

PLEASE BRING A COMPLETE LIST OF ALL MEDICATIONS THAT YOU ARE CURRENTLY TAKING.

URGENT  ROUTINE



Imaging Services

PATIENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_ DOB \_\_\_\_\_ CELL PHONE \_\_\_\_\_

REQUESTING PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

SIGNS OR SYMPTOMS \_\_\_\_\_ Insurance \_\_\_\_\_

Auth # \_\_\_\_\_ Required Y / N \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Allergies \_\_\_\_\_

Lab results required for contrast in patients over age 50

BUN (date) \_\_\_\_\_ Creatinine (date) \_\_\_\_\_ Other (date) \_\_\_\_\_ GFR Value: \_\_\_\_\_ Dialysis Patient  Yes  No

Iodine Allergy Y / N

Diabetic Y / N

Previous X-Rays / Scans?  Yes  No Date \_\_\_\_\_ Pt carry film?  Yes  No Pt carry CD?  Yes  No

Where? \_\_\_\_\_ Phone \_\_\_\_\_ Wet Reading?  Yes  No

Copy of Report To Other Physicians:

Fax Report?  Yes  No

Should TCMC contact your patient to schedule the appointment?  Yes  No

760-940-7470

fax 760-940-4063

Diagnostic Radiology

760-940-7470

fax 760-940-4063

- Myelogram
 Small bowel Series
 Barium Enema @  with air  w/o air
 UGI \*  with air  w/o air
 Esophagram  Mod Barium Swallow
 IVP @
 Chest  Ribs / Sternum
 Lumbar Puncture  with Labs
 Abdomen
 Spine  C  T  L Sacrum/Coccyx
 Extremity: \_\_\_\_\_
 Other: \_\_\_\_\_

@ Bowel Prep Required \* NPO 8 Hours

MRI CLOSED / OPEN

760-940-7470

fax 760-940-4063

Bun & Creatinine lab results no greater than 90 days old need for patients over 50 if they need Contrast Study.

- Brain
 Shoulder  Rt  Lt
 Spine - Specify \_\_\_\_\_
 Hips  Rt  Lt
 Knee  Rt  Lt
 Ankle  Rt  Lt
 Other - Specify \_\_\_\_\_
 MRA Specify \_\_\_\_\_
 MRI Breast
 MRI Breast Biopsy

Interventional Radiology Procedures CT/US BX Procedures

760-940-5930

fax 760-940-4010

- Fiducial Markers: \_\_\_\_\_
 Schedule Directly Specify \_\_\_\_\_
 Consultation is required with Interventional Radiologist before scheduling

CT - Routine and STAT

Bun & Creatinine lab results no greater than 90 days old need for patients over 50 if they need Contrast Study.

- Brain/Head  with contrast  w/o contrast
 Cardiac CT Angio (64 slice)
 KUB w/o contrast
 Urography  w/contrast  w/o contrast
 Sinus
 Chest
 Abdomen #
 Pelvis #
 Spine - Specify \_\_\_\_\_  with 3D
 MAZOR Protocol \_\_\_\_\_
 Extremity - Specify \_\_\_\_\_  with 3D
 Other - Specify \_\_\_\_\_

# Clear Liquids 4 Hours

Nuclear Medicine

760-940-5730

fax 760-940-4063

- Musculoskeletal  Whole Body Bone  Multi-View Bone
 Correlative X-ray
Prosthesis:  Loosening  Infection  Correlative X-Ray
Osteomyelitis:  Bone/WBC
Infection:  Acute Abdomen  Occult Abscess
 Graft Infection  Inflammatory Bone
 Chronic (Specify): \_\_\_\_\_

Brain SPECT  \* NPO p̄ MN

- Cardiac: ★  Exercise  Viability
★  Adenosine  Muga
Disida / Hepatobiliary  Cholecystitis  GBEF
G.I. Bleed 
Liver-Spleen:  Cirrhosis  Hemangioma
Lung:  PE  Pre-Op Quantitation
Renal:  Function  Obstruction  Hypertension
Sentinel Lymph Node:  Breast  Breast W/Needle L
 Melanoma  Other
Thyroid:  Uptake&Scan  Cancer  Therapy
Other (Specify): \_\_\_\_\_

Ordering Physician's Signature Required: \_\_\_\_\_ Date/Time \_\_\_\_\_

Radiologist's Protocol \_\_\_\_\_

Go to www.tricitymed.org/imaging and click "Test Procedures" to access detailed Procedure Precautions, Descriptions, General Preparations, CPT Easy Guide and a PDF copy of this form.

Any questions regarding these procedures should be directed to the specific department prior to appointment day by calling (760) 940-7008 and asking for the specific department.

For on-line image PACS access call 760-940-5498



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