



East Montgomery Imaging Center
6880 Winton Blount Blvd
Montgomery, AL 36117
PHONE: 334-277-1210
FAX: 334-277-1781
FAX: 334-277-1454

for EMIC use only

PATIENT INFORMATION

Patient's Full Name Aurpy Burt DOB 3-22-78 Patient Phone: _____
Ordering Physician Lara Stewart, MD Office Phone 244-3391 Office Fax 244-3391
Physician Signature/Date/Time Lara Stewart, MD Cell Phone Number _____
Reason for Exam/DIAGNOSIS(Required) RIO.2 (R) Power and pain

SPECIAL INSTRUCTIONS

- ☐ STAT call # _____ ☐ STAT fax # _____ ☐ Send CD ☐ Send patient back to office
☐ EMIC to schedule ☐ EMIC to precertify exam ☐ Appt Date / Time _____
☐ Obtain i-Stat Creatinine prior to intravenous contrast administration (criteria on reverse side)

CT (Computerized Tomography)

- | | |
|---|--|
| ☐ Brain W/O Contrast | ☐ IAC's (Temporal Bone) |
| ☐ Brain W/O & W Contrast | ☐ Orbits |
| ☐ Sinus W/O | ☐ Soft Tissue Neck W |
| ☐ Chest W/O | ☐ Chest W |
| ☐ Abdomen W and Pelvis W (Routine) | |
| ☐ Abdomen/Pelvis W/O (Stone Hunt) | |
| ☐ Abdomen/Pelvis W/O & W (Hematuria Protocol) | |
| ☐ Abdomen W/O | ☐ Abdomen W/O & W |
| ☐ Pelvis W/O | ☐ Pelvis W |
| ☐ Cervical Spine ☐ W/O ☐ W | ☐ Bony Pelvis |
| ☐ Lumbar Spine ☐ W/O ☐ W | ☐ Other _____ |
| ☐ Thoracic Spine ☐ W/O ☐ W | ☐ 3-D Reconstruction |

FLUOROSCOPY

- | | |
|---|--|
| ☐ GI Series | ☐ BE |
| ☐ GI and Small Bowel | ☐ BE Air Contrast |
| ☐ Small Bowel | ☐ IVP |
| ☐ Esophagram | ☐ Other _____ |

NUCLEAR MEDICINE

- | | |
|--|---------------------------------------|
| ☐ Bone Scan Whole Body | ☐ Renal |
| ☐ Three Phase Bone Scan | ☐ MUGA |
| ☐ Thyroid (uptake and scan) | ☐ Liver/Spleen |
| ☐ Hepatobiliary Scan (HIDA) | ☐ Parathyroid |
| ☐ Gastric Emptying | ☐ Other _____ |

CTA (CT Angiography)

- | | |
|--|---|
| ☐ CTA Brain (COW) | ☐ CTA Neck |
| ☐ CTA Abdominal Aorta | ☐ CTA Renals |
| ☐ CTA Pelvis | ☐ CTA Runoff-Bil Lwr Ext |
| ☐ CTA Chest (PE) | ☐ CTA Thoracic Aorta |

MRI (Magnetic Resonance Imaging)

- | | |
|---|---|
| CONTRAST W/O | W&W/O |
| ☐ Brain ☐ IAC's | ☐ MRCP (NPO 6hrs) |
| ☐ Pituitary | ☐ Kidney |
| ☐ Orbits | ☐ Liver |
| ☐ Breast ☐ w/out ☐ with ☐ Bilat | ☐ Adrenals |
| ☐ Chest Wall | ☐ Hip ☐ R ☐ L ☐ Bilat |
| ☐ Brachial Plexus ☐ R ☐ L ☐ Bilat | ☐ Foot ☐ R ☐ L ☐ Bilat |
| ☐ Pelvis | ☐ Knee ☐ R ☐ L ☐ Bilat |
| ☐ Cervical Spine | ☐ Ankle ☐ R ☐ L ☐ Bilat |
| ☐ Lumbar Spine | ☐ Wrist ☐ R ☐ L ☐ Bilat |
| ☐ Thoracic Spine | ☐ Other _____ |
| ☐ Shoulder ☐ with arthrogram | ☐ R ☐ L ☐ Bilat |

