concord imaging

JEREMY N. WIERSIG M.D., P.A.

18802 Meisner Drive *(OFF E. SONTERRA BLVD)*
San Antonio, TX 78258 | TEL 210 572 2222 | FAX 210 249 2177

423 Treeline Park, Suite 100 | San Antonio, TX 78209
TEL 210 804 0444 | FAX 210 804 0447
www.concordimaging.com

Underlined Exams Usually Require Appointments
EXAMS REQUIRING SPECIAL PREPARATIONS & MAPS ON BACK

Patient Name: ______ DOB: ______ **Appt. Date:** ______ **Appt. Time:** ______

Patient Phone: ______ Referring Physician: ______

Addl. Referring Physicians: ______

Diagnosis/Clinical History: ______

Follow Up Doctor Appointment Date: ______ **Time:** ______

Previous Films & Location: ______

SPECIAL REPORTING INSTRUCTIONS:
❑ Films with Report to Office ❑ CD W/ Report
❑ Patient to Hand Carry ❑ Films ❑ CD
❑ Fax STAT Report: ______
Call Report: ❑ to Office ______
❑ to MD ______
❑ FAX REPORT (ROUTINE)

MRI

❑ W/O Contrast ❑ W/ & W/O Contrast
❑ Per Radiologist ❑ Intra-articular Gadolinium (Joint)

NEURO
❑ Brain ❑ Brain with IAC's ❑ Post Fossa ❑ Pituitary/Sella ❑ IAC's ❑ C-Spine ❑ T-Spine ❑ L-Spine ❑ Orbits ❑ TMJ ❑ Neck (Soft Tissue)

BODY
❑ Chest ❑ Abdomen▲ ❑ Pelvis▲ ❑ Pelvis (Soft Tissue)▲ ❑ Liver▲ ❑ Prostate ❑ MRCP▲

❑ **LEFT** ❑ **RIGHT** ❑ **BILATERAL**
❑ Breast-Tumor ❑ Breast-Implant ❑ Shoulder ❑ Elbow
❑ Wrist ❑ Hand/Finger ❑ Hip w/Limited Pelv ❑ Hip
❑ Knee ❑ Ankle ❑ Foot ❑ Extremity______

CT

CONTRAST: ❑ Per Radiologist ❑ Oral & IV ❑ IV ❑ No IV ❑ Oral ONLY ❑ W/O & W/ IV ❑ No Oral

Serum Creatinine______ Date______
(Required if >50 years or diabetic)

❑ Brain
❑ Sinuses (Coronal)
❑ Sinuses (Axial & Coronal)
❑ Facial Bones
❑ Temporal Bones
❑ Orbits
❑ Neck Soft Tissue
❑ Abdomen/Pelvis▲/*
❑ Abdomen Only▲/*
❑ Pelvis Only▲/*
❑ Chest
❑ Pulmonary Embolism (P.E.)▲
❑ Chest w/Upper Abd.▲/*
❑ Chest/Abd./Pelvis▲/*
❑ Stone Protocol▲
❑ CT IVP/Urography▲
❑ Renal (WO/W IV)▲
❑ C-Spine w/Recon
❑ T-Spine w/Recon
❑ L-Spine w/Recon
❑ Extremity w/ Reconstruction______
______
❑ LT ❑ RT

MR/CT ANGIOGRAPHY

❑ MR Angiography ❑ CT Angiography

❑ Intracranial Arteries (Head)
❑ Extracranial Arteries (Neck)
❑ Dural Sinuses & Veins (Head)
❑ Portal Vein - Inf. Vena Cava
❑ Aorta - Thoracic
❑ Aorta - Abdominal
❑ Chest CT - P.E.▲
❑ Renal Arteries
❑ Femoral Arteries & Runoff
❑ Mesenteric Arteries
❑ Extremity______
❑ LT ❑ RT

PET CT (Stone Oak Only)

❑ Skull Base to Mid-Thigh with CT Fusion*
❑ Brain with CT Fusion* ❑ Whole Body (Melanoma) with CT Fusion*
See CT section to order a diagnostic CT study

NUCLEAR MEDICINE w/plain films if needed (Stone Oak Only)

