

Patient Name: _____ Date of Birth: _____

Patient Daytime Telephone: _____ Physician's name (print): _____

Symptoms / Diagnosis Code: _____ Authorization #: _____

MRI

Contrast
 Without With and Without
 Radiologist Discretion

STUDY

Head
 IAC'S Pituitary Orbits
 MVR
 Soft Tissue Neck
 Cervical Spine
 Thoracic Spine
 Lumbar Spine
 TMJ
 Brachial Plexus
 MRCP
 Abdomen
 Pelvis
 Extremity _____ (specify)
 MRA Brain Carotids
 Renals
 Other _____ (specify)

COMPUTED TOMOGRAPHY

Contrast
 With
 Without
 With and without
 Radiologist Discretion

STUDY

Head
 Orbits
 Facial Bones
 Temporal Bones - IAC's
 Sinuses
 Soft Tissue Neck
 Chest
 Lung Screening (requires LDCT form)
 Abdomen
 Pelvis
 Abdomen/Pelvis
 Specify organ _____
 Renal Stone
 Enterography
 Urogram with 3D
 Cervical Spine 3D
 Thoracic Spine 3D
 Lumbar Spine 3D
 Extremity _____ (specify)
 Joint _____ (specify)
 CTA Abdomen
 CTA Head
 CTA Chest (R/O PE)
 CTA Chest (Aortic Aneurysm)
 CTA Carotids
 CTA Runoff

RADIOGRAPHIC EXAMS
 No Appointment Necessary

Abdomen (KUB)
 Flat / Upright Abdomen (2 views)
 Three Way Abdomen
 Chest (PA / Lateral)
 Foot R L
 Ankle R L
 Hand R L
 Wrist R L
 Tib / Fib (lower leg) R L
 Femur R L
 Knee R L
 Forearm R L
 Humerus R L
 Elbow R L
 Hip to include pelvis R L
 Shoulder R L
 Clavicle R L
 AC Joints R L
 SI Joints R L
 Ribs w / PA Chest R L
 Pelvis
 Facial Bones
 Nasal Bones
 Orbits
 Paranasal Sinuses
 Skull
 Soft Tissue Neck
 Scoliosis Series
 Bone Age Study
 Thoracic Spine
 Cervical Spine
 Lumbar Spine
 Other _____ (specify)

ULTRASOUND

Abdomen Aorta
 Abdomen Complete
 Abdomen Limited
 Appendix Spleen
 Pyloric Stenosis Hernia
 Hepatobiliary (Gallbladder)
 Renal Renal Doppler
 Pelvis Transvaginal if needed
 Transvaginal
 OB Limited Complete
 Transvaginal
 Carotid
 Thyroid
 Scrotum/Scrotal Doppler
 Breast R L
 Mammo at Radiologist Discretion

Please note location of lump or mass

Venous R L
 Upper Lower
 Lump _____ (specify)
 Other _____ (specify)

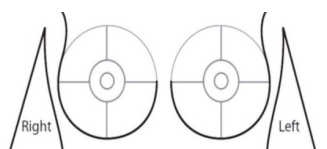
Ultrasound Guided Biopsy

Thyroid FNA
 Left Right
 Breast Cyst Aspiration (w/Core if needed)
 Left Right

Note location: _____

Breast Core Needle Biopsy
 Left Right

Note location: _____



MAMMOGRAPHY

Screening
 3D Tomosynthesis
 Diagnostic
 Bilateral Right Left

Please note location of lump or mass

Ultrasound at Radiologist Discretion

BONE DENSITY (DEXA)

Bone Density Test
 Vertebral Fracture Assessment
 Whole Body

STAT

Call Report to Phone #: _____ Send CD with Patient

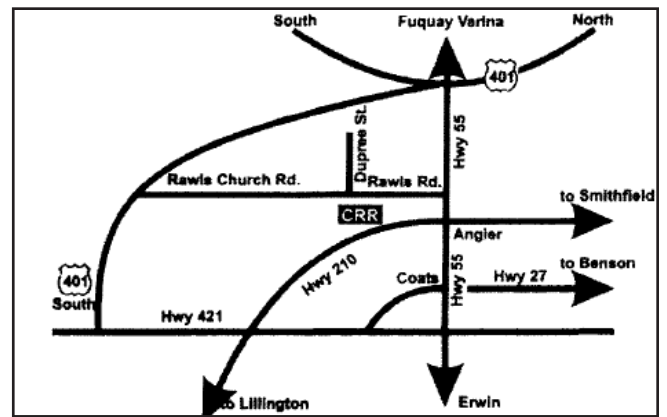
Fax Report to Fax#: _____

Physician's Signature: _____

PLEASE NOTE (MRI/CT)
 Creatinine calculations will be evaluated as needed prior to giving IV contrast to patients.



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PREPARATIONS

The following are routine adult preparations. If you feel that they are not indicated for your patient, please call for alternative instructions. Preparations for children are generally determined by weight and age. This will be discussed when the child is scheduled for the examination.

MRI

Abdomen/MRCP - Nothing to eat or drink 4 hours prior to the exam.

****If patient has asthma or uses an inhaler for any reason a steroid prep will be needed - please contact office for details.***

DEXA

No calcium supplements 24 hours prior to exam. No contrast or barium ten days prior to exam.

ULTRASOUND

Abdomen/Gall Bladder - Nothing to eat or drink after midnight prior to exam

Aorta - Nothing to eat or drink after midnight prior to exam.

Pyloric Stenosis - Need to bring a bottle. Hold last feeding 4 hours prior to exam.

Renal Doppler - Nothing to eat or drink after midnight prior to exam.

Pelvis/Renal - Drink 32 oz. of water 1 hour prior to appointment time. Hold bladder.

COMPUTED TOMOGRAPHY

All CT exam requiring IV contrast - Nothing to eat or drink 3 hours prior to exam, except for medications which may be taken with water.

****If patient has asthma or uses an inhaler for any reason a steroid prep will be needed - please contact office for details.***

Abdomen/Pelvis - Nothing to eat or drink 3 hours prior to exam, except for medications which may be taken with water. Patient must pick up an oral prep kit 24 hours prior to exam.

Enterography - Nothing to eat or drink 3 hours prior to exam, arrive 1 hour prior to scheduled appointment to be prepped.