MRA ANGIOGRAPHY

- | | |
|--|--|
| ☐ Intracranial - Circle of Willis | ☐ Renal Arteries |
| ☐ Carotids and Vertebrales | ☐ Other _____ |
| ☐ Runoff - Bilat Lower Ext. | ☐ w/out ☐ with |

MRV Venography

- | | | | |
|--------------------------------|---------------------------------|----------------------------------|--------------------------------|
| ☐ Brain | ☐ Pelvis | ☐ Abdomen | ☐ Other |
|--------------------------------|---------------------------------|----------------------------------|--------------------------------|

ULTRASOUND

- | | |
|--|--|
| ☐ Obstetrical | ☐ Pelvic |
| ☒ Pelvic/Transvaginal | ☐ Scrotum |
| ☐ Abdomen Complete | ☐ Abdomen (RUQ) |
| ☐ Thyroid | ☐ Hysterosonogram |
| ☐ Renal arteries | ☐ Renal / Kidney |
| ☐ Carotid | ☐ Aorta |
| ☐ Venous Doppler lower extremity | ☐ R ☐ L ☐ Bilat |
| ☐ Venous Doppler upper extremity | ☐ R ☐ L ☐ Bilat |
| ☐ Arterial Doppler lower extremity w/ segmental pressures | |
| ☐ Infant Spine | |
| ☐ Other _____ | |

ROUTINE X-RAYS

- | | |
|---|---|
| ☐ Chest | ☐ Cervical Spine |
| ☐ Abdomen Series | ☐ Thoracic Spine |
| ☐ Ribs ☐ LT ☐ RT | ☐ Lumbar Spine |
| ☐ KUB | ☐ Sinuses |
| ☐ Skull | ☐ Pelvis |
| ☐ Thoracolumbar (Scoliosis) | ☐ Other _____ |
| ☐ Extremity (specify) _____ | ☐ LT ☐ RT |

BONE DENSITY

- | |
|---|
| ☐ Bone Dexa Axial Skeleton |
|---|

ADDITIONAL INFORMATION

Preparation Instructions:

CT / CTA Scan and IVP Exams

If the patient is having an exam requiring **IV contrast**, please note the following:

1. A light meal or nothing to eat or drink 4 hours prior to the exam.
2. Diabetic patients taking GLUCOPHAGE, GLUCOVANCE, METAFORMIN, AVANDAMET or METAGLIP may not resume this medication for 48 hours after their exam. A Creatinine must be obtained prior to the exam and then re-checked before continuing meds.
3. If the patient is over 50, he or she needs a serum creatinine study within the prior 3 months of exam. **Lab report required.**
4. Please notify if the patient has renal or heart problems.

Nuclear Medicine

- **Thyroid:** Patients must be off thyroid medication and no IV contrast for 4 weeks prior to exam.
- **Gastric Emptying, Hepatobiliary (HIDA):** Nothing to eat or drink for 4-6 hours before exam.

Fluoroscopy

- **Barium Enema (BE), IVP:** Obtain bowel cleansing instructions from us or your physician.
- **Upper GI, Esophagram, Small Bowel:** Nothing to eat or drink after midnight.

MRI

If the patient is having an exam requiring **IV contrast**, please note the following:

A serum creatinine should be obtained if the patient has any of the following risk factors:

1. Age 50 or older.
2. Family history of kidney failure.
3. Diabetes treated with insulin or other medications.
4. Paraproteinemia syndromes or diseases.
5. History of kidney disease as an adult including tumor and transplant.

*A Creatinine level within the prior 6 months is sufficient in most clinical settings. **Lab report required.***

- **MRCP:** Nothing to eat or drink for 4-6 hours

Ultrasound

- **Abdomen:** Nothing to eat or drink for 6 hours prior to exam.
- **Pelvis:** drink 64 oz. of water 1 ½ hour prior to exam. Do not empty bladder before exam.
- **Renal Artery:** Nothing to eat or drink for 8 hours prior to exam.

