

Name _____
 Date of Birth _____
 Home Phone _____
 Cell Phone _____
 Referring Clinician _____
 Phone _____
 Fax _____
 Clinician Signature _____

Requests for Radiologist:

- Standard report (faxed within 24-48 hours)
- STAT report (faxed within 2 hours)
- Clinician's Cell for after hour STAT:

- CC report to:

- Provide Images:
 CD Paper Film



History, Symptoms, Reason for Exam:

3T MRI

*Orbital X-Ray as indicated
 Contrast as indicated or
 recommended by radiologist*

	W & W/O Contrast W/O Contrast Right Left		
<input type="checkbox"/> Abdomen		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Adrenal		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kidney		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liver		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MRCP		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pancreas		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ankle (Hind and Midfoot)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Athletic Pubalgia (Sports Hernia)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Brachial Plexus		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Brain		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IACs		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neuroquant®		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pituitary		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Orbits		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Temporal Lobes		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TMJ		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Face		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sinuses (Paranasal)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Breast (Bilateral)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chest		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elbow		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Finger: _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foot (Forefoot)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hand		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hip		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Biomet		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neck, Soft Tissue Mass		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pelvis		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prostate MRI w/3D Rendering		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sacroiliac Joints/Sacrum		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shoulder		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spine		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cervical		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lumbar		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thoracic		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thigh		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tibia and Fibula		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrist		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____		<input type="checkbox"/>	<input type="checkbox"/>

MR Angiography

Contrast as indicated

Aorta Thoracic Abdominal

Carotids

Cerebral

MR Angiography (Continued)

Pelvis
 with Lower extremity run-off

Other: _____

MR Venography: _____

MR Arthrography *Right Left*

Ankle

Elbow

Hip

Knee

Shoulder

Wrist

Enterography

MR

CT

Urography

MR *With Out 3D
With 3D*

CT

CT

*Contrast as indicated
 3D Rendering as indicated*

Abdomen
(Pelvis if indicated)

Abdomen and Pelvis

Stone Protocol

Renal Mass Protocol

Urogram / IVP Protocol

Brain

IAC / Temporal Bone

Orbits

Sinus (Maxillofacial)

Facial Bones

Chest

Coronary Calcium Scoring

Extremity: Right Left
Specify: _____

Lung Cancer Screening

Neck (Soft Tissue)

Pelvis Bony Soft Tissue

Spine

Cervical Thoracic Lumbar

Other: _____

CT Angiography *IV Contrast required*

Aorta
 Abdomen and Pelvis
 Thoracic/Great Vessels

Carotids

Cerebral

Chest

Extremity Right Left
Specify: _____

Pelvis

Renal

CT Venography: _____

DEXA Scan

Bone Density Scan (with FRAX score)

Ultrasound

Abdomen
 Complete
 Limited: _____

Aorta

Arterial Doppler/Duplex
 Carotids
 RUE (Right Upper Extremity)
 LUE (Left Upper Extremity)
 LE (Lower Extremity – Bilateral)

Breast
 Bilateral Right Left

Liver Duplex

Musculoskeletal
Specify: _____

OB
 1st Trimester (Dating/Viability)
 2nd Trimester (Fetal Anatomy)
 3rd Trimester (Growth/AVI)
 BioPhysical Profile
 OB Limited

Pelvis (Transvaginal if indicated)

Pelvis (Male)

Renal Bladder

Scrotum

Soft Tissue: _____

Thyroid

Venous Doppler: Lower Extremity
 Right Left Bilateral

Venous Doppler: Upper Extremity
 Right Left Bilateral

Other: _____

PET/CT

Oncology

Brain FDG Brain Amyvid

Myocardial FDG Bone Fluoride Scan

Other: _____

Muculoskeletal Procedures

Injections
 Facet Joint
 Cervical Lumbar Thoracic
 Joint: _____
 Tenotomy: _____

Platelet Rich Plasma: _____

Drainage/Aspiration: _____

Soft Tissue Biopsy: _____

Other Interventional: _____

Neurological Procedures

Lumbar Puncture
 Obtain pressure: opening closing

Lumbar Puncture for NPH
(Normal Pressure Hydrocephalus)

CT Myelogram
 Cervical Lumbar Thoracic

X-Ray

	Right Left
<input type="checkbox"/> Abdomen: Supine & Upright	
<input type="checkbox"/> Abdomen: AP (KUB)	
<input type="checkbox"/> Cervical:	
<input type="checkbox"/> Routine (5 views)	
<input type="checkbox"/> 5 views plus flexion & extension	
<input type="checkbox"/> Only AP and Lat	
<input type="checkbox"/> Chest: <input type="checkbox"/> Routine (2 views) <input type="checkbox"/> Only PA	
<input type="checkbox"/> Extremity: _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Head	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Orbits	
<input type="checkbox"/> Sinuses (Paranasal)	
<input type="checkbox"/> Skull	
<input type="checkbox"/> Knee:	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Routine (2 views)	
<input type="checkbox"/> 3 views	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Lumbar:	
<input type="checkbox"/> Routine (5 views)	
<input type="checkbox"/> 5 views plus flexion & extension	
<input type="checkbox"/> Only AP and Lat	
<input type="checkbox"/> Pelvis: AP	
<input type="checkbox"/> Ribs (with PA Chest)	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Thoracic Spine	
<input type="checkbox"/> Other: _____	

