

**JHBMC  
MAMMO/US  
CONSULTATION  
REQUEST FORM**



Date: \_\_\_\_\_

**Patient Stamp/Label**

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ BV# \_\_\_\_\_  
 Last First MI

Insurance \_\_\_\_\_ Phone # \_\_\_\_\_ Plan # \_\_\_\_\_

ICD 9 Code: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

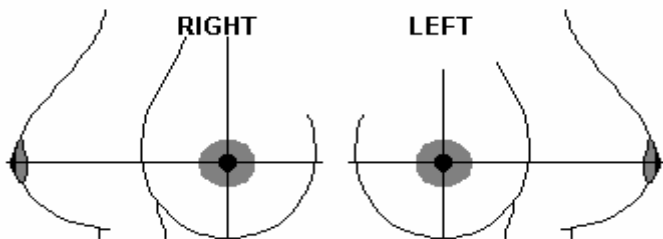
Clinical Information:/Symptoms:  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's Name (Printed) \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Pager # \_\_\_\_\_

**MAMMOGRAPHY**

**ULTRASOUND**



\_\_\_\_ Diagnostic:  
 Implants **Y N**  
 Additional Views  
 From Screening **R L**  
 Short Term F/U **R L Bilateral**  
 Size of palpable abnormality: \_\_\_\_\_  
 \_\_\_\_ Screening Mammogram  
 \_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_ Ultrasound if Needed

\_\_\_\_ Abdomen Complete (NPO 4 hours)  
 \_\_\_\_ Abdomen Limited (RUQ)  
 \_\_\_\_ Abdomen w/ Doppler  
 \_\_\_\_ Renal w/ Doppler  
 \_\_\_\_ Scrotal w/Doppler  
 \_\_\_\_ Thyroid  
 \_\_\_\_ Infant Head  
 \_\_\_\_ Pyloric Stenosis  
 \_\_\_\_ Pelvic  
 (includes: transabdominal & transvaginal)  
 \_\_\_\_ Pelvic w/ Doppler  
 \_\_\_\_ Obstetrical  
 \_\_\_\_ Breast **R L Bilateral**  
 \_\_\_\_ Biopsy/Drainage  
 (specify) \_\_\_\_\_  
 please fax order to 410-550-8188  
 \_\_\_\_ Other \_\_\_\_\_

(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, otologicImplants, 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.