

JHBMC IMAGING CONSULTATION REQUEST FORM



Date: _____

Patient Stamp/Label

Patient's Name _____ Date of Birth ____/____/____ BV# _____
Last First MI

Insurance _____ Phone # _____ Plan # _____

Blood work results (if applicable) BUN _____ Creatinine _____ Central Line _____

ICD 9 Code: _____ Diagnosis: _____

Clinical Information:/Symptoms: _____

Physician's Name (Printed) _____ Physician's Signature _____

Physician's Phone # _____ Fax # _____ Pager # _____

MRI Contrast w/o w/wout with as needed

- Brain Neck (soft tissue) Spine Extremity
- Tumor/Mass Chest (Specify) _____ C-spine Ankle R L
- Carotids T-spine Elbow R L
- IAC's /7th and 8th nerve Abdomen (Specify) _____ L-spine Foot R L
- Pituitary/Sella Hip R L B Knee R L
- Orbits Pelvis (Specify) _____ Wrist R L
- Seizure Shoulder R L
- MS Other _____
- MR Angiography
 - Head-Circle of Willis Neck-Carotid Arteries Abdomen-Renal
 - Chest/Abdomen/Aorta Pelvis

RADIOGRAPHIC EXAMS

- Abdomen flat & upright AC Joints Chest PA/Lat
- Acute Abdominal Series Clavicle R L
- Facial Bones Hip R L KUB
- Mandible Nasal Bones Neck, soft tissue
- Orbits Pelvis Ribs R L
- Sacrum/Coccyx Scapula Scoliosis series
- Sinuses SI Joints Skull
- Sternum
- Spine (please Circle) Cervical Thoracic Lumbar
 - Flexion/extension AP/Lateral
- Shunt Series (AP/lat skull, AP Chest, AP/lat abdominal)
 - Extremity Ankle R L
 - Elbow R L
 - Calcaneus R L
 - Foot R L
 - Forearm R L
 - Hand R L
 - Humerus R L
 - Knee R L
 - Shoulder R L
 - Tibia/Fibia R L
 - Toe R L
 - Wrist R L
 - Finger (Specify) _____
 - Femur R L
- IVP
- IVP w/ Tomogram
- Other _____

CT Contrast w/o w/wout with as needed

- 3-D Reconstruction Multiplanar Reconstruction
- Head
 - Head Orbits Sinuses Temporal Bones Facial Bones
- Chest Chest-Pulmonary Embolus (3-D Reconstruction) Chest-High Resolution
- Abdomen/Pelvis Abdomen Pelvis
 - Renal Protocol (Mass) Appendix Protocol Urogram-Stone Protocol
- CT Angiography
 - Head-Circle of Willis Neck-Carotid Arteries Chest/Abdomen-Aorta
 - Abdomen-Renal Cardiac Run off Biopsy _____
 - Spine
 - Cervical Thoracic Lumbar Neck-soft tissue
 - Extremity R L B
 - Ankle Elbow Foot Knee Wrist Shoulder
- PET/CT See Nuclear Medicine/PET Scan Consult form

Other (Specify) _____

ULTRASOUND

- Right Upper Quadrant Abdomen Renal Obstetrical
- Pelvic (Transabdominal and Endovaginal) Breast R L Both
- Thyroid Parathyroid Appendix
- Scrotal Hysterosonogram Hips (Pediatric) Head (Pediatric) Neck
- Biopsy/Aspiration (specify) _____
- Other (specify) _____

ARTHROGRAM

- MRI CT Fluoroscopy only
- Joint _____
- Other (Specify) _____

FLUOROSCOPY

- Barium Enema Barium Enema/Air Contrast Other
- Small Bowel Series Cystogram
- Myelogram (please Circle)
 - Cervical Lumbar Thoracic
- Hysterosalpingograms T-Tube Cholangiogram
- VCUG
- Other (Specify) _____

MAMMOGRAM

- Screening-Bilateral Diagnostic-Bilateral
- Reason _____
- Unilateral R L Implants
- Ultrasound if needed
- Other: _____

All information **MUST** be filled in completely in order for us to process your request.
Please see back of form for important instructions for your patient.

Physician Instructions

	PHONE #	FAX #
General Information	410-550-0215	410-550-0897
General Scheduling	410-550-2948	410-550-4339
PET Scan Scheduling	410-550-9331	410-550-4339
Interventional Scheduling	410-550-5731	410-550-8188
Film Library	410-550-2946	410-550-0210
Breast Biopsies/ OB US	410-550-4822	410-550-8153

***Bloodwork (Must be w/in 30 days) Bun and Creatinine levels are required if the patient is having CT scan with IV Contrast or an MRI with Gadolinium or an IVP and meets any of the following conditions:**

- Is over the age of 65
- Has Diabetes
- Has Kidney Disease
- Has had kidney surgery
- Has had a kidney transplant
- Has only one kidney

****If patient has a known allergy to iodine they will require pre-medication:**

- 40 mg Prednisone 24 hours prior to exam.
- 40 mg Prednisone 12 hours prior to exam.
- 40 mg Prednisone 6 hours prior to exam.
- 50 mg Benadryl

Prep Instructions

MRI-No Prep. Cannot be performed on patients with cardiac pacemaker, some cardiac valves and stents, otologic Implants, Implanted neurostimulator, non-titanium aneurysm clips in head. Blood work required if receiving Gadolinium

CT-Blood work required if patient will be receiving IV contrast and meets the above conditions*

Ultrasound-

Abdominal-Nothing to eat or drink at least 4 hours prior to the exam.

Pelvic-Patient must have a full bladder for this exam.

Radiographic Examinations-No prep required.

Mammography-Patient should wear a two piece outfit. NO powders, perfumes, or deodorant. Please have patient bring previous Mammography Films if not performed previously at Bayview.

Fluoroscopy-

Upper GI-Patient cannot EAT, DRINK, SMOKE, CHEW GUM from midnight until after your test is performed.

IVP-Blood Work required. Please have patient take a mild laxative at 3:00pm the day before the test.

Barium Enema-Please have patient pick up a Fleet Kit #1 from our Imaging Department and follow the 18-hour instructions.

Biopsies- Patient should bring previous CT Scan or Ultrasound if not previously performed at Bayview.