



Medical Imaging

Instructions:

- Fax ALL orders to 866-278-2145
- **Original** – To be kept in the office chart.
- **Make a copy** for the patient to bring to the facility on the day of the exam. Also, provide the patient with the prep info contained on the second page.

Patient Type (circle one) Out-Pt Recurring

Patient: _____ DOB _____ Date and Time of Exam: _____

Diagnosis:(Symptom For EACH exam ordered): _____

Ordering Physician:(print) _____ Signature (Required): _____

XRAY

- ___ Chest PA & Lat.
- ___ Ribs Unilat. R or L
- ___ Ribs Bilateral
- ___ KUB
- ___ Flat & Upright Abdomen
- ___ Skull (2 views)
- ___ Skull (4 views)
- ___ Cervical Spine (3 views)
- ___ Cervical Spine w/ obliques
- ___ Cervical spine flex/ext
- ___ Thoracic Spine
- ___ Lumbar Spine (3 views)
- ___ Lumbar Spine w/ obliques
- ___ Lumbar Spine flex/ext
- ___ Sacrum _____ Coccyx
- ___ Pelvis
- ___ Hip R or L
- ___ Femur R or L
- ___ Knee R or L
- ___ Lower Leg R or L
- ___ Ankle R or L
- ___ Foot R or L
- ___ Toe R or L
- ___ Shoulder R or L
- ___ Clavicle R or L
- ___ Humerus R or L
- ___ Elbow R or L
- ___ Forearm R or L
- ___ Wrist R or L
- ___ Hand R or L
- ___ Finger R or L
- ___ Arthrogram specify _____
- ___ Myelogram specify _____
- ___ Other: _____

GI / GU

- ___ Barium Swallow
- ___ Modified Barium Swallow w/Speech
- ___ Upper GI
- ___ Small Bowel Series
- ___ Barium Enema _____ Air Cont BE
- ___ IVP*
- ___ Voiding cystourethrogram
- ___ Hysterosalpingogram

CAT SCAN *Table limit 500lbs

- Creatinine Results** _____
***Creatinine result required for Exams marked with an asterisk* (results must be <30 days old)**
- ___ Head
 - ___ Sinuses
 - ___ Orbits
 - ___ Neck*
 - ___ Chest*
 - ___ Chest w/ PE protocol*
 - ___ Cardiac CTA*
 - ___ Cardiac Calcium scoring
 - ___ Abdomen & Pelvis*
 - ___ Abdomen* diaphragm to crest
 - ___ Pelvis* iliac crest to pubis
 - ___ Kidney stone (Abd & Pelvis w/o)
 - ___ Spine specify: _____
 - ___ Extremity specify: _____
 - ___ CT Angio Abd w/bilateral runoff
 - ___ CT Angio specify: _____
 - ___ CT Myelogram _____
 - ___ Leg Length Survey
 - ___ Other: _____

MRI * Table limit 350lbs

- ___ Brain
- ___ MRA Brain
- ___ MRA Carotid Arteries
- ___ Cervical Spine
- ___ Thoracic Spine
- ___ Lumbar Spine
- ___ Pelvis
- ___ Hip R or L
- ___ Knee R or L
- ___ Ankle R or L
- ___ Shoulder R or L
- ___ Wrist R or L
- ___ Other: _____

BONE DENSITOMETRY *Limit 350lbs

- ___ DEXA Scan
- ___ Vertebral Fracture Assessment

NUCLEAR MEDICINE *Limit 400lbs

- ___ Bone Scan
- ___ Whole body ___ Tri-phasic ___ Limited
- ___ HIDA Scan
- ___ Cardiac Stress Test
- ___ Treadmill ___ Lexiscan ___ Dobutamine
- ___ Lung Scan
- ___ Thyroid Scan
- ___ Thyroid Scan w/ Uptake
- ___ Other: _____

DIGITAL MAMMOGRAPHY

- ___ Screening
- ___ Diagnostic R or L or Bilateral
- ___ Coned down compression
- ___ Breast U/S
- ___ Stereotactic Breast Biopsy

ULTRASOUND

- ___ Abdomen
- ___ Breast R or L or BOTH
- ___ Pelvic _____ w/Transvaginal (Transvaginal is not indicated for pediatrics)
- ___ OB
- ___ Gallbladder
- ___ Thyroid
- ___ Testicular
- ___ Echocardiogram
- ___ Transesophageal Echo (TEE)
- ___ Carotid Doppler
- ___ Bilateral Arterial Doppler ___ w/stress
- ___ Venous Doppler R or L
- ___ Renal
- ___ Renal Arterial Doppler
- ___ Extremity specify _____
- ___ Infant Hips
- ___ Thoracentesis
- ___ Paracentesis
- ___ Guided Biopsy _____
- ___ Other: _____

___ Call Report ___ Fax Report to: _____ ___ Send Films with patient

It is the policy of our institution that only true, accurate information be submitted to support the ordering of diagnostic tests. The compliance policy of our institution only bills for medically necessary services.