For All Patients

- If you've had a prior scan to the part of the body we are to scan, please bring the prior images (preferably on CD) with you to your appointment.
- If possible, wear clothing without metal.
- Women of childbearing years, let our staff know if there is any chance you may be pregnant or if you're breastfeeding.
- Arrive 15 minutes prior to your scheduled appointment to complete the paperwork.
- Bring your exam order, your insurance card(s) and photo identification.
- We require a minimum notice of 4 business hours for all appointment cancellations or schedule changes or a \$50 fee will be charged to your account.

How to Prepare for your MRI

- MRI with contrast: fast for 2 hours prior.
- Abdomen or Pelvis MRI: fast for 4 hours prior.
- Let our staff know in advance if you have a pacemaker, non-coronary stent, prosthesis, surgical clips, metal implants, or any other metal objects in your body. Some implants, can be negatively affected by an MRI exam. You are not permitted to enter the MRI room if you have a pacemaker.
- Let our staff know if you work or have worked around metal finishing or grinding equipment. This is particularly important if you have had metal particles get into or removed from your eyes. You will need an Orbital X-ray to clear you for metal prior to your MRI exam.
- Prostate MRI: Patients must avoid sexual intercourse for 24-48 hours minimum. Otherwise, the seminal vesicles cannot be viewed. No food on the day of the exam and only clear liquids from noon the day before. Patients can purchase a Fleet enema (Available at all pharmacies. No prescription is needed. Can be found in the laxative section of the pharmacy.) and administer it the evening before the MRI study. Plan to arrive 45 minutes prior to the exam to allow time for completely emptying the bowels. Patients with severe renal failure should not use the enema.

How to Prepare for your CT

- Calcium Scoring: No caffeine or nicotine 2 hours prior to the exam.
- Depending on the part of the body being scanned, you may have oral or IV contrast. There may be additional preparations for your CT as well. Our Patient Coordinators will discuss the preparations at the time you schedule your appointment.

How to Prepare for your DEXA

- Refrain from taking any calcium supplements or osteoporosis medication 48 hours prior.

IV Contrast MRI and CT Patients with one or more of the following risk factors must have their creatinine checked no more than 6 weeks before the exam.

- Age 65 years old or greater
- History of renal disease, solitary kidney, kidney transplant or kidney tumor
- History of severe liver disease, liver transplant or pending liver transplant
- Diabetes treated with insulin or other medications
- High-blood pressure that is not controlled by medication

How to Prepare for your Ultrasound

- Abdomen (Gallbladder, Liver)
 - a.m. appointment: Nothing to eat or drink after midnight before the exam.
 - p.m. appointment: Liquid breakfast. No food or drink 6 hours before the exam.
- OB 26 weeks and over: No prep required.
- OB up to 25 weeks: Drink 16-ounces of water one hour prior to the exam. Do not empty your bladder.
- Pelvic: Drink 16-ounces of water one hour prior to the exam. Do not empty your bladder.
- Renal/Bladder: Drink 16-ounces of water one hour prior to the exam. Do not empty your bladder.

How to Prepare for your PET/CT Prep

- No food or drink (other than water) 4 hours prior (including tea, coffee, gum, breath mints, cough drops, hard candy or anything that may contain sugar).
- A high protein, low carbohydrate diet is recommended for 24 hours prior to increase the quality of the PET/CT images.
- No strenuous exercise 24 hours prior.
- Take medications as scheduled prior if they are tolerated on an empty stomach.
- Allow 2 hours for the appointment. For the scan itself, you must be able to lay still and mostly flat for approximately 30 minutes.

Diabetics:

- Do not take insulin the day of the exam. If needed, contact your clinician for specific instructions for controlling your glucose due to this restriction.
- Oral diabetes medication can be taken with water only.

Other Locations:

Nearby locations that offer **3T MRI** and **MSK Ultrasound** include:

- Olney | 301.260.2971
- Germantown | 240.397.6674
- Greenbelt | 301.464.6400
- Foxhall: Washington, DC | 202.966.0606

Nearby location that offers **Open MRI**: • Silver Spring | 301.495.4674

View our full list of locations at www.ProgressiveRadiology.com.

Please be aware that the exams offered vary per location.



5500 Knoll North Drive • Suite 190 • Columbia, Maryland 21045

T | 443.917.2700 • F | 410.415.1418

www.ProgressiveRadiology.com

