



STAT REPORT (EMERGENCY/URGENT CARE REFERRAL)

Call report to Dr. _____ Phone Number (Required): _____ Fax: _____

GENERAL IMAGING REFERRAL FORM *Please bring this form with you. We cannot perform any exam without it.*

Patient Name _____ DOB _____ Patient Phone _____
 Referring Physician (Print) _____ Physician Phone _____ Physician Fax _____
 Physician Signature _____ Order Date _____
 CC: _____

Clinical Indications / Diagnosis
 Must be filled in for exam to be performed:

Special Instructions

HIGH FIELD MRI (1.5)

HEAD/NECK IMAGING
 Brain without contrast Brain without / with for the following reasons:
 Soft Tissue Neck MS Pituitary Orbits IAC's
 Brachial Plexus

SPINE IMAGING
 Cervical Lumbar Thoracic Sacrum/Coccyx

BODY IMAGING
 Breast MRCP Pelvis Prostate Enterography
 Abdomen: **Organ of interest** _____

CT EXAMS

IV CONTRAST Radiologist's discretion With Without With & Without
IV Contrast exams require creatinine results within 60 days*
 Age 60+ • Diabetic • Hypertension • History of kidney problems or renal failure
 *Please include lab results if order requires contrast.

Head Coronary Calcium Score Cervical Spine
 Sella/Temporal/IAC Abdomen Thoracic Spine
 Sinuses Complete Pelvis Lumbar Spine
 Facial Bones Abdomen & Pelvis Kidney
 Soft Tissue Neck Urogram Pancreas
 Extremity: _____ Renal Stone Protocol Liver
 Chest Enterography
 Chest Lung Cancer Screening

MRI ANGIOGRAPHY

MRA Head MRA Carotids/Neck

CT ANGIOGRAPHY EXAMS

CTA Head CTA Abdomen
 CTA Carotid/Neck CTA Pelvis
 CTA Chest Pulmonary Embolus CTA Abdomen/Pelvis
 CTA Thoracic Aorta CTA Upper Extremity
 CTA Abd Aorta/Bil Iliac CTA Lower Extremity

MRI EXTREMITY **ARTHOGRAM: YES NO**

Sternum Elbow RT / LT Hip RT / LT Ankle RT / LT Foot RT / LT
 Shoulder RT / LT Wrist RT / LT Knee RT / LT Other: _____

ULTRASOUND

Abdomen OB < 14 WKS
 Renal OB > 14 WKS
 Soft Tissue Neck / Thyroid Biophysical Profile (BPP)
 Scrotum / Testes Pelvis Only
 Prostate Pelvis/Trans Vag if needed
 Hernia Breast
 Extremity: _____ Other

DOPPLERS

Carotid Arterial Arm Renal Artery
 Venous Arm Venous Leg Abd Aorta/Bil Iliac
 Abdominal Arterial Leg RT LT Bil

ULTRASOUND PROCEDURES

Thyroid Breast Other RT LT Bil

X-RAY

Chest Hip Water's View Bilateral Hand
 Ribs w/Chest Femur Soft Tissue Neck Arthropathy Series
 Ribs w/o Chest Knee Abdomen Series v2 PA
 Shoulder Tib/Fib Abdomen/KUB AP (Norgaard)
 Clavicle Foot Cervical Spine Oblique and
 Humerus Ankle Thoracic Spine Lateral both hands
 Elbow Calcaneus Lumbar Spine Special views
 Forearm Toes Sacrum/Coccyx requested?
 Wrist Skull Scoliosis Series _____
 Hand Facial Bones Sternum _____
 Bone Age Nasal Bones Sternoclavicular joints _____
 Fingers Sinus Complete Pelvis RT LT Bil

FLUOROSCOPY

ARTHOGRAMS **MYELOGRAM W/CT** **GENERAL**
 Shoulder Hip Cervical Esophagram/Barium Swallow
 Elbow Knee Thoracic Upper GI
 Wrist Ankle Lumbar Small Bowel Series
 RT LT Bil Cystogram

JOINT INJECTIONS

MEDICATION: _____ **RADIOLOGIST DECISION**
 Shoulder Elbow Wrist Hip Knee
 Ankle Foot Piriformis SI Joint Bakers Cyst
 Bursa/Tendon Sheath: biceps iliopsoas other: _____
 Other: _____
 RT LT Bil

BREAST IMAGING

Screening Mammo Diagnostic Mammo – RT / LT / Bil
 Breast MRI US Breast – RT / LT / Bil
 Fast Breast MRI

DEXA

Routine (Hip/Spine) Whole Body Composition
 Axial – Forearm

ALL PATIENTS

We cannot perform any exam without a doctor's order or authorization.

You **MUST** bring your current insurance card and authorization with you to register at the time of your appointment **OR** you will be held financially responsible for the cost of the exam.

If you cannot keep your appointment, please call to let us know 24 hours before to reschedule.

Please arrive 30 minutes prior to your appointment to register.

Anyone accompanying the patient, adult or child, cannot stay in the X-ray examination room.

No pets allowed.

X-Ray Patients: No Appointment required.

If your specific exam is not listed below, no special preparation is required.

