



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 Stephen Young DOB 3/8/59 Patient Phone (334) 313-4209
Ordering Physician Lindsey Burton, CNP Office Phone 244-3281 Office Fax 244-3396
Physician Signature/Date/Time J. Burton, CNP Cell Phone Number _____
Reason for Exam/DIAGNOSIS(Required) LLO Abd pain / Diarrhea / SOB

SPECIAL INSTRUCTIONS

☐ STAT call # _____ ☐ STAT fax # _____ ☐ Send CD ☐ Send patient back to office
☒ EMIC to schedule (today please) ☐ 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

TRANSMISSION VERIFICATION REPORT

TIME : 04/12/2021 16:54
NAME : AUM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME	04/12 16:53
FAX NO./NAME	92771781
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