River Park Hospital
 1559 Sparta Street
 McMinnville, TN 37110
 931-815-4485



Patient Instructions / Prep Information

Please arrive 30 minutes early for all exams. For questions, please call 931-815-4485

UPPER GI SERIES AND/OR SMALL BOWEL SERIES

1. No food or drink after midnight the night before the exam.

BARIUM ENEMA

1. No food—clear liquids only (no milk products) for 24 hours before your test.
2. At 6pm the night before the exam, drink 1 l0oz bottle of citrate of magnesia.
3. At 8pm take 2 dulcolax tablets
4. At 6am the morning of your exam, use 1 dulcolax suppository.

CAT SCAN (ALL): Patients must not weigh over 500lbs **

1. For CT procedures that may involve contrast injections (head, neck, chest, Abd, pelvis) you may have to have a lab test prior to the scheduled procedure if you are either: over age 60, an insulin dependent diabetic, or if you have a history of renal disease (kidney failure). If you have had this lab test (creatinine level) performed anywhere in the last 30 days and we can obtain those results, it will not be necessary to repeat the test.

ABD/PELVIS

1. Drink 16oz of whole milk 1 hour prior to exam
2. Drink 16oz of whole milk 30 minutes prior to exam
3. Drink 8oz of whole milk 15 minutes prior to exam
4. 8 oz of whole milk will be given by technologist immediately prior to exam
5. Since you will need to arrive 30 minutes prior to study for registration, please remember to bring your milk.

CTA CARDIAC (HEART)

1. No food or drink for 4 hours prior to your exam. **NO CAFFEINE** for 8 hours prior to your exam.
2. Hydrate well the day before the exam, and take your medications as scheduled.
3. NO SMOKING within 4 hours of your test.

CT CARDIAC (HEART) SCORING

1. **NO CAFFEINE** for 8 hours prior to your exam.
2. NO SMOKING within 4 hours of your test.

MRI (ALL)

1. Patients must not weigh over 350 lbs.**
2. Patients may not have pacemaker or any other metal in the body unless the metal has been determined to be MRI safe

MRCP- No food or drink for 4 hours prior to your exam

ULTRASOUND:

RENAL (kidneys)

1. Eat a light supper the evening before your exam.
2. Do not eat on the morning of the exam, but drink a lot of clear (not carbonated) liquids so you are well hydrated.

ABDOMEN* (liver, spleen, and pancreas) or GALLBLADDER*:

1. Eat a fat free diet the entire day before your exam.
2. No food or drink after midnight the night before your exam. ****If you have eaten within 6 hours prior to your exam, you will be rescheduled for another day.**

PELVIC or OB (fetal)

1. One hour prior to exam drink four (4) glasses (8 ounces each) of water.
2. Do not empty your bladder prior to your examination (bladder must be full for exam).
3. For OB exams, if you are over 20 weeks, it is not necessary for your bladder to be full.

NUCLEAR MEDICINE (ALL): Patients must not weigh over 400 lbs.**

REST/STRESS WITH TREADMILL STRESS

1. No food or drink after midnight the night before your exam. **NO CAFFEINE** for 24 hours prior to your exam.
2. Do not take your medications - bring them with you.
3. If you are diabetic - you may take HALF of your insulin and eat 1 piece of dry toast with a small amount of water or juice.
4. Wear comfortable clothes and shoes you will be walking on a treadmill.
5. Females of childbearing age will be given a pregnancy test before the test begins unless they have had surgical sterilization.

REST/STRESS WITH LEXISCAN or DOBUTAMINE

1. No food or drink after midnight the night before your exam. **NO CAFFEINE** for 24 hours prior to your exam.
2. Do not take your medications - bring them with you.
3. If you are diabetic - you may take HALF of your insulin and eat 1 piece of dry toast with a small amount of water or juice.
4. Females of childbearing age will be given a pregnancy test before the test begins unless they have had surgical sterilization.
5. To avoid a possible delay or cancellation on the day of your exam, please call us at 815-4179 as soon as your test is scheduled if you have asthma or are taking any type of "breathing medications."

THYROID SCAN

1. Must be off all thyroid medications for 4-6 weeks before scan.

HEPATOBIILIARY (HIDA) or GASTRO-ESPHAGEAL REFLUX STUDY

1. No food or drink after midnight the night before your exam. If your test is scheduled in the afternoon, do not eat or drink 6 hours before your scheduled test time.

* For all invasive procedures such as Biopsies and Arteriograms, do not eat or drink after midnight. You will also need someone to drive you home afterwards. You will receive additional information over the phone before your scheduled date. If your procedure is not listed on this sheet, or you have any additional questions, feel free to call us at 815-4485 for more information.

** Weight capacity refers to the amount the scanner table can support and still function according to manufacture's guidelines.