

TRANSMISSION VERIFICATION REPORT

TIME : 10/20/2017 13:17
NAME : AU STUDENT HEALTH
FAX : 3342443396
TEL : 3342443281
SER.# : BROBJ254642

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RESULT OK
MODE STANDARD



East Montgomery Imaging Center
6880 Winton Blount Blvd
Montgomery, AL 36117
PHONE: 334-277-1210
FAX: 334-277-1781
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for EMIC use only

PATIENT INFORMATION

Patient's Full Name Saad Althomali DOB 2/26/97 Patient Phone: _____
Ordering Physician Carol Stewart CRNP Office Phone 244 3381 Office Fax 244 3396
Physician Signature/Date/Time Carol Stewart, CRNP Phone Number 244 3381
Reason for Exam (DIAGNOSIS) (+) PPD

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 ☐ MIPR (MPO Abro)

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 ☐ R ☐ L ☐ Bilat



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Ordering Physician Carol Stewart CRNP Office Phone 244 3281 Office Fax 244 3396
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☐ 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 |

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

MRA ANGIOGRAPHY

- | | |
|--|---|
| ☐ Intracranial - Circle of Willis | ☐ Renal Arteries |
| ☐ Carotids and Vertebrales | ☐ Other _____ |

ADDITIONAL INFORMATION