



# Medical Imaging

### Instructions:

- Fax ALL orders to 866-278-2145
- Original – To be kept in the office chart.
- Make a copy for the patient to bring to the facility on the day of the exam. Also, provide the patient with the prep info contained on the second page.

Patient Type (circle one)      Out-Pt      Recurring

Patient: \_\_\_\_\_ Date and Time of Exam: \_\_\_\_\_

Diagnosis:(applicable to each exam ordered): \_\_\_\_\_

Ordering Physician:(print) \_\_\_\_\_ Signature (Required): \_\_\_\_\_

### XRAY

- \_\_\_ Coccyx
- \_\_\_ Chest PA & Lat.
- \_\_\_ Ribs Unilat. R or L
- \_\_\_ Ribs Bilateral
- \_\_\_ KUB
- \_\_\_ Flat & Upright Abdomen
- \_\_\_ Skull (2 views)
- \_\_\_ Skull (4 views)
- \_\_\_ Cervical Spine (3 views)
- \_\_\_ Cervical Spine w/ obliques
- \_\_\_ Cervical spine flex/ext
- \_\_\_ Thoracic Spine
- \_\_\_ Lumbar Spine (3 views)
- \_\_\_ Lumbar Spine w/ obliques
- \_\_\_ Lumbar Spine flex/ext
- \_\_\_ Pelvis
- \_\_\_ Hip                    R or L
- \_\_\_ Femur                R or L
- \_\_\_ Knee                 R or L
- \_\_\_ Lower Leg          R or L
- \_\_\_ Ankle                R or L
- \_\_\_ Foot                 R or L
- \_\_\_ Toe                  R or L
- \_\_\_ Shoulder           R or L
- \_\_\_ Clavicle             R or L
- \_\_\_ Humerus            R or L
- \_\_\_ Elbow                R or L
- \_\_\_ Forearm            R or L
- \_\_\_ Wrist                R or L
- \_\_\_ Hand                R or L
- \_\_\_ Finger              R or L
- \_\_\_ Shunt Series
- \_\_\_ Other: \_\_\_\_\_

### CAT SCAN

- Creatinine Results \_\_\_\_\_
- \_\_\_ Head\*
- \_\_\_ Sinuses
- \_\_\_ Orbits
- \_\_\_ Neck\*
- \_\_\_ Chest\*
- \_\_\_ Chest w/ PE protocol\*
- \_\_\_ Abdomen & Pelvis\*
- \_\_\_ Abdomen\* diaphragm to crest
- \_\_\_ Pelvis\* iliac crest to pubis
- \_\_\_ Abdomen for Kidney stone
- \_\_\_ Spine specify: \_\_\_\_\_
- \_\_\_ Extremity specify: \_\_\_\_\_
- \_\_\_ CT Angio specify: \_\_\_\_\_
- \_\_\_ CT Myelogram \_\_\_\_\_
- \_\_\_ Leg Length Survey
- \_\_\_ Other: \_\_\_\_\_

### MRI

- \_\_\_ Brain
- \_\_\_ MRA Brain
- \_\_\_ MRA Carotid Arteries
- \_\_\_ Cervical Spine
- \_\_\_ Thoracic Spine
- \_\_\_ Lumbar Spine
- \_\_\_ Pelvis
- \_\_\_ Hip                    R or L
- \_\_\_ Knee                 R or L
- \_\_\_ Ankle                R or L
- \_\_\_ Shoulder            R or L
- \_\_\_ Wrist                R or L
- \_\_\_ Other: \_\_\_\_\_

### NUCLEAR MEDICINE

- \_\_\_ Bone Scan
- \_\_\_ Whole body \_\_\_ Tri-phasic \_\_\_ Limited
- \_\_\_ HIDA Scan
- \_\_\_ Stress Test
- \_\_\_ Treadmill \_\_\_ Adenosine \_\_\_ Dobutamine
- \_\_\_ Lung Scan
- \_\_\_ Thyroid Scan
- \_\_\_ Thyroid Scan w/ Uptake
- \_\_\_ Other: \_\_\_\_\_

### BONE DENSITOMETRY

- \_\_\_ DEXA Scan

### MAMMOGRAPHY

- \_\_\_ Screening Bilat.
- \_\_\_ Diagnostic R or L or Both
- \_\_\_ \*Coned down compression
- \_\_\_ \*Breast U/S
- \_\_\_ Stereotactic Breast Biopsy

### ULTRASOUND

- \_\_\_ Abdomen
- \_\_\_ Breast R or L or BOTH
- \_\_\_ Pelvic w/Transvaginal  
(Transvaginal is not indicated for pediatrics)
- \_\_\_ OB
- \_\_\_ Gallbladder
- \_\_\_ Thyroid
- \_\_\_ Testicular
- \_\_\_ Echocardiogram
- \_\_\_ Transesophageal Echo (TEE)
- \_\_\_ Carotid Doppler
- \_\_\_ Bilateral Arterial Doppler  
\_\_\_ w/stress
- \_\_\_ Venous Doppler R or L
- \_\_\_ Renal
- \_\_\_ Extremity
- \_\_\_ Thoracentesis
- \_\_\_ Paracentesis
- \_\_\_ Guided Biopsy \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_

