

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

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

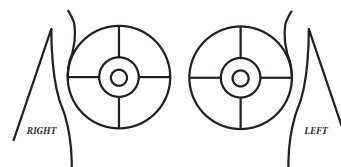
- 3D Mammography
 Screening
 Diagnostic with ultrasound *if medically indicated*
 Bilateral R L
 with Biopsy *if medically indicated*

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

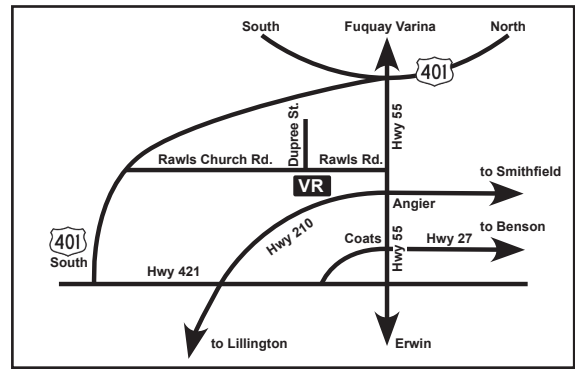
Call Report to Phone #: _____
 Fax Report to Fax #: _____

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