Southeast Medical Imaging

Prescription Form

Patient Name:____________________

Phone Number:____________________ SSN:____________________

Patient History/Diagnosis: ____________________

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Appointment Date:____________________ Appointment Time:____________________

Ordering Physician (print):____________________

Ordering Physician (signature):____________________

UPIN: ____________________

Ordering Physician Phone: ____________________ Fax:____________________

Additional Physicians to receive report: ____________________

CTAngiogram

- ❑ Coronary Artery
- ❑ Pulmonary Embolis
- ❑ Intracranial
- ❑ Carotid / Neck
- ❑ Thoracic aorta
- ❑ Abdominal aorta
- ❑ Renal
- ❑ Viceral
- ❑ Lower Extremity run-off

Other:____________________

CT Scan

	Contrast	
❑ Abdomen / Pelvis	w/	w/out
❑ Abdomen Only	w/	w/out
❑ Pelvis Only	w/	w/out
❑ Spine	w/	w/out
❑ Cervical		
❑ Thoracic		
❑ Lumbar		
❑ Chest	w/	w/out
❑ Head	w/	w/out
❑ Sinus		

Other:____________________

Women's Imaging

- ❑ Screening Mammogram
- ❑ Diagnostic Mammogram R L B
- ❑ DEXA Scan
- ❑ Ultrasound / Breast L R
- ❑ Breast MRI L R

Other:____________________

For a PET/CT, please complete the PET/CT prescription form or call to obtain: 610-579-3500

MRI

	Contrast	
Abdomen		
❑ Adrenals	w/	w/out
❑ Kidneys	w/	w/out
❑ Liver	w/	w/out
❑ MRCP	w/	w/out
❑ Pancreas	w/	w/out
❑ Spleen	w/	w/out
Other:____________________		
Head		
❑ Brain	w/	w/out
❑ Internal Auditory Canals	w/	w/out
❑ Orbits	w/	w/out
❑ Pituitary	w/	w/out
❑ Seizure	w/	w/out
Other:____________________		
Miscellaneous:	w/	w/out
❑ Brachial Plexus	w/	w/out
❑ Breast L R	w/	w/out
❑ Chest	w/	w/out
❑ Pelvis	w/	w/out
OB/GYN Prostate Bony		
❑ Soft Tissue neck	w/	w/out
❑ Arthogram Specify____________________		

	Contrast	
Extremity		
❑ Lower	w/	w/out
❑ Hip	w/	w/out
❑ Knee	w/	w/out
❑ Ankle	w/	w/out
❑ Foot / Toes	w/	w/out
Other:____________________		
❑ Upper		
❑ Shoulder	w/	w/out
❑ Elbow	w/	w/out
❑ Wrist	w/	w/out
Other:____________________		
❑ Spine		
❑ Cervical	w/	w/out
❑ Thoracic	w/	w/out
❑ Lumbar	w/	w/out
❑ Cord Compression	w/	w/out

Vascular Lab

- ❑ Aorta for AAA
- ❑ Carotid Duplex
- ❑ Graft Surveillance

  Specify____________________
- ❑ Arterial Duplex
  - ❑ Lower extremity R L B
  - ❑ Upper extremity R L B
- ❑ Venous Duplex
  - ❑ Lower extremity R L B
  - ❑ Upper extremity R L B

Other:____________________

Magnetic Resonance Angiography

❑ Carotids	w/	w/out
❑ Intracranial	w/	w/out
❑ Lower extremity/run off	w/	w/out
❑ Aorta	w/	w/out
❑ Thoracic ❑ Abdominal		

Other:____________________

Ultrasound

- ❑ Abdomen
- ❑ Kidneys
- ❑ Pelvis
- ❑ Pelvis w/ transvaginal
- ❑ Pregnancy
- ❑ Aorta, incl. Kidneys
- ❑ Thyroid
- ❑ Scrotum

Other:____________________

X-ray

- ❑ Chest
  - ❑ 1 View
  - ❑ 2 View
  - ❑ Multiview
- ❑ Ribs L R
- ❑ Abdomen Specify____________________
- ❑ Pelvis
- ❑ Hip L R
- ❑ Femur L R
- ❑ Knee L R
- ❑ Leg, Tib/Fib L R
- ❑ Ankle L R
- ❑ Foot L R
- ❑ Shoulder L R
- ❑ Humerus L R
- ❑ Elbow L R
- ❑ Forearm L R
- ❑ Wrist L R
- ❑ Hand L R
- ❑ Finger Specify____________________ L R
- ❑ Spine Cervical, complete
- ❑ Spine Lumbar, AP lateral
- ❑ Spine Lumbar, complete
- ❑ Spine Thoracic

Other:____________________

X-ray / Fluoroscopy

- ❑ Small Bowel Only
- ❑ UGI / Air Contrast
- ❑ UGI / including Small Bowel
- ❑ Esophogram

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10/10/2005

THESE STUDIES REQUIRE THE FOLLOWING PREPARATIONS. IF YOU HAVE ANY QUESTIONS, PLEASE CONSULT WITH YOUR PHYSICIAN

MRI

If you have any metal objects or devices in your body, you may be unable to have this exam preformed. Please consult your physician.

