



14833 Founders Crossing • Homer Glen, IL 60491 • Phone (708) 301-4664 • Fax (708) 301-4641

PatientName: _____ Phone Number: _____ DOB: _____

Clinical information(signs, symptoms,diagnosis) _____ Insurance/Authorization: _____

Magnetic Resonance Imaging MRI

Contrast Media Requested: Without only With and Without

HEAD

- Brain
- Attention: _____

SPINE

- Cervical
- Thoracic
- Lumbar
- Sacrum/Coccyx
- Sacroiliac Joints
- Pelvis

TORSO

- Chest
- Abdomen
- Attention: _____

LOWER EXTREMITY

- Hip
- Knee
- Ankle
- Foot
- Toes
- Upper Leg
- Lower Leg

- L R B
- L R B
- L R B
- L R B
- L R B
- L R B
- L R B

UPPER EXTREMITY

- Shoulder
- Elbow
- Wrist
- Hand/Finger
- Upper Arm
- Lower Arm

- L R B
- L R B
- L R B
- L R B
- L R B
- L R B

- Other: _____
- Arthrogram _____

MRA

Contrast Media Requested:

- Without only
- With and Without
- Circle of Willis/Brain
- Carotid Arteries
- MRCP

CAT SCAN

Contrast Media:

Without With With and Without Oral

- Abdomen/Pelvis
- Abdomen
- Pelvis
- Chest
- Neck (Soft Tissue)
- Sinuses
- Mandible
- Angiogram _____
- Brain
- Orbits
- Temporal Bones
- Extremity Specify _____
- Spine Specify _____

ULTRASOUND

- Abdomen
- Transvaginal/Pelvic
- L / R / B Venous Doppler
- L / R / B Arterial Doppler
- L / R / B Carotid Doppler/Duplex
- Breast L / R / Bilateral
- Thyroid
- Testicular
- Prostate
- OB
- Aorta
- Kidneys/Ureter/Bladder
- Other: _____

X-RAY

- Chest
- Cervical
- Thoracic
- Lumbar
- Pelvis
- Shoulder L R B
- Elbow L R B
- Wrist L R B
- Hand L R B
- Hip L R B
- Knee L R B
- Ankle L R B
- Foot L R B
- Other: _____

Give CD to Patient? YES NO Deliver CD to Physician's Office? YES NO

Is a comparison needed from a previous study? YES NO

Radiology M.D. Reading Radiology D. C. Reading Radiology D.P.M. Reading

RequestingPhysiciansName: _____ Phone: _____ Fax: _____

RequestingPhysiciansSignature: _____ Date: _____

EXAM PREPARATIONS

MRI/MRA

It is recommended that you wear loose, comfortable clothing with no metal buttons, snaps, or zippers. Jewelry, hair pins and metal implants will need to be removed before exam. Refrain from wearing eye makeup if scanning the head area.

CAT SCAN

Abdomen/pelvis no IV contrast OR with IV contrast

Do not eat or drink for 4hrs prior to exam, other than water. Oral contrast will be provided to the patient unless the diagnosis is kidney/renal stones. Patient must drink oral contrast 2 hours before appointment time.

All other exams ordered with IV contrast

Do not eat or drink for 4 hours prior to exam, other than water.

All exams ordered with IV contrast require BUN/CREATININE (results must be less than 60 days old). If you are allergic to iodine or shellfish, or have had a reaction to IV contrast in the past, please notify staff at time of scheduling.

It is recommended that you wear loose, comfortable clothing with no metal near the area being scanned.

Continue to take your medications as prescribed by your Doctor.

ULTRASOUND

Abdominal studies (gallbladder, pancreas, liver, spleen, abdominal aorta, biliary system)

Do not eat or drink anything 8 hours prior to exam.

Kidneys, bladder, pelvis

Finish drinking 32 ounces of water 1 hour before your appointment time. Do not empty your bladder until your exam is completed.

X-RAY

No preparation necessary.

