

**PATIENT INFORMATION**

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

STAT

Fax Preliminary Report Fax #: \_\_\_\_\_

Call Results Phone #: \_\_\_\_\_

Request CD

BUN: \_\_\_\_\_ Cr: \_\_\_\_\_ GFR: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Referring Physician \_\_\_\_\_

cc Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Diagnostic Symptoms: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MRI/MRA	CT/CTA	ULTRASOUND	X-RAY
<input type="checkbox"/> MRI <input type="checkbox"/> MRA (Angio) <input type="checkbox"/> MRI Arthrogram <input type="checkbox"/> MRCP  <b>OPTIONS:</b> <input type="checkbox"/> Without IV Contrast <input type="checkbox"/> Pre/Post IV Contrast <input type="checkbox"/> Post IV Contrast Only <input type="checkbox"/> Radiologist Discretion <input type="checkbox"/> Pacemaker <input type="checkbox"/> Claustrophobic <input type="checkbox"/> Metal Fragments or Implants <input type="checkbox"/> Aneurysm Clips  <b>BODY PARTS:</b> _____ _____ _____	<input type="checkbox"/> CT <input type="checkbox"/> CTA (Angio) <input type="checkbox"/> CT Arthrogram  <b>OPTIONS:</b> <input type="checkbox"/> Without IV Contrast <input type="checkbox"/> Pre/Post IV Contrast <input type="checkbox"/> Post IV Contrast Only <input type="checkbox"/> Oral Contrast <input type="checkbox"/> Radiologist Discretion <input type="checkbox"/> Allergy to Iodine <input type="checkbox"/> Allergy to Shell Fish <input type="checkbox"/> Taking Metformin  <b>BODY PARTS:</b> _____ _____ _____	<input type="checkbox"/> Right Upper Quadrant (RUQ) <input type="checkbox"/> Abdomen <input type="checkbox"/> Kidneys/Bladder <input type="checkbox"/> Female Pelvis (Transabdominal) <input type="checkbox"/> Female Pelvis (Transabdominal & Transvaginal) <input type="checkbox"/> O.B. <input type="checkbox"/> Scrotum <input type="checkbox"/> Carotid <input type="checkbox"/> Thyroid <input type="checkbox"/> Venous Doppler Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilateral <input type="checkbox"/> Arterial Doppler Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilateral <input type="checkbox"/> Other Body Parts  _____ _____ _____	<b>BODY PARTS and VIEWS:</b> _____ _____ _____ _____ _____ _____ _____ <b>BONE DENSITY &amp; DENTAL SCAN</b> <input type="checkbox"/> CT Bone Density <input type="checkbox"/> Dental CT Scan (Implant)  <b>NOTES:</b> _____ _____ _____ _____

**Please see patient instructions on the reverse side  
and feel free to contact us with any questions.**

### PATIENT INSTRUCTIONS

Please call our office to schedule or reschedule your appointment. Please arrive 15 minutes early. Wear comfortable and loose clothing without zippers or snaps. Jogging suits are recommended. Please leave your valuables at home. Please bring your insurance card and driver's license.

#### MAGNETIC RESONANCE IMAGING(MRI)

- **IMPORTANT:** Let us know if you have a pacemaker, aneurysm clip, nerve stimulator, metallic implants or cochlear implant, stents or metal fragments in your eyes or body.
- Avoid wearing jewelry or watches that would be attracted to a magnet.
- If you are **CLAUSTROPHOBIC**, please inform the scheduling clerk. You may need to arrive one hour prior to examination for medication. **DRIVER** will need to accompany patient after exam.

#### CT IMAGING

- **On exams requiring IV contrast:** Do not eat or drink 4 hours prior to exam. Drink plenty of water.
- **Allergic to Iodine:** Call Specialty Imaging Center immediately for instructions.
- **Abdomen/Pelvis:** Pick up oral contrast from Specialty Imaging Center at least one day before the exam and receive instructions.
- **Metformin:** Patient should take their Gluophage (Metformin) the morning of the exam, then discontinue for 48 hours and contact referring physician for further instruction.

#### ULTRASOUND

- **Abdomen:** Do not eat or drink 6 hours prior to the exam.
- **Pelvis, Kidneys and Bladder:** Drink 32 ounces of fluid and finish 1 hour before exam. **DO NOT** empty your bladder

**Parking is available on the right side of the building all day long or along Nordhoff Street from 8:00 am to 4:00 pm.  
Please park in designated spaces marked for Medical Center**

