concord imaging

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OFF E. SONTERRA BLVD **HOURS: M-W-F: 8-5, T&T: 8-6**

Underlined Exam Types Usually Require Appointments

EXAMS REQUIRING SPECIAL PREPARATIONS & MAP 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) (Arthrogram)

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▲ ❑ Enterography▲ ❑ Defecography* ❑ MRCP▲

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

CT

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

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▲,*
❑ Enterography▲
❑ Pelvis Only▲,*
❑ Chest
❑ 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)
❑ Aorta - Thoracic/Abdominal
❑ Pulmonary Embolism (P.E.)▲
❑ Renal Arteries
❑ Femoral Arteries & Runoff
❑ Mesenteric Arteries
❑ Extremity_____ ❑ LT ❑ RT

PET CT

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

NUCLEAR MEDICINE (with plain films if needed)

❑ 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/ Modified Meal
❑ Gallium 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 - Bilat.■ ❑ LT ❑ RT
❑ Pelvic◆ (w/ Trans-vaginal if Indicated)
❑ Trans-vaginal (Pelvic)
❑ Complete OB◆
❑ Follow-up OB◆
❑ Fetal Biophysical Profile◆
❑ Hysterosonography*
❑ Testicular
❑ Axillary
❑ Biopsy*_____ ❑ Cyst Aspiration*_____
❑ Fine Needle Aspiration*_____

VASCULAR ULTRASOUND

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

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

SPINE
❑ Thoracic Spine - 2 Views
❑ 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

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

ABDOMEN
❑ KUB
❑ Flat/Upright

PELVIS
❑ AP
❑ Pelvis W/ Hips

FLUOROSCOPY (Appointment Necessary)
❑ Barium Swallow■
❑ Upper GI■
❑ Small Bowel■
❑ Barium Enema*
❑ W/ Air Contrast
Other_____
❑ IVP*
Serum Creatinine_____
_____Date_____
(Required if >50 years or diabetic)
❑ VCUG
❑ Cystogram
❑ Hysterosalpingogram*
Other_____

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

SPECIAL INSTRUCTIONS/AUTH#:

WHITE – Patient Copy YELLOW – Office Copy 01-22-13

EXAM PREPARATIONS

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

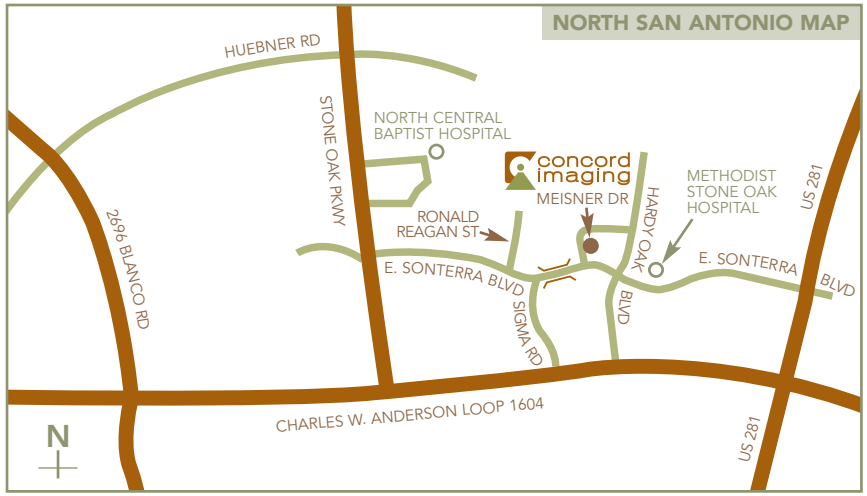
SYMBOL	PREPARATION
■	Nothing to eat, drink, chew or smoke after midnight.
▲	Nothing to eat, drink, chew or smoke 4 hours prior to exam.
◆	Drink 32oz. of water 1 hour prior to exam (DO NOT VOID).
✶	Special preparation required, call our office.

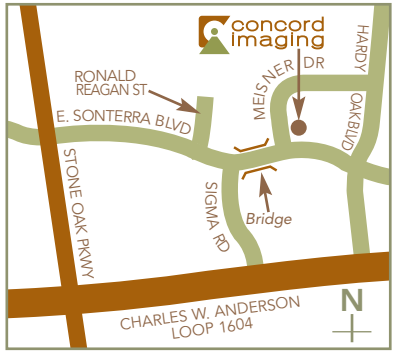
❑ **CT SCAN:** Please inform the scheduler if you are taking Glucophage, Glucovance, Metformin, Avandamet, or Metaglip. Nothing to eat or drink for 3 to 4 hours prior to exam time, (except for CT sinus). We will be calling you to ask you important questions regarding your medical history. Patients receiving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





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