MRI Patients

Do not wear eye make-up. You will be asked to wear a gown. Lockers are provided for clothing and belongings. Any medication prescribed by your physician should be taken as directed. Leave jewelry and valuables at home; jewelry cannot be worn during the exam. If you are claustrophobic, sedation may be required; please bring a companion to stay with you and drive you home.

If you have any of the following conditions or implants, please call us prior to your exam:

- | | |
|--|---|
| <input type="checkbox"/> aneurysm clip | <input type="checkbox"/> metal worker |
| <input type="checkbox"/> pacemaker | <input type="checkbox"/> tissue expanders |
| <input type="checkbox"/> ear implants | <input type="checkbox"/> metal fragments in eye |
| <input type="checkbox"/> pregnant | <input type="checkbox"/> gadolinium allergies |
| <input type="checkbox"/> electronic device | <input type="checkbox"/> cardiac valve |
| <input type="checkbox"/> cardiac valve | <input type="checkbox"/> penile implant |
| <input type="checkbox"/> exceed 300 pounds | |

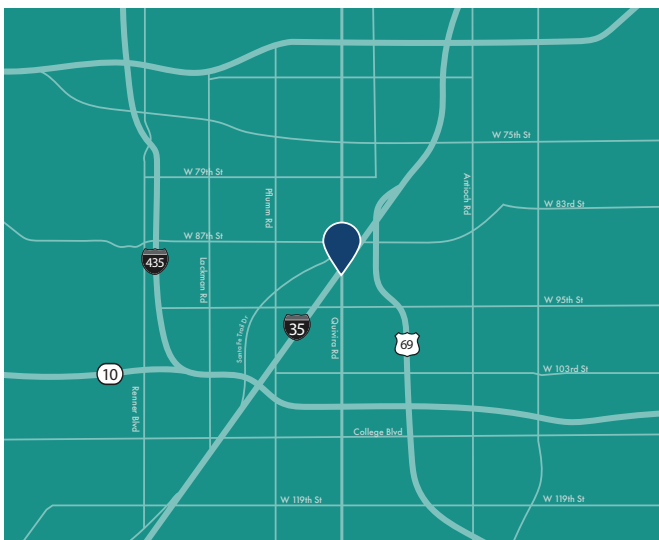
General Ultrasound Patients

Abdominal, Gallbladder and Liver - Do not eat or drink anything for the 6 hours prior to your exam.

Obstetrical, Pelvic, and/or Renal - Drink 32 oz. of water and finish drinking one hour before your exam. Do not urinate.

CT Scan Patients

Abdomen or Pelvis - Have nothing to eat or drink for the 4 hours prior to your exam. If oral contrast is ordered and dependent on the diagnosis, you will be asked to drink an oral mixture before arriving for your appointment. Please pick it up at our office. Any medication prescribed by your physician should be taken as directed.



TODOS LOS PACIENTES

No podemos realizar ningún examen sin la orden o autorización de un médico.

DEBE traer su tarjeta de seguro actual y autorización para registrarse en el momento de su cita **O DEBERÁ** ser responsable financieramente por el costo del examen.

Si no puede asistir a su cita, llámenos para informarnos y reprogramarla.

Llegue 30 minutos antes de su cita para registrarse.

Cualquier persona que acompañe al paciente, adulto o niño, no puede permanecer en la sala de examen de rayos X.

No se permiten mascotas.

Pacientes de rayos X: no se requiere cita.

Si su examen específico no está listado a continuación, no se requiere preparación especial.

Pacientes de resonancia magnética

No use maquillaje de ojo. Use ropa delgada, sudadera, pantalones cortos, etc., sin metal ni zipper.

Cualquier medicamento recetado por su médico debe tomarse según las indicaciones. Deje joyas y objetos de valor en casa; no se pueden usar joyas durante el examen. Si usted es claustrofóbico, se puede requerir sedación. Por favor traiga un compañero para que lo lleve a casa.

Si tiene alguna de las siguientes condiciones o implantes, llámenos antes de su examen:

- | | |
|---|--|
| <input type="checkbox"/> pinza de aneurisma | <input type="checkbox"/> dispositivo electrónico |
| <input type="checkbox"/> marcapasos | <input type="checkbox"/> válvula cardíaca |
| <input type="checkbox"/> implantes de oído | <input type="checkbox"/> exceder 300 libras |
| <input type="checkbox"/> embarazada | <input type="checkbox"/> obrero metalúrgico |

Pacientes de ultrasonido general

Abdominal, hígado y vesícula biliar - No coma ni beba nada durante las 6 horas previas a su examen.

Obstétrica, Pélvica, y/o Renal - Beba 32 oz. de agua y termine de beber una hora antes de su examen. No orinar.

Pacientes con tomografía computarizada

Abdomen o pelvis - no coma ni beba nada durante las 4 horas previas a su examen. Además, deberá beber una mezcla oral antes de llegar a su cita. Por favor recoga en nuestro centro. Cualquier medicamento recetado por su médico debe tomarse según las indicaciones.

Our imaging and specialty care center is located at 9040 Quivira Road in Lenexa, KS 66215.

