**Imaging Order Request**

Patient Name: _________________________________  Order Date: _______________________________

**Clinical Reason for Exam (required):**

Physician Signature: _________________________________  Date: _______________________________

Ordering Physician: _________________________________  Date: _______________________________

Appointment Date & Time: _________________________________

**Patient Name:**

**3449 Wilkens Ave., Suite 102, Baltimore, MD 21229-5299  667.234.8675 phone  667.234.8688 fax  www.setonimagingcenter.com**

**MRI/MRA**

- No Contrast
- Contrast
- Brain
- IAC
- Pituitary
- Orbits
- TMJ: Right Left
- Neck (Soft Tissues)
- MRCP
- Chest
- Abdomen
- Pelvis
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Hip: Right Left
- Shoulder: Right Left
- Knee: Right Left
- Ankle: Right Left
- Extremity: Right Left
- Upper Lower
- Other:

**CT**

- No Contrast
- Contrast
- Brain
- Orbits
- IAC
- Calcium Scoring
- Chest
- Abdomen
- Pelvis
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Neck (Soft Tissues)
- Full Sinus
- Limited Sinus
- Extremity: Right Left
- Upper Lower
- Low Dose Lung Screening
- Other:

**ULTRASOUND**

- Abdomen
- Pelvis/TV, if necessary
- Renal
- Bladder
- Aorta
- Scrotum
- Thyroid
- Hysterosonogram
- OB/TV - 1st Trimester
- OB, 2nd Trimester
- OB, 3rd Trimester
- OB, Ltd - Follow-up
- Gallbladder
- Other:

**DIGITAL MAMMOGRAPHY**

- Bilateral
- Right
- Left
- Screening: Asymptomatic
- Diagnostic: Symptomatic
- Call Back Ultrasound, if necessary

**FLUOROSCOPY**

- BE with Contrast:
  - Single
  - Double
- Small Bowel
- Esophagram
- Myelogram
  - Cervical
  - Lumbar
- IVP
- UGI
- Hysterosalpingogram
- Other:

**BREAST IMAGING**

**PET/CT**

- Whole Body
- Skull base to mid thigh
- Brain
- Chest

**ULTRASOUND**

- Skull
- Orbits
- Sinuses
- Pelvis
- Abdomen
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Ribs: Right Left
- Hips: Right Left
- Chest: PA&L PA
- Abdomen: KUB 2V
- Extremity, Upper: Right Left
- Extremity, Lower: Right Left
- Other:

**X-RAY**

- Bone Density Scan

**DEXA**

- Bone Density Scan

**Please bring this script and your insurance card on the day of your exam.**

**All diagnostic x-rays are done on a walk-in basis.**

Thank you for choosing Seton Imaging Center.
PREPARATION INSTRUCTIONS

If you have questions regarding any of the preparations related to your procedure, please feel free to call us at 667.234.8675. Study times vary in length.

☐ MRI - Please inform us of any metal in your body at the time of scheduling. Please remove any metal, jewelry, or hair pins prior to exam. Specific preparation information will be given when your appointment is scheduled.

☐ CT - Abdomen or Pelvis: please pick up the oral contrast and further instructions from your physician or our imaging center.

☐ P.E.T. - Allow three hours for exam. Nothing by mouth eight hours prior to exam.

☐ ULTRASOUND, PELVIS and BLADDER - Drink 32 ounces of fluid one hour before the exam to fill your bladder. Do not empty your bladder until the exam is complete.

☐ ULTRASOUND, OB - Up to 25 weeks gestation, drink 16 ounces of water one hour prior to exam. Do not empty your bladder until the exam is complete. At 28 weeks gestation or greater, no prep.

☐ DIGITAL MAMMOGRAPHY - Please do not use any powder, talc, spray or deodorant on breast or underarm area. Wear a two-piece outfit. Please try to obtain your previous mammogram films and reports. Bring them with you at the time of your appointment.

☐ DEXA - No calcium supplements 24 hours prior to scheduled scan. No contrast or barium 7 days prior to scheduled scan.

☐ G.I AND/OR SMALL BOWEL SERIES - Nothing to eat or drink and no gum chewing after 10 p.m. the evening before the exam.

☐ BARIUM ENEMA OR AIR CONTRAST ENEMA - Call scheduling for bowel preparation instructions.

☐ IVP - Light supper the day before the exam. Adults take two Dulcolax tablets at 6 p.m. the night before the exam. No solids after supper. No restrictions on liquid intake. Juice, coffee, tea or milk for breakfast the day of the exam. Children under 12, call the office for instructions. Take medications as prescribed.

AFTER THE EXAM

Your examination will be read by a board-certified, licensed physician with specialty training in radiology. The results of your tests will be sent directly to your referring doctor and your doctor will inform you of the results.

BILLING INFORMATION

If you have insurance coverage, we will submit a claim to your insurance company on your behalf. If you are a member of an HMO or managed care plan, please bring your referral form. You will be responsible for any outstanding or unpaid balance. If you have any questions, please contact our billing department at 667.234.8891. If insurance requires co-payment, please provide at the time of service.

PLEASE BRING THIS SCRIPT AND YOUR INSURANCE CARD ON THE DAY OF YOUR EXAM.

* Children may not accompany patients into procedures. If it is necessary to bring children to the appointment, for your safety, please bring adult supervision to monitor your child.