Directions to East Montgomery Imaging Center

From I-85:

Exit at Taylor Road, AUM. Turn North onto Taylor Road, you will see Baptist East on your left. Pass the hospital and take the next left onto Winton Blount Boulevard. We are located on the left, adjacent to the Baptist Breast Center, across from the Post Office.

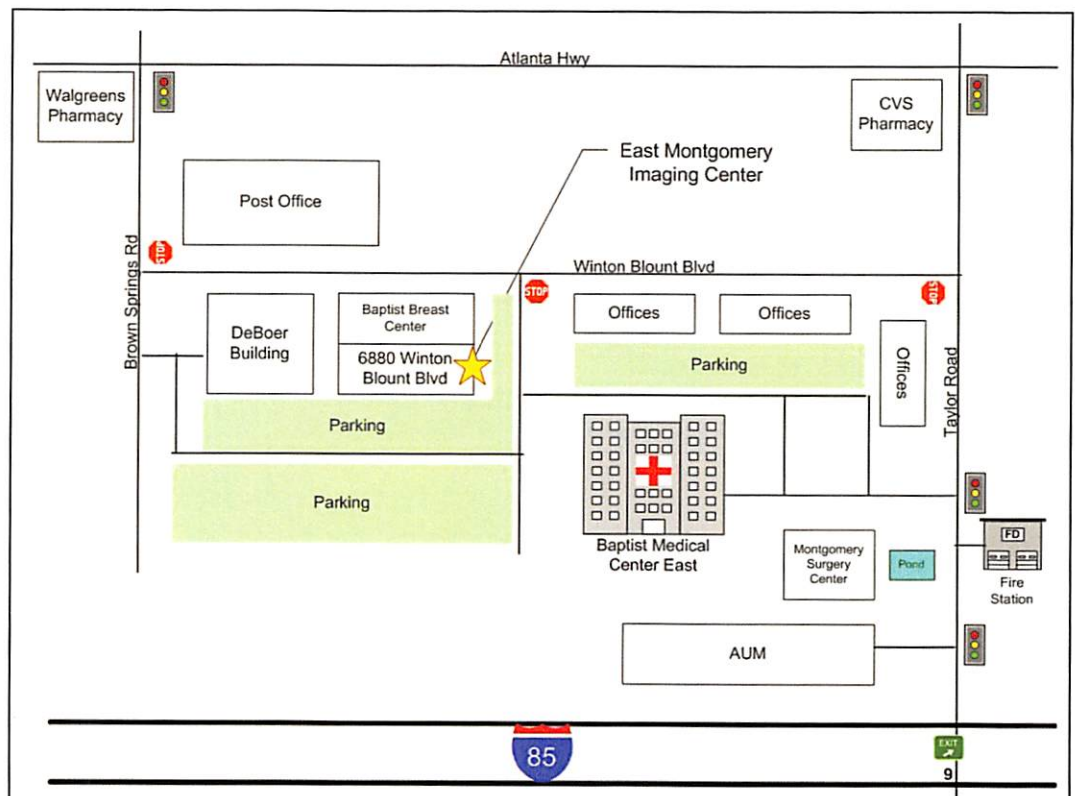
From Atlanta Highway:

Turn South onto Taylor Road, headed towards Baptist East. Before you reach the hospital you will turn right onto Winton Blount Boulevard. We are located on the left, adjacent to the Baptist Breast Center, across from the Post Office.

Please have patients bring a list of current medications.

EMIC

East Montgomery
Imaging Center
6880 Winton Blount Boulevard
Montgomery, AL 36117
334-277-1210





AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: EMIC FROM: Student Health Services
COMPANY: _____ DATE: 8/27/19
FAX NUMBER: 334-277-1781 TOTAL PAGES, INCLUDING COVER: 2
PHONE NUMBER: 334-277-1210 SENDER'S REFERENCE NUMBER: _____
RE: A. Burt CC: _____
☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY
NOTES/COMMENTS

Patient Appointment today 8/27/19 at 3:45pm.

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P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396

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