Imaging and Diagnostics Form

CARTERSVILLE MEDICAL CENTER

Appointment Date/Time: _____ *To Schedule an Appointment: 1-855-828-5136 (phone) or 1-877-422-5621(fax)*

Appointment Location (maps on reverse side): ☐ Cartersville Medical Center (Hospital) ☐ Women's Imaging Center (Hope Center)

☐ STAT Read

Patient Name: _____ Date of Birth: _____

Diagnosis: _____

ICD-10 Code(s): _____

Insurance: _____ Precert Needed? ☐ Yes ☐ No

Referring Physician: _____

Physician Contact Info: _____ ☐ Phone

Physician Signature: _____

Auth. # & Dates _____ Date/Time: _____

*All orders authorize BUN/Creatinine if medically indicated.

X RAY

- ☐ Abdomen
  - ☐ 1 View/KUB ☐ 2 View
- ☐ Abdomen Series
- ☐ Chest
  - ☐ PA and Lateral ☐ AP/iView ☐ Decubitus
- ☐ Extremity (specify)
  - ☐ Left ☐ Right
- ☐ Ribs
  - ☐ Left ☐ Right
- ☐ Sinuses
- ☐ Skull
- ☐ Spine
  - ☐ Lateral only ☐ Cervical
  - ☐ Thoracic ☐ Lumbosacral
  - ☐ Flex/Exten
- ☐ Other: _____
- ☐ Other: _____

CT (COMPUTED TOMOGRAPHY)

Contrast: ☐ with ☐ without ☐ with and without

- ☐ Abdomen*
- ☐ Abdomen with Pelvis*
- ☐ Chest*
- ☐ Calcium Scoring
- ☐ High Resolution Chest
- ☐ Head*
- ☐ Kidney Stone Protocol
- ☐ Neck*
- ☐ Pelvis*
- ☐ Sinuses
- ☐ Spine
  - ☐ Cervical ☐ Thoracic ☐ Lumbosacral
- ☐ CT Angio* Abdomen w/Runoffs
- ☐ CT Angio
  - ☐ Head ☐ Neck ☐ Chest ☐ ADB ☐ Pelvis
- ☐ CT Guided Needle Biopsy: _____
- ☐ PET Scan
  - ☐ Initial ☐ Skull to Mid Thigh
- ☐ Other: _____
- ☐ Bun ☐ Creatinine

ULTRASOUND

- ☐ AAA Screening
- ☐ Aorta Complete
- ☐ Abdomen Complete
- ☐ Abdomen Ltd. (gallbladder, liver, pancreas)
- ☐ Arterial Doppler
  - ☐ Upper ☐ Lower ☐ Left ☐ Right
  - ☐ Bilateral
- ☐ ABI: _____
- ☐ Arterial Graft
- ☐ Carotid
- ☐ Obstetric - 1st Trimester Only
- ☐ Pelvis TA & TV
- ☐ Pelvis US TA & TV w/ Doppler
- ☐ Renal
- ☐ Renal w/ Doppler
- ☐ Soft tissue neck
- ☐ Testicular
- ☐ Testicular w/ Doppler
- ☐ Thyroid
- ☐ Reflux
- ☐ Venous Doppler
  - ☐ Left ☐ Right ☐ Bilateral
  - ☐ Upper ☐ Lower
- ☐ _____

MRI

Contrast: ☐ with ☐ without ☐ with and without

**All MRI orders include screening x-rays prior to MRI if medically indicated.

- ☐ Abdomen*
- ☐ Breast
  - ☐ Joint ☐ Left ☐ Right ☐ Upper ☐ Lower
  - ☐ Specify: _____
- ☐ Brain*
- ☐ Extremity (specify): _____
  - ☐ Left ☐ Right
- ☐ MRCP*
- ☐ Neck* (soft tissue)
- ☐ MRA* (specify): _____
- ☐ Pelvis*
- ☐ Spine*
  - ☐ Cervical ☐ Thoracic ☐ Lumbosacral
- ☐ Other (specify): _____

