

**REQUIRED INFO** PLEASE PRINT

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Patient Daytime Telephone: \_\_\_\_\_  
 Authorization #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 Symptoms / Diagnosis Code: \_\_\_\_\_ Practice Name: \_\_\_\_\_  
 Physician's name (print): \_\_\_\_\_ Practice Phone: \_\_\_\_\_

**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)

**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  
 Venous  R  L  
 Upper  Lower  
 Lump \_\_\_\_\_ (specify)  
 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 Renal  
 CTA Head  
 CTA Chest (R/O PE)  
 CTA Chest (Aortic Aneurysm)  
 CTA Carotids  
 CTA Runoff

**ULTRASOUND GUIDED BIOPSY**

- Thyroid FNA  R  L  
 Lymph Node

**BONE DENSITY**

- Bone Density  Whole Body  
 Vertebral Fracture Assessment

**RADIOGRAPHIC EXAMS**

*No Appointment Necessary*

- Abdomen  1 View  2 View  3 View  
 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  
 Spine  Cervical  Thoracic  Lumbosacral  
 Other \_\_\_\_\_ (specify)

**BREAST IMAGING**

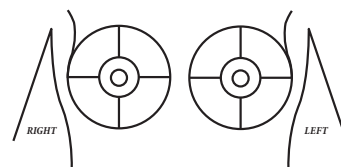
- 3D Mammography  
 Screening  
 Diagnostic with ultrasound *if medically indicated*  
 Bilateral  R  L  
 with Biopsy *if medically indicated*

**BREAST ULTRASOUND**

- Bilateral  R  L  
 with Diagnostic Mammogram *if medically indicated*  
 with Biopsy *if medically indicated*

**BREAST BIOPSY**

- Stereotatic Breast Biopsy  R  L  
 Ultrasound Guided Cyst Aspiration  R  L  
 Ultrasound Guided Core Biopsy  R  L



PLEASE NOTE (MRI/CT)

*Creatinine calculations will be evaluated as needed prior to giving IV contrast to patients.*

- Send CD with Patient

- STAT/Fax Report  
 STAT/Call Report

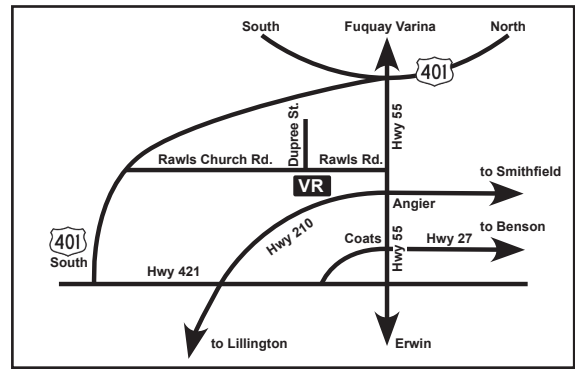
Call Report to Phone #: \_\_\_\_\_  
 Fax Report to Fax #: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

*Stamped signatures are not accepted.*



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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** - 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