

**JHBMC
CT
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 _____
 ICD 9 Code: _____ Diagnosis: _____
 Clinical Information:/Symptoms:

Physician's Name (Printed) _____ Physician's Signature _____
 Physician's Phone # _____ Fax # _____ Pager # _____

Date Exam requested _____ **Dialysis Patient** **Y** **N**

CONTRAST: (circle) **IV:** W/O W/O & W WITH AS NEEDED
ORAL: REDI CAT GASTROVIEW VOLUMEN NONE NEEDED

HEAD/NECK: (circle)
 Landmarx Protocol Head Orbits Temporal Bones Facial Bones Sinuses Soft Tissue

CHEST: (circle)
 Chest Pulmonary Embolism High Resolution Eclipse Protocol

ABDOMEN/PELVIS:
 (circle) Abdomen/Pelvis 3-Phase Renal Protocol Renal Stone protocol

SPINE:
 (circle) Cervical Thoracic Lumbar Post Myelogram

EXTREMITY:
 (circle) **Right Left Bilateral**
Upper: Shoulder Humerous Elbow Forearm Wrist Hand
Lower: Hip Femur Knee Tib/Fib Ankle Calcaneous Foot

CT ANGIOGRAPHY:
 (circle) Head Neck Chest/Abdomen—Aorta Abdomen/Pelvis Run-Off
 Cardiac Calcium Score

PET/CT: Neck/Chest/Abdomen/Pelvis **BIOPSY:** _____
 (circle) please fax order to 410-550-8188

OTHER (Specify) _____

(Please indicate if a STAT reading is requested) _____ Wet Reading Fax Number _____

 Interpreting Radiologist

Physician Instructions

	PHONE #	FAX #
General Information	410-550-0215	410-550-0897
General Scheduling	410-550-2948	410-550-1892
PET Scheduling		410-550-1264
Interventional Scheduling	410-550-0221	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 IVP or an MRI with gadolinium and meets any of the following conditions:**

For CT/IVP

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

For MRI

- 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-Bloodwork Required if receiving Gadolinium and meets the above conditions*. Cannot be performed on patients with cardiac pacemaker, some cardiac valves and stents, otologic implants, implanted neurostimulator, non-titanium aneurysm clips in head.

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.

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 test is performed.

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

Barium Enema-Patient should pick up a Fleet Kit #1 from any drug store and follow the 18-hour instructions.

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