FLUOROSCOPY

- ☐ Barium Swallow
- ☐ Upper GI
- ☐ Barium Enema
- ☐ Small Bowel
- ☐ Modified Barium Swallow
- ☐ IVP*
- ☐ HSG - urine pregnancy test if needed
- ☐ VCUG
- ☐ Myelogram
  - ☐ Cervical ☐ Thoracic ☐ Lumbosacral
- ☐ Other: _____

INTERVENTIONAL/ANGIOGRAPHY

- ☐ Thoracentesis
- ☐ Paracentesis
- ☐ Kyphoplasty
- ☐ Biospy: Specify: _____
- ☐ Steriod Inj: Specify: _____
- ☐ Other IR Procedure: Specify

_____

BREAST IMAGING & HOPE CENTER

- ☐ Bone Densitometry
- ☐ Digital Screening Mammogram
- ☐ Digital Diagnostic Mammogram (w/ Ultrasound if medically indicated)
  - ☐ Left ☐ Right ☐ Bilateral
- ☐ Breast Ultrasound (w/ Diagnostic Mammogram if medically indicated)
- ☐ Stereotactic Breast Biopsy
  - ☐ Left ☐ Right
  - (specify): _____
- ☐ Ultrasound Guided Breast Biopsy
  - ☐ Left ☐ Right
  - (specify): _____
- ☐ ABUS
- ☐ Other: _____
- ☐ Other: _____

NUCLEAR MEDICINE

- ☐ Abcess w/ WBC Localization
  - ☐ Indium 111 ☐ Tc-99m Ceretec
- ☐ Bone Scan
  - ☐ Whole Body ☐ 3 Phase
  - ☐ Limited (area): _____
- ☐ Cisternogram
- ☐ Gastric Emptying
  - ☐ Allergic to Eggs
- ☐ HIDA Scan only
- ☐ HIDA Scan w/ CCK
- ☐ Liver/Spleen Scan
- ☐ Lung scan
  - ☐ VQ Scan
  - ☐ Quantitative
- ☐ Myocardial Rest/Stress Myoview Scan
- ☐ Parathyroid Scan
- ☐ Renogram/Renal Scan
  - ☐ for flow and function ☐ with Lasix
- ☐ Rest MUGA
- ☐ Thyroid Uptake and Scan w/ I-123
- ☐ Thyroid Scan only w/ Tc-99m
- ☐ Other: _____
- ☐ Other: _____

CARDIOPULMONARY

- ☐ ABG
- ☐ EEG
- ☐ EKG
- ☐ Holter Monitor
- ☐ Echo-2D
- ☐ Stress-Echo
- ☐ Stress Test
- ☐ Tilt Test
- ☐ Pulmonary Function Test
  - (specify): _____
- ☐ Other: _____

Patient Preparations for Exams

- **GI Series and/or Small Bowel Study**
  Nothing to eat or drink after midnight before the exam
- **Abdominal/Gallbladder Ultrasound**
  Nothing to eat or drink 4 hours before exam.
- **CT of the Abdomen/Contrast Enhanced CT**
  Nothing to eat or drink 2 hours prior to exam. Oral contrast provided upon arrival. Scan will be performed approx 60 minutes after drinking oral contrast. Diabetic patients on Melformin-containing medication should contact your physician for special instructions.
- **MRI of the Abdomen/MRCP**
  Nothing to eat or drink 4 hours prior to the exam.
- **HIDA Scan**
  Nothing to eat or drink 4 hours prior to the exam.
- **Thyroid Scan**
  Discontinue thyroid medications 3 weeks prior to exam and anithyroid medications 3 to 7 days prior to the exam. No CT or IVP contrast for 4 weeks prior to exam. No Amiodarone for 3 to 6 months prior to exam.
- **PET Scan**
  24 hours before your appointment:
  – Do NOT use chewing gum or mints. Low sugar diet
  6 Hours before your appointment
  – Do Not eat anything; Only drink water
  – If you are diabetic, please consult your doctor for questions regarding diet and medication. Carefully monitor and control your blood sugar the 48 hours before the scan.

Registration

Please plan to arrive 15 minutes early to register. During registration you will be asked to show a photo ID and your current insurance card.

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Cartersville, GA 30120
470-490-1000

Cartersville Women's Imaging Center (The Hope Center)
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