Saint Agnes Medical Center

405

IMAGING SERVICES

7140-508 (7/08)

Fax this order, a copy of insurance card, and patients demographic information to: 559-450-5288

PHYSICIAN ORDERS *(Please give to your patient to bring with them)* Patient instruction and map on back

Patient's Name: _____ DOB: _____ Date & Time of Exam: _____

SS #: _____ Authorization #: _____

Ins. Co. _____

SYMPTOMS/DIAGNOSIS FOR EACH EXAM: _____

_____

Comments/Allergies: _____

Physician's Signature: _____ Date: _____

C.C. Additional Report to: _____

* For an appointment, please call *Centralized Scheduling at (559) 450-5656.* For other information, call IMAGING Services at (559) 450-3256.

Special Exams *(appointment required)**

CT

IV Contrast ❑ Yes ❑ No ❑ If Indicated
❑ Head/Brain ❑ Brainlab Guidance
❑ Sinus ❑ Instatrak Sinus
❑ Orbits ❑ Maxillofacial
❑ Temporal bone
❑ Neck, Soft Tissue
❑ Chest
❑ **CT Abdomen & Pelvis**
❑ CT Abdomen - *(covers diaphragm to crest of pelvis)*
❑ CT Abdomen: **please include pelvis if warranted per radiologist**
❑ CT Pelvis - *(covers crest of pelvis to symphysis)*
❑ CT Pelvis: **please include abdomen if warranted per radiologist**
Spinal - intrathecal contrast ❑ Y ❑ N
❑ C-spine (levels) _____
❑ T-spine (levels) _____
❑ L-spine (levels) _____
❑ Upper Ext ❑ R ❑ L specify area _____
❑ Lower Ext ❑ R ❑ L specify area _____
❑ Guided Needle Biopsy specify area _____
❑ Guided Drain/Aspiration specify area _____
❑ CT Angiography
❑ CT Pulmonary Angiography
❑ Other: _____
Comments: _____

Fluoro / Radiographic

Fluoro Gastro-intestinal

❑ Esophagus (Ba Swallow)
❑ Swallowing Function
❑ UGI w/o KUB w/Air
❑ UGI w/small bowel
❑ Colon
❑ Colon, air contrast

Urinary Tract

❑ IVP w/tomo
❑ Cystogram
❑ Voiding Cystogram

Miscellaneous

❑ Bone Densitometry (DEXA)

MR

IV Contrast? ❑ Yes ❑ No ❑ If Indicated
❑ **Orbits for metal detection (pre-exam)**
❑ Head/Brain ❑ MRA - Cranial
Special Instructions: _____
❑ BrainLab Guidance ❑ Spectroscopy
❑ Orbits ❑ Sinus ❑ TMJ
❑ Neck, Soft Tissue
❑ MRA - Neck/Carotid
❑ C-spine (levels) _____
❑ T-spine (levels) _____
❑ L-spine (levels) _____
❑ Sacrum ❑ Coccyx
❑ Chest ❑ Cardiac/Heart
❑ Abdomen specify area _____
❑ Pelvis
❑ Upper Ext ❑ R ❑ L specify area _____
❑ Lower Ext ❑ R ❑ L specify area _____
❑ MRA-other: _____
❑ Plexus Study specify area _____
❑ Cardiac
❑ Breast
Other: _____
Comments: _____

Ultrasounds

❑ Abdomen (Liver, GB, Panc kidney, spleen)
❑ Kidneys
❑ APPY only
❑ Kidney & Bladder
❑ Aorta
❑ Pelvis (Uterus, Ovaries / EV
❑ Pregnancy comp
❑ Biophysical Profile
❑ Thyroid
❑ DVT, Leg, Uni ❑ RT ❑ LT
❑ DVT, Arm, Uni ❑ RT ❑ LT
❑ Preg, ltd w/AFI (fluid index)
❑ Paracentesis**
❑ Thoracentesis** ❑ Diag ❑ Therap. ❑ Labs ❑ RT ❑ LT
❑ Scrotum
❑ Vein Competency ❑ RT ❑ LT ❑ Bil

Routine Exams

Head and Neck

❑ Mandible, Comp
❑ Face Comp
❑ Nasal Bone
❑ Sinus Comp
❑ Skull, Comp

Chest

❑ Chest PA
❑ Chest PA & LAT
❑ Chest 2 vws & Apical lordotic
❑ RIBS, w/PA Chest RT
❑ RIBS, w/PA Chest LT
❑ RIBS, bil, w/PA Chest
❑ Sternum

Spine and Pelvis

❑ Cervical Sp, (AP & LAT)
❑ Cervical Sp, (flx/ext) only
❑ Cervical Sp Comp.
❑ Thoracic Sp, (AP & LAT)
❑ Thoracic Lumb Jct only
❑ Lumb Sp AP & LAT
❑ Lumb SAC Comp (w/obls)
❑ Lumb SAC flex/ext only
❑ Pelvis, AP

Abdomen

❑ ABD (1 vw)
❑ ABD (2-3 vws)
❑ ABD Comp (Series/w/PA Cxr)
❑ Other: _____
_____
_____
_____
_____
_____