❑ Bone Scan
❑ Total Body
❑ Limited
❑ 3 Phase
❑ Multi Area
❑ SPECT
❑ Liver SPECT
❑ Liver/Spleen Scan
❑ RBC Liver Hemangioma
❑ Hepatobiliary (HIDA)■
❑ W/ CCK ❑ W/O CCK
❑ Cardiac MUGA Scan
❑ Meckels Scan▲
❑ GI Bleed
❑ Gastric Emptying■ ❑ W/ Liquid ❑ W/ Solid
❑ W/ Reglan if Indicated
❑ Gallium Scan
❑ Indium Scan
❑ Lung Scan - Vent/Perfusion
❑ Shunt Evaluation
❑ Quantitative Evaluation
❑ I-131 Whole Body Scan■
❑ Thyroid Uptake & Scan■
❑ Thyroid Scan Only*
❑ Parathyroid Scan
❑ Renal Scan*
❑ W/ Lasix Washout
❑ W/ Captopril
❑ Sentinel Node Localization

ULTRASOUND

❑ Abdomen■
❑ Abdominal Aorta■
❑ Breast
❑ LT ❑ RT
❑ Extremity
❑ LT ❑ RT
❑ Gallbladder■
❑ Liver■
❑ Right Upper Quadrant■
❑ Thyroid
❑ Kidney (Renal) - Bilat.■
❑ Kidney (Renal)■
❑ LT ❑ RT
❑ Pelvic◆
(w/ Trans-vaginal if Indicated)
❑ Pelvic
(w/ Trans-vaginal Only)
❑ Complete OB◆
❑ Follow-up OB◆
❑ Fetal Biophysical Profile◆
❑ Hysterosonography*
❑ Testicular
❑ Axillary
❑ Biopsy*______ ❑ Cyst Aspiration*______
❑ Fine Needle Aspiration*______

VASCULAR ULTRASOUND

❑ Arterial ❑ Venous

❑ Carotid
❑ Doppler Aorta■
❑ Upper Extremity ❑ LT ❑ RT
❑ Lower Extremity ❑ LT ❑ RT
❑ Dialysis Graft Evaluation
❑ Abdominal Doppler*
❑ Hepatic■
❑ Renal■
❑ Mesenteric■
❑ Portal Vein■
❑ Pseudo Aneurysm

BONE DENSITY STUDY (DEXA)

❑ Osteoporosis Scan ❑ Lateral Vertebral Assessment* ❑ Body Composition

DIGITAL MAMMOGRAPHY/ BREAST DIAGNOSTICS

Previous Mammogram:
Where______ **When**______

❑ Screening Mammogram (no symptoms) - w/ return work-up and/ or Ultrasound if indicated
❑ Diagnostic Mammogram (with Ultrasound if indicated)
❑ Implant Mammogram (with Ultrasound if indicated)
❑ Unilateral Mammogram ❑ LT ❑ RT (with Ultrasound if indicated)
❑ Breast Ultrasound ❑ LT ❑ RT
❑ Fine Needle Aspiration
❑ Cyst Aspiration
❑ Needle Localization
❑ Ultrasound/Guided Core Biopsy*
❑ Galactography
❑ Breast Scintigraphy (Miraluma)
❑ Sentinel Node Localization

SPECIAL PROCEDURES

❑ Joint Injection______
______
❑ Arthrogram
❑ Lumbar Puncture▲
❑ Biopsy*______
❑ Myelogram▲
❑ Cervical ❑ Thoracic ❑ Lumbar
❑ Venogram______

RADIOGRAPHY (No Appointment Necessary)

HEAD
❑ Skull
❑ Facial Bones
❑ Mandible
❑ Sinuses (Paranasal)
❑ Waters View
❑ Nasal Bones
❑ TMJ

CHEST
❑ PA & Lateral
❑ CXR-I View
❑ Ribs ❑ LT ❑ RT ❑ BIL
❑ Sternum

ABDOMEN
❑ KUB
❑ Flat/Upright

PELVIS
❑ AP
❑ Pelvis W/ Hips

FLUOROSCOPY
❑ Barium Swallow■
❑ Upper GI■
❑ Small Bowel■
❑ Barium Enema*
❑ W/ Air Contrast
Other______

