



Imaging Department 200 High Park Avenue Goshen, Indiana 46526 (574) 364-2711 Appointment Date/Time/Location: _____	Hours of Operation Daily 7 a.m. – 8 p.m. To Schedule Please Call (574) 364-2400 Fax Order To (574) 364-2410
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Patient Name _____ Date of Birth _____ Social Security # _____ Address _____ City _____ State _____ Zip _____ Telephone # _____ Primary Insurance _____ Primary Policy # _____ Group # _____ Secondary Insurance _____ Secondary Policy # _____ Group # _____	Ordering Physician Signature _____ Ordering Physician _____ Primary Care Physician _____ Send Copy To _____ Fax Results To _____ Diagnosis #1 _____ ICD-10 Code _____ Diagnosis #2 _____ ICD-10 Code _____ Diagnosis #3 _____ ICD-10 Code _____ Diagnosis #4 _____ ICD-10 Code _____
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Please mark "STAT" and/or "CALL REPORT" as applies:		STAT	CALL REPORT
CLIENT (CLINIC) INFORMATION		Diagnostic (continued)	Ultrasound
Notice: Medicare will only pay for tests that meet the Medicare definition of "Medicare Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is being ordered as a screen, be certain the patient has signed an Advanced Beneficiary Notice (ABN). IMAGING – Is ABN Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No PRE-CERT <input type="checkbox"/> Yes <input type="checkbox"/> No		Hip Heel Pelvis Bone Age Facial Bones / Zygoma T-M Joints Nasal Bones Mandible MRI Orbits Orbits Skull Sinuses IVP VCUG Cystogram T-Tube Cholangiogram Cookie Swallow Esophagus Upper GI UGI w/Small Bowel Small Bowel Series Barium Enema Air Contrast Barium Enema Cervical Myelogram Lumbar Myelogram Hysterogram Venogram/1 side Venogram/2 sides Arthrogram: Fistulagram Other:	574-364-2819 U/S Exams will take 30-60 minutes Abdomen Complete Gall Bladder Pancreas Liver Abdomen Aorta Limited-No Doppler Abdomen Pylorus Abdomen Aorta Medicare Screen Fat free meal night before exam and nothing by mouth after midnight for the above abdominal exams. Renal Bilateral Urinary Bladder only Must have a full bladder for a Renal U/S. Drink 24 oz. of fluid, finishing 30 minutes prior to exam and do not urinate. Non-Preg Pelvic w/vaginal if Indicated Pregnancy w/ vaginal if indicated Must have a full bladder for the above Pelvic exams. Drink 32 oz of fluid, finishing 45 minutes prior to exam and do not urinate. No Prep needed for exams below. Extremity Non-Vascular _____ Right _____ Left _____ Soft Tissue Mass-Trunk Testicular Thyroid Spleen Paracentesis / Thoracnetesis *patient needs labs Thyroid FNA Liver Biopsy Infant Hip
Nuclear Medicine 574-364-2605	MRI 574-364-2873	ALL Imaging exams will be done per protocol unless otherwise specified.	
All Bone Scans w/xray if indicated Spect/CT is performed when applicable, per Radiologist Total Bone Scan Multiple Bone Scan Limited Bone Scan 3 Phase Bone Scan Hepatobiliary w/Ejection Fraction (CCK) Quadramet Series Octreoscan Series LVEF (MUGA) WBC In111 Scan Lung Perfusion/Ventilation Renal Scan w/Lasix Washout Renal Scan/Flow (no washout) Gastric Emptying Parathyroid I-123 Thyroid Uptake/Scan I-131 Therapy Hyperthyroid I-131 Therapy Cancer I-123 WB Scan Pre-TX I-131 WB Scan Post TX Other:	Notify MRI if: - HX of Welding or Grinding - HX of Cancer -HX of Surgery Brain Cervical Spine Thoracic Spine Lumbar Spine Knee Shoulder Ankle Foot Other: Diagnostic 574-364-2711 Abdomen Abdomen 2 view Abdomen Series Kub Chest PA only Chest PA/LAT Ribs Sternum Soft Tissue Neck Cervical / Obliques Thoracic Spine Lumbar Spine Sacrum / Coccyx S-I Joints Scoliosis Series Hand Finger Wrist Elbow Humerus Scapula Clavicle Shoulder AC / JTS / Wt. Bearing AC / JTS/ Arthritis Foot Toe Ankle Tibia / Fibula Knee Knee Obliques Knee Tunnel view Knee Standing view only Patella	Request for Vascular/Doppler U/S exams must be on a Vascular requisition. Call U/S Dept. if requisition is needed.	
CT Scan 574-364-2818			Miscellaneous
Head Facial Bones Orbits Sinuses Mastoids Chest Chest PE HI Res Chest Low Dose CT- Lung Screening Soft Tissue Neck Cervical Spine/FX Lumbar Spine Thoracic Spine Abdomen Pelvis CT Angiogram (specify area) Abdomen & Pelvis Renal Stone Study Urogram Coronary Calcium Score Enterogram Upper Extremity Lower Extremity Other:			Biopsy _____ *patient needs labs Drainage Aspiration _____ Other:
			Echocardiography
			Stress Echo Dobutamine Stress Echo Echo *includes 2D, colorflow and doppler

