

Patient Name _____ / / _____ Date _____ - - _____ Phone # _____
 _____ / / _____ - - _____
 _____ DOB _____ SSN _____

Clinical History _____

MAGNETIC RESONANCE IMAGING

WITH CONTRAST []

- Abdomen _____
- Brain
- Breast _____ R L B
- Chest
- Extremity _____ R L B
- Hip _____ R L B
- IAC
- Knee
- MR Arthrogram _____
- MRCP
- Neck
- Orbits
- Pelvis
- Pituitary
- Prostate
- Shoulder
- Spine Cervical Lumbar Thoracic
- TMJ
- Other: _____

MR ANGIOGRAPHY

- Abdomen
- Carotid
- Chest
- Head/Brain
- Lower Extremity _____ R L B
- Neck
- Pelvis
- Other: _____

NUCLEAR MEDICINE

- Bone Scan Whole body 3 Phase
- Gastric Emptying
- Hemorrhage (Tagged RBC) Scan
- Hida
- Indium WBC Scan
- Liver/Spleen
- Lung VQ
- Parathyroid
- Renal
- Thyroid Uptake and Scan
- Other: _____

FLUOROSCOPY

- GI Series Esophagram
- GI Series Small Bowel
- Hysterosalpingogram
- MBS (Modified Barium Swallow)
- Upper GI
- Other: _____

CT 64 MULTIDETECTOR/SPIRAL

WITH CONTRAST []

- Abdomen
- Brain
- Chest
- Extremity _____ R L B
- IAC
- Kidney Stone Protocol
- Maxillofacial
- Orbits
- Pelvis
- Sinuses Limited Exam Full Exam
- Soft Tissue Neck
- Spine Cervical Lumbar Thoracic
- Temporal Bones
- Other: _____

CT ANGIOGRAPHY

- Aorta Abdominal Thoracic
- Aorto-Iliac Runoff
- Brain/Cerebral
- Carotid
- Coronary
- Pulmonary
- Renal
- Other: _____

CT SCREENING STUDIES

- Coronary Calcium Score (heart)
- Pulmonary Nodule (lung)
- Total Body Scan
- Virtual Colonoscopy
- Other: _____

X-RAY

- Abdomen
- Cervical Spine
- Chest
- Extremity _____ R L B
- Facial Bones
- Long Bone Survey
- Lumbar Spine
- Pelvis
- Ribs _____ R L B
- Scoliosis Survey
- Skull
- Thoracic Spine
- Other: _____

ULTRASOUND

- Abdomen
- Arterial Doppler (Upper/Lower) _____ R L B
- Duplex Carotid _____ R L B
- Extremity Non-Vascular _____ R L B
- Obstetric
- Pelvis (Transabdominal)
- Renal
- Thyroid
- Venous Doppler (Upper/Lower) _____ R L B
- Other: _____

INTERVENTIONAL RADIOLOGY

Biopsy/Drainage

- Abscess Drainage
- Biopsy: _____
- Chest Tube Placement
- Fistulagram
- Joint Aspiration
- Paracentesis
- Thoracentesis
- Tube Checks

Vascular

- Angioplasty
- Arterial Line
- Arteriogram
- AV Graft Declot
- Diagnostic Angiography
- Embolization
- Port-a-cath
- Sclerotherapy
- Temporary Hemodialysis Catheter (Quinton catheter)
- Thrombolysis
- Tunneled Hemodialysis Catheter (Permacath)

Geitourinary

- Nephrostomy
- Stent

Biliary/GI

- Cystogram
- NG Tube placement
- Percutaneous Gastrostomy
- Sinogram
- Trans Hepatic Cholangiography and/or Biliary Drainage
- Tube Checks
- Tube exchange/replacement
- Tube placement

Pain Management

- Arthrogram
- Discogram
- ESI (Epidural Steroid Injection)
- Kyphoplasty
- Lumbar puncture
- Myelogram
- Vertebroplasty

- Other: _____

Facility _____ STAT Order

Physician Name (please print) _____ CD

Physician Signature _____ Films

Exam Preparations

Thank you for choosing Advanced Diagnostics for your imaging needs. Please follow these preparations completely to ensure accurate test results. Inadequate preparations may result in rescheduling of your exam. Please call us at **713.790.1666** if you have any questions regarding these instructions.



- Scheduling line • 713.790.1666 •
- Fax • 713.383.4445 •
- www.adhealthcare.com •

MRI (magnetic resonance imaging): Assure that you do NOT have a pacemaker or brain aneurysm clip, and notify staff if you have any metal anywhere in your body. Arrive 30 minutes before your exam to complete important patient safety and consent forms.

CT Scan (abdomen, pelvis): Nothing to eat or drink after midnight. Arrive 2 hours before your exam to drink contrast. You may also pick up contrast ahead of time. In this case, drink contrast 2 hours before appointment time. Please notify our staff if you are currently taking Glucophage (metformin).

CT Scan (head, neck, chest, spine): Nothing to eat or drink after midnight. Please notify our staff if you are currently taking Glucophage (metformin).

Coronary CT Angiography: Nothing to eat or drink after midnight. NO Caffeine.

Ultrasound: Abdomen (liver, gallbladder, pancreas): Nothing to eat or drink after midnight.

Ultrasound (Pelvis): One hour prior to exam time, begin drinking four eight-ounce glasses of water. Please finish drinking water 45 minutes prior to time of exam. DO NOT EMPTY BLADDER. Your bladder must be full when you arrive for your exam. One hour prior to the exam drink 32 ounces of water.

UGI (Upper GI): Nothing to eat or drink after midnight. **NOTE:** If you have had a barium enema in the past seven days please administer GoLYTELY the evening before your exam

Small Bowel Series: Nothing to eat or drink after midnight. Begin administration of GoLYTELY at 7:00 PM.

Angiogram: Nothing to eat or drink after midnight. Stop Coumadin or blood thinners the night before the exam. Blood work must be drawn within three days of exam. (PT, PTT, CBC, Platelet, INR and BMP)

BE (barium enema) & Virtual Colonoscopy: You must have a regular evening meal. Begin administration of GoLYTELY at 7:00 PM. Eat no solid food at least two (2) hours before taking GoLYTELY. Drink one eight (8) ounce cup of the solution rapidly every ten minutes. A loose bowel movement should occur in approximately one hour. Continue drinking until the entire contents have been consumed or as directed by physician.

Myelogram/ESI: Nothing to eat or drink 4-6 hours prior to exam. Patient needs a driver for transportation after exam. No pain medications 4 hours prior to exam.

GoLYTELY may be purchased over the counter at your local pharmacy and does not require a prescription. Oral Contrast may be picked up ahead of time at our facility during business hours.