SPINE
❑ Thoracic Spine
❑ Cervical Spine ❑ Lumbar Spine
❑ 5 Views ❑ 3 Views
❑ AP & Lateral Only
❑ Davis Series (7 Views)
❑ Flexion & Extension Only
❑ Scoliosis Study
❑ Sacrum/Coccyx
❑ SI Joints
❑ Metastatic/Skeletal Survey

❑ IVP*
Serum Creatinine______
______Date______
(Required if >50 years or diabetic)
❑ VCUG
❑ Cystogram
❑ Hysterosalpingogram*
Other______

❑ **LEFT** ❑ **RIGHT** ❑ **BILATERAL**
❑ Shoulder
❑ A/C Joints
❑ Clavicle
❑ Scapula
❑ Humerus
❑ Elbow
❑ Forearm
❑ Wrist ❑ Bone Age
❑ Hand
❑ Finger
Specify______
❑ Hip
❑ Femur
❑ Knee ❑ 2V ❑ 3V ❑ 4V ❑ 5V
❑ Tibia/Fibula
❑ Ankle
❑ Foot
Other/Special Instructions______
❑ Calcaneus (Heel)
❑ Toe
Specify______

SPECIAL INSTRUCTIONS/AUTH#:

WHITE – Patient Copy **YELLOW – Office Copy** 08-15-08

EXAM PREPARATIONS

These preparations must be followed completely to ensure accurate test results. For the preparations for other procedures, please call our office.

SYMBOL	PREPARATION
■	Nothing to eat, drink, chew or smoke after midnight.
▲	Nothing to eat, drink, chew or smoke 4 hours prior to exam.
◆	Drink 32oz. of water 1 hour prior to exam (DO NOT VOID).
*	Special preparation required, call our office.

❑ **CT SCAN:** Please inform the scheduler if you are taking Glucophage, Glucovance, Metformin, Avandamet, or Metaglip. Nothing to eat or drink for 3 to 4 hours prior to exam time, (except for CT sinus). We will be calling you to ask you important questions regarding your medical history. Patients receiving oral contrast may experience diarrhea.

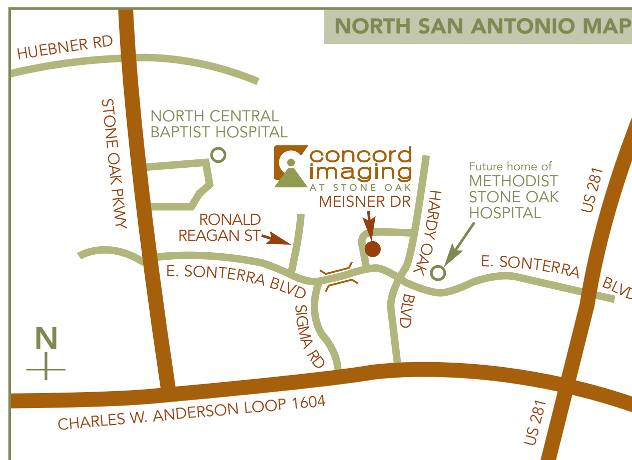
- ❑ **CT SCAN** (abdomen): If you have not picked up your oral contrast prior to exam, please arrive 1 hour early to receive the contrast agents for your exam.
- ❑ **CT SCAN** (abdomen and pelvis): If you have not picked up your oral contrast prior to exam, please arrive 2 ½ hours early to receive the contrast agents for your exam.

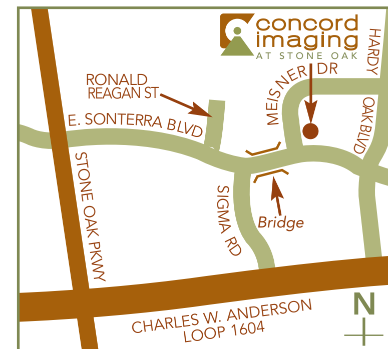
❑ **MAGNETIC RESONANCE IMAGING (MRI/MRA):** We will be calling you to ask you important questions regarding your medical history. *Do not wear jewelry, hairpins, and barrettes for this exam.

FREE CITY-WIDE TRANSPORTATION AVAILABLE FOR PATIENTS UNDERGOING CT, MRI, AND PET EXAMS

Visit our website for information about the imaging centers and the procedures. Download and pre-print a registration form and questionaires before your visit.

www.concordimaging.com





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