

7-18-17
8¹⁵ AM
#115 **EMIC**

East Montgomery Imaging Center
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for EMIC use only

PATIENT INFORMATION

Patient's Full Name NOH, Younghee DOB 3/24/75 Patient Phone: _____
Ordering Physician Carol Stewart, CRNP Office Phone 244-338 Office Fax 244-3396
Physician Signature/Date/Time [Signature] Cell Phone Number _____
Reason for Exam (DIAGNOSIS) Flu adenoma CXR

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

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 ☐ MRCP (NPO 6hrs)
☐ IAC's ☐ Kidney
☐ Pituitary ☐ Liver
☐ Orbits ☐ 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 _____

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 _____

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

Please see reverse side for exam preparations