



East Montgomery Imaging Center
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Montgomery, AL 36117
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for EMIC use only

PATIENT INFORMATION

Patient's Full Name Zheng Gong DOB 6/22/96 Patient Phone: _____
Ordering Physician Pamela Tuck / Carol Stewart Office Phone 244-3281 Office Fax 244-3396
Physician Signature/Date/Time [Signature] Call Phone Number _____
Reason for Exam/DIAGNOSIS(Required) ④ chest x-ray

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 _____

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

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 Vertebrals	☐ Other _____

ADDITIONAL INFORMATION