctor Signature: _____ Doctor Fax #: _____

CONTRAST STUDIES: ALL PATIENTS MUST PROVIDE RECENT BUN AND CREATINE LEVELS

MRI 3T OPEN MRI (1.5) WITH CONTRAST WITHOUT CONTRAST

NEURO

- Brain DTI Pituitary
- Orbits IAC
- Face / Sinus
- Soft Tissue Neck
- Cervical Spine
- Lumbar Spine
- Thoracic Spine
- Brachial Plexus R L O

ORTHO

- Shoulder R L O
- Elbow R L O
- Hand / Wrist R L O
- Hip / Pelvis R L O
- Knee R L O
- Ankle R L O
- Foot R L O
- Arthrogram (with / without contrast)

BODY

- MRCP
- Prostate
- Abdomen
- Pelvis
- Chest R L O
- Breast R L O
- Breast Silicon R L O

MR ANGIOGRAM

- Brain Neck (Carotids)
- Thoracic Aorta
- Abdominal Aorta
- Renal MRV
- Lower Extremity
- Upper Extremity
- Other: _____

NOTES

ULTRASOUND

Echocardiography (no Stress Echo)

- Resting 2D Echo
- ___ LVH ___ CHF ___ Valve Dx
- ___ Hypertension ___ Cardiomyopathy

- Liver w/ Elastography (Fibroscan w/ imaging)
- Liver Duplex / TIPS
- Soft Tissue Neck
- Soft Tissue Extremity
- Pelvic (Transvaginal as Indicate)
- Abdomen Scrotum
- Groin Prostate
- Gallbladder Obstetric
- Renal Thyroid
- Breast Ultrasound R L O

VASCULAR

- Venous Carotids
- Arterial Aorta
- Upper Extremity R L O
- Lower Extremity R L O
- Other: _____

CT 128-SLICE WITH CONTRAST WITHOUT CONTRAST 3D RECONSTRUCTION

NEURO

- Brain
- Temporal Bones / IAC
- Orbits
- Facial Bones
- Sinus (Maxillofacial)
- Soft Tissue Neck

ORTHO

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Pelvis
- Extremity

BODY

- Chest
- Abdomen
- Pelvis
- Renal
- CT Urogram

CT ANGIOGRAM

- Thoracic Aorta Neck
- Abdominal Aorta Renal
- Calcium Score Brain
- Lower Extremity Other: _____
- Pulmonary Arteries _____
- Calcium Score _____
- CTA Runoff Ab/Pelvis
- CTA Runoff Low Extremity

X-RAY FLEX/EXT OBLIQUE WEIGHT/BEARING

HEAD

- Skull
- Facial
- Sinuses
- S.T. Neck

SPINE

- C-Spine
- T-Spine
- L-Spine
- Sacrum/Coccyx

EXTREMITY

- Shoulder R L B O
- Humerus R L B O
- Elbow R L B O
- Forearm R L B O
- Wrist R L B O
- Hand R L B O
- Hips R L B O
- Femur R L B O
- Knee R L B O
- Tib/Fib R L B O
- Ankle R L B O
- Feet R L B O

BODY

- Chest
- Abdomen
- Pelvis
- Ribs R L B O
- Other: _____

SPECIAL INSTRUCTIONS

From Doctor: _____

SELECT ONE REPORT ONLY REPORT W/CD FAX REPORT TO # _____

Stat Reports, Phone # to Call: _____ or Email: _____



CHECKLIST

GENERAL INSTRUCTIONS

- Bring your ID and health insurance cards.
- Wear warm and comfortable clothing.
- Arrive 15 minutes before your appointment.
- Bring ALL medications with you.
- If you are a diabetic on insulin, ask for an afternoon appointment. Bring insulin with to your appointment.

If you have special requirements such as children, transportation, a time constraint, upcoming doctor's appointment, large wheelchair, stroke or difficult venous access, please notify us in advance.

MRI PREPARATION

Inform us if you have a pacemaker, heart valve, aneurysm clip or cochlear implant. Inform us if you've had brain, heart, eye, or ear surgery. Inform us if you have any metallic objects or implants.

- You may be asked to change into a gown.
- Continue to take medication prescribed by your doctor unless directed.
- If you are having an MRI of the abdomen, you will be asked not to eat or drink 4 hours prior to the exam. Fluids in moderation are encouraged before the exam.
- If you have a history of kidney disease or kidney failure and your exam is scheduled with contrast, please notify us so a technologist can determine whether contrast should be used.
- Once you are situated on the table, make sure you are comfortable so that it is easy to keep still and breathe normally.
- There is nothing about the procedure to make you uncomfortable. Once the exam is over, the technologist will assist you out of the scan room.

CT PREPARATION

Special preparation is NOT required for most CT scans.

- Wear comfortable and loose-fitting two-piece clothing for your exam.
- Remove metallic clothing or jewelry that may interfere with X-Rays (no belts, earrings, underwire bras, dentures, hairpins, etc.)
- You may be asked to change into a gown.
- For IV contrast for CT, we need renal function tests if you are >65 years of age or have kidney disease or recent infection or hospitalizations.
- For oral contrast, you'll receive detailed instructions at the time of your appointment. Exams of the abdomen and pelvis may require an oral contrast agent as a drink which is given 1-2 hours prior to your scan.
- For abdomen and/or pelvis CT scan, refrain from eating after midnight before the exam.
- Fluids in moderation are encouraged before the exam.

ULTRASOUND PATIENT PREPARATION

- Abdomen: Nothing by mouth (NPO) for 6 hours before your appointment.
- Pelvis: The patient may only drink water (32 ounces).

Parking on Western