PREPARATIONS FOR IMAGING EXAMS

BARIUM ENEMA & AIR CONTRAST ENEMA

This procedure requires a thorough cleansing of the intestinal track to provide the best results. You will need to purchase LO SO Prep Kit. The complete instructions are enclosed in the kit. Follow each step carefully. A high fluid intake is required for this preparation. The preparation starts the morning before your scheduled exam. Time in the department should be approximately 1-2 hours.

UPPER GI / SMALL BOWEL

Nothing to eat or drink after 10:00 PM the night before your exam. Do not smoke the morning of your exam. **If you had a barium enema the day before**, you will need to purchase an LO SO Prep Kit and follow the complete instructions enclosed in the kit. This prep starts the morning before your scheduled exam. Time in the department should be approximately 30 minutes for an Upper GI. Times vary for a Small Bowel w/ the shortest amount of time being 45 minutes, but be prepared to stay several hours.

INTRAVENOUS PYELOGRAM (IVP)

Your physician is preparing you for an x-ray examination that requires thorough cleansing of the intestinal tract. You will need to purchase an LO SO Prep Kit. Follow the complete instructions enclosed in the kit. A high fluid intake is required for this preparation. The preparation starts the morning before your scheduled exam. Time in the department should be approximately 1 1/2 – 2 hours. If you are 65 years of age or older, diabetic, have history of kidney disease, heart failure, multiple myeloma, or sickle cell anemia, lab work needs to be done prior to the exam. Lab work will be done upon arrival if necessary.

CT EXAMS

Liquids only two hours prior to exams of IV contrast.

For abdomen/pelvis CT the time in the department will be approximately 2-2 ½ hours. The patient will be drinking oral contrast. Depending on diagnosis, rectal contrast may be used.

If the patient has lab work to be done, it must be scheduled with lab ½ hour prior to CT scan.

Cardiac Score – No caffeine or stimulants 24 hours prior to exam.

Exams will be done per protocol, unless otherwise specified.

MRI

Please notify MRI of any exposure to grinding or welding of metal and any personal history of surgery or cancer when scheduling. Exams will be done per protocol, unless otherwise specified.

NUCLEAR MEDICINE

STRESS TEST

No caffeine or decaf 24 hours prior to exam.

Nothing to eat or drink after midnight unless patient is diabetic.

HEPATOBIILIARY SCAN

NOTHING BY MOUTH (including water, gum, mints, ect.) 6 hours prior to exam. No narcotic pain medicines 6 hours prior to exam.

THYROID SCAN

Musr be off thyroid medications, multi-vitamins, and any other foods which are iron fortified, such as iodinated salt, for 6 weeks prior to exam. Also, when scheduling, let the department know when the last IV contrast exam was done.

IF PATIENT IS DIABETIC, LET THE IMAGING DEPARTMENT KNOW WHEN SCHEDULING THE EXAM.

ULTRASOUND: PATIENT NEEDSLABS OF PT, INR, PTT, AND PLT ONE (1) HOUR TO SEVEN (SEVEN) DAYS BEFORE EXAM FOR THORACENTESIS / PARACENTESIS AND LIVER BX. ANY QUESTIONS PLEASE CALL 574/364-2711.

If you have not pre-registered, please report to Registration 15 minutes before your exam time.