Upper Extremities

❑ Clavicle RT
❑ Clavicle LT
❑ Scapula RT
❑ Scapula LT
❑ Shoulder (1 vw) RT
❑ Shoulder (1 vw) LT
❑ Shoulder Comp (≥ 2 vws) RT
❑ Shoulder Comp (≥ 2 vws) LT
❑ Humerus RT
❑ Humerus LT
❑ Elbow, (AP & LAT) RT
❑ Elbow, (AP & LAT) LT
❑ Elbow, Comp (≥ 3 vws) RT
❑ Elbow, Comp (≥ 3 vws) LT
❑ Forearm, (AP & LAT) RT
❑ Forearm, (AP & LAT) LT
❑ Wrist, Comp (≥ 3 vws) RT
❑ Wrist, Comp (≥ 3 vws) LT
❑ Hand (≥ 3 vws) RT
❑ Hand (≥ 3 vws) LT
❑ Finger(s) RT 1 2 3 4 5
❑ Finger(s) LT 1 2 3 4 5

Lower Extremities

❑ Hip, Comp (≥ 2 vws) RT
❑ Hip, Comp (≥ 2 vws) LT
❑ Hips, Bilat, w/AP of Pelvis
❑ Femur, (AP & LAT) RT
❑ Femur, (AP & LAT) LT
❑ Knee, (AP & LAT, w/obls) RT
❑ Knee, (AP & LAT, w/obls) LT
❑ Knee, Comp w/Patella RT
❑ Knee, Comp w/Patella LT
❑ Tib Fib RT
❑ Tib Fib LT
❑ Ankle, Comp (≥ 3 vws) RT
❑ Ankle, Comp (≥ 3 vws) LT
❑ Foot, Comp (≥ 3 vws) RT
❑ Foot, Comp (≥ 3 vws) LT
❑ Toe(s) RT 1 2 3 4 5
❑ Toe(s) LT 1 2 3 4 5

Saint Agnes Medical Center - 1303 E. Herndon Ave.
Fresno, CA 93720 IMAGING Department

Patient appointment instructions

IMAGING Services are available:

Monday through Friday and weekends by appointment.

Patient Appointments:

If your physician's office has requested that you schedule your own IMAGING appointment, Please call:

Centralized Scheduling (559) 450-5656

Patient Instructions:

You may be contacted by the IMAGING Department staff to discuss exam prep information and instructions.
IMAGING Department (559) 450-3256

Patient Registration:

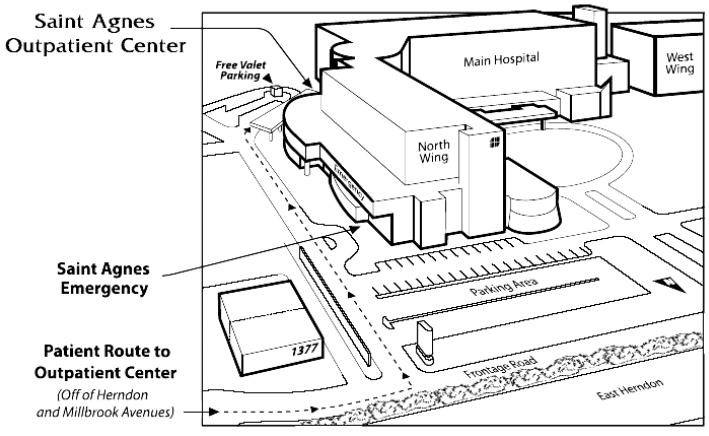
To Save You Time…

Patient Registration staff may call you prior to your appointment in order to obtain or verify your registration information. Or call Patient Registration (559) 450-3201 or preregister online www.samc.com.

Patient Arrival:

Please arrive 30 minutes prior to your appointment time unless otherwise specified. Please bring any pertinent studies and reports with you on the day of the exam.

The Saint Agnes Outpatient Center is located at the East end of the hospital. Valet parking is available for your convenience. Please bring this form and your medical insurance card.



Please follow the examination preps listed below unless otherwise specified by your physician.

Upper G.I. / Small Bowel / Esophagus

Light evening meal without any dairy products the night before the exam, then nothing by mouth after midnight until exam is performed.

Barium Enema / IVP

Report to the Saint Agnes Outpatient Center at least two days prior to your examination for instructions and materials.

Ultrasound of the Pelvis / Obstetric

Drink four, 8-ounce glasses of water, finish one hour before your examination and do not urinate.

Ultrasound Abdomen, Gall Bladder, Aorta

Nothing by mouth 8 hours prior to examination time. May take medications with small amount of water.

CT Scan

Nothing to eat or drink four hours prior to your exam if IV contrast will be given.

MRI

No patients with pacemakers, aneurysm clips in the head, cochlear implants, implanted devices, pumps or stimulators. No hair products after last wash. No eye make-up. No lotions. Nothing to eat or drink four hours prior to your study.

Notify secretary at time of scheduling if:

1) Patient needs sedation.
2) There is a possibility of a metallic foreign body in the eye.
3) Patient is breast feeding.