You will be asked to remove all metal objects. Your valuables will be secured in a personal locker.

All abdomen patients-Clear liquids only (water, apple juice, 7-up, black coffee/tea)-four hours prior to your examination

MAMMOGRAPHY

Timing-If premenstrual breast tenderness occurs, schedule appointments right after menstrual period ends.

Prior mammograms-Please inform us if you have had a previous mammogram. If it was preformed elsewhere, please pick-up and **bring the films** with you to your appointment.

No perfumes, powders, or deodorant on the day of the exam. You will be asked to undress above the waist and wear a gown. Please wear a skirt or slacks to facilitate the change.

ULTRASOUND

Abdominal Sonogram
- Nothing to eat or drink 8 hours prior to your examination

Pelvic Sonogram
- Drink 40 ounces of clear fluid 1 1/2 hours before appointment. Do not urinate after drinking

OB (Pregnancy sonogram)
- Drink 40 ounces of clear fluid 1 1/2 hours before appointment. Do not urinate after drinking.

Aorta, including kidneys
- Do not eat or drink 8 hours prior to your examination.

DEXA

- No calcium supplements the day of the exam
- No recent barium (within 7 days)-such as: CT Oral contrast, Upper GI exam, Barium Enema
- No recent nuclear medicine scans (within 7 days)
- Please bring your baseline DEXA exam and also your most recent DEXA exam on the day of your examination.

FLUOROSCOPY

Upper GI
- Do not eat or drink after midnight, the night prior to your exam.
- Diabetic patients must make an early morning appointment. Do not take insulin on the morning of the exam. You may bring your insulin with you and take it after your exam, when you are able to eat.

Barium Swallow (Esophogram)
- Do not eat or drink after midnight, the night prior to your examination

CT

Patient needs Kidney Function (Creatinine Level) lab work drawn within 30 days of appointment if:
- Patient is over 75 years old
- Patient has a history of Renal Disease
- Patient is diabetic

Abdomen and/or Pelvis
- Drink 2 bottles of READI-CAT 1 1/2 hours prior to exam
- Clear liquids only (water, apple juice, 7-up, black coffee/tea)-4 hours prior to your examination
- If you are taking oral diabetic medication, please contact your physician prior to your examination

CT IVP/Urogram
- Do not eat 4 hours prior to your examination. Clear liquids only. No barium.

Kidney Stone
- No preparation

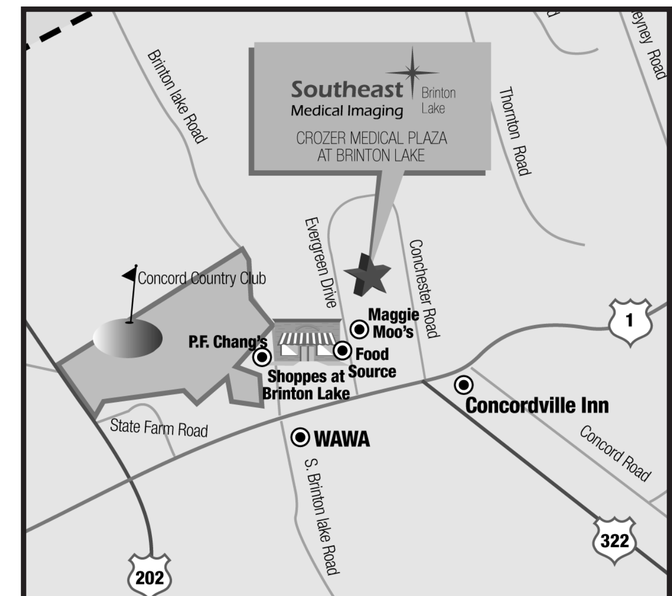
Head or brain
- Clear liquids only (water, apple juice, 7-up, black coffee/tea)-four hours prior to your examination

Sinus, temporal bones, or Orbits
- No preparations

Neck or spine, chest
- Clear liquids only (water, apple juice, 7-up, black coffee/tea)-four hours prior to your examination

CORONARY CTA

- Patient cannot eat or drink 4 hours prior to examination



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www.southeastradiology.com