### SPECIAL PROCEDURES

- \_\_\_ Cerebral Arteriogram\*
- \_\_\_ Carotid Arteriogram\*
- \_\_\_ Abdominal Aortogram\*
- \_\_\_ Aortogram w/Bilateral\* runoff
- \_\_\_ Arthrogram

**\*Creatinine result required for Exams marked with an asterisk\* (results must be <30 days old)**

### GI / GU

- \_\_\_ Barium Swallow
- \_\_\_ Modified Barium Swallow w/Speech
- \_\_\_ Upper GI
- \_\_\_ Small Bowel Series
- \_\_\_ Barium Enema or \_\_\_\_\_ w/air
- \_\_\_ IVP\*
- \_\_\_ VCUg
- \_\_\_ HSG

\_\_\_ Call Report      \_\_\_ Fax Report to: \_\_\_\_\_      \_\_\_ Send Films with patient

*It is the policy of our institution that only true, accurate information be submitted to support the ordering of diagnostic tests. The compliance policy of our institution only bills for medically necessary services.*



# Patient Instructions / Prep Information

Please arrive 30 minutes early for all exams. For questions, please call 931-815-4485

## UPPER GI SERIES AND/OR SMALL BOWEL SERIES

1. No food or drink after midnight the night before the exam.

## BARIUM ENEMA

1. No food—clear liquids only (no milk products) for 24 hours before your test.
2. At 6pm the night before the exam, drink 1 l0oz bottle of citrate of magnesia.
3. At 8pm take 2 dulcolax tablets
4. At 6am the morning of your exam, use 1 dulcolax suppository.

## CAT SCAN (ALL):

1. Patients must not weigh over 350 lbs.\*\*
2. For CT procedures that may involve contrast injections (head, neck, chest, Abd, pelvis) you may have to have a lab test prior to the scheduled procedure if you are either: over age 60, an insulin dependent diabetic, or if you have a history of renal disease (kidney failure). If you have had this lab test (creatinine level) performed anywhere in the last 30 days and we can obtain those results, it will not be necessary to repeat the test.

## ABD/PELVIS

1. Drink 16oz of whole milk 1 hour prior to exam
2. Drink 16oz of whole milk 30 minutes prior to exam
3. Drink 8oz of whole milk 15 minutes prior to exam
4. 8 oz of whole milk will be given by technologist immediately prior to exam
5. Since you will need to arrive 30 minutes prior to study for registration, please remember to bring your milk.

## MRI (ALL)

1. Patients must not weigh over 350 lbs.\*\*
2. Patients may not have pacemaker or any other metal in the body

## ULTRASOUND:

### RENAL (kidneys)

1. Eat a light supper the evening before your exam.
2. Do not eat on the morning of the exam, but drink a lot of clear (not carbonated) liquids so you are well hydrated.

### ABDOMEN\* (liver, spleen, and pancreas) or GALLBLADDER\*:

1. Eat a fat free diet the entire day before your exam.
2. No food or drink after midnight the night before your exam. **\*\*If you have eaten within 6 hours prior to your exam, you will be rescheduled for another day.**

### PELVIC or OB (fetal)

1. One hour prior to exam drink four (4) glasses (8 ounces each) of water.
2. Do not empty your bladder prior to your examination (bladder must be full for exam).
3. For OB exams, if you are over 20 weeks, it is not necessary for your bladder to be full.

## NUCLEAR MEDICINE (ALL): Patients must not weigh over 400 lbs.\*\*

### REST/STRESS WITH TREADMILL STRESS

1. No food or drink after midnight the night before your exam. **NO CAFFEINE** for 24 hours prior to your exam.
2. Do not take your medications - bring them with you.
3. If you are diabetic - you may take HALF of your insulin and eat 1 piece of dry toast with a small amount of water or juice.
4. Wear comfortable clothes and shoes you will be walking on a treadmill.
5. Females of childbearing age will be given a pregnancy test before the test begins unless they have had surgical sterilization.

### REST/STRESS WITH ADENOSINE or DOBUTAMINE

1. No food or drink after midnight the night before your exam. **NO CAFFEINE** for 24 hours prior to your exam.
2. Do not take your medications - bring them with you.
3. If you are diabetic - you may take HALF of your insulin and eat 1 piece of dry toast with a small amount of water or juice.
4. Females of childbearing age will be given a pregnancy test before the test begins unless they have had surgical sterilization.
5. To avoid a possible delay or cancellation on the day of your exam, please call us at 815-4179 as soon as your test is scheduled if you have asthma or are taking any type of "breathing medications."

### THYROID SCAN

1. Must be off all thyroid medications for 4-6 weeks before scan.

### HEPATOBILIARY (HIDA) or GASTRO-ESPHAGEAL REFLUX STUDY

1. No food or drink after midnight the night before your exam.

\* For all invasive procedures such as Biopsies and Arteriograms, do not eat or drink after midnight. You will also need someone to drive you home afterwards. You will receive additional information over the phone before your scheduled date. If your procedure is not listed on this sheet, or you have any additional questions, feel free to call us at 815-4485 for more information.

\*\* Weight capacity refers to the amount the scanner table can support and still function according to manufacture's guidelines.

**Thank you for choosing River Park Hospital.**