IMAGING REQUEST FORM

PROGRESSIVE RADIOLOGY
Exceptional Service ◆ Every Time

HAGERSTOWN
1185 Imperial Drive, Suite 100, Hagerstown, MD 21740
Phone 301-733-1477 • Fax 301-733-7758
Toll Free: 1-800-325-6736

DATE: _____

❑ **STAT!** (CELL NUMBER TO CALL) _____ **EXPLAIN:** _____

Patient Name _____
DOB _____ Male or Female
Phone _____ Cell _____
Height _____ Weight _____
Primary Insurance _____
Policy Holder _____
ID # _____ Group # _____
Pre-authorization # _____

Worker's Comp _____
Adjuster Name _____
Adjuster Phone _____
Date of Injury _____

Secondary Insurance _____
Policy Holder _____
Pre-authorization # _____
ID # _____ Group # _____

**** Diagnosis / Indications** _____ Patient Claustrophobic? Y N

***Labs for CT/MRI (i.e. Bun/Creatinine and GFR) need to be up-to-date within 6 weeks of exam and received prior to date of scan**

MRI

❑ **Non-contrast** ❑ **With Contrast**

- ❑ BRAIN
- ❑ CERVICAL SPINE
- ❑ THORACIC SPINE
- ❑ LUMBAR SPINE
- ❑ ABDOMEN
- ❑ PELVIS
- ❑ MRA _____
- ❑ SHOULDER (L or R)
- ❑ WRIST (L or R)
- ❑ HAND (L or R)
- ❑ HIP (L or R)
- ❑ KNEE (L or R)
- ❑ ANKLE (L or R)
- ❑ FOOT (L or R)
- ❑ OTHER (specify) _____

CT SCAN

IVContrast ❑ **With** ❑ **Without** ❑ **With & Without**

- ❑ ABDOMEN/PELVIS ❑ Oral Constrast
- ❑ ABDOMEN ONLY ❑ Oral Constrast
- ❑ SINUS
- ❑ CHEST
- ❑ BRAIN
- ❑ CTA: BODY PART _____
- ❑ L-SPINE
- ❑ SOFT-TISSUE NECK
- ❑ OTHER (specify) _____

ULTRASOUND

- ❑ THYROID
- ❑ CAROTID DUPLEX
- ❑ ABDOMEN ❑ Limited ❑ Complete
- ❑ PELVIC ❑ Transabdominal ❑ Transvaginal
- ❑ RENAL/BLADDER
- ❑ VENOUS DOPPLER (L or R)
- ❑ SCROTUM
- ❑ OTHER (specify) _____

DIGITAL X-RAY

- ❑ CHEST
- ❑ CERVICAL SPINE
- ❑ THORACIC SPINE
- ❑ LUMBAR SPINE
- ❑ ABDOMEN 1 VIEW
- ❑ PELVIS & HIP (L or R)
- ❑ SHOULDER (L or R)
- ❑ HAND (L or R)
- ❑ WRIST (L or R)
- ❑ KNEE (L or R)
- ❑ ANKLE (L or R)
- ❑ FOOT (L or R)
- ❑ OTHER _____

Requested By _____ Phone _____

Provider's Signature _____ (to include orbital x-ray if needed)

Appointment Date _____ Time _____

"Exceptional Service Every Time"

PATIENT INSTRUCTIONS

Please arrive at the center 20 minutes prior to your exam

- **MRI**
  All Studies: No jewelry, hair accessories, make-up or hair spray.
  Please inform us of the presence of the following: pacemaker, ear implants, implanted device for pain control, aneurysm clips, metal in the body, worked with metal in the past, or if you are pregnant or breastfeeding.
- **ARTHROGRAMS**
  No blood thinners 1 week prior to exam
- **CAT SCAN**
  With Contrast **(a.m. appointment):** Nothing to eat or drink after midnight before the exam
  (p.m. appointment): Nothing to eat or drink 3 hours before the exam
  Without Contrast: No prep required.
- **ULTRASOUND**
  Abdomen **(a.m. appointment):** Nothing to eat or drink after midnight before the exam
  (p.m. appointment): Liquid breakfast allowed; no food or drink before the exam
  Pelvis: Drink 32 oz water 1 hour prior to exam. **Do NOT empty bladder.**
  Renal US and/or Pregnancy US: Drink 16 oz water 1 hour prior to exam. **Do NOT empty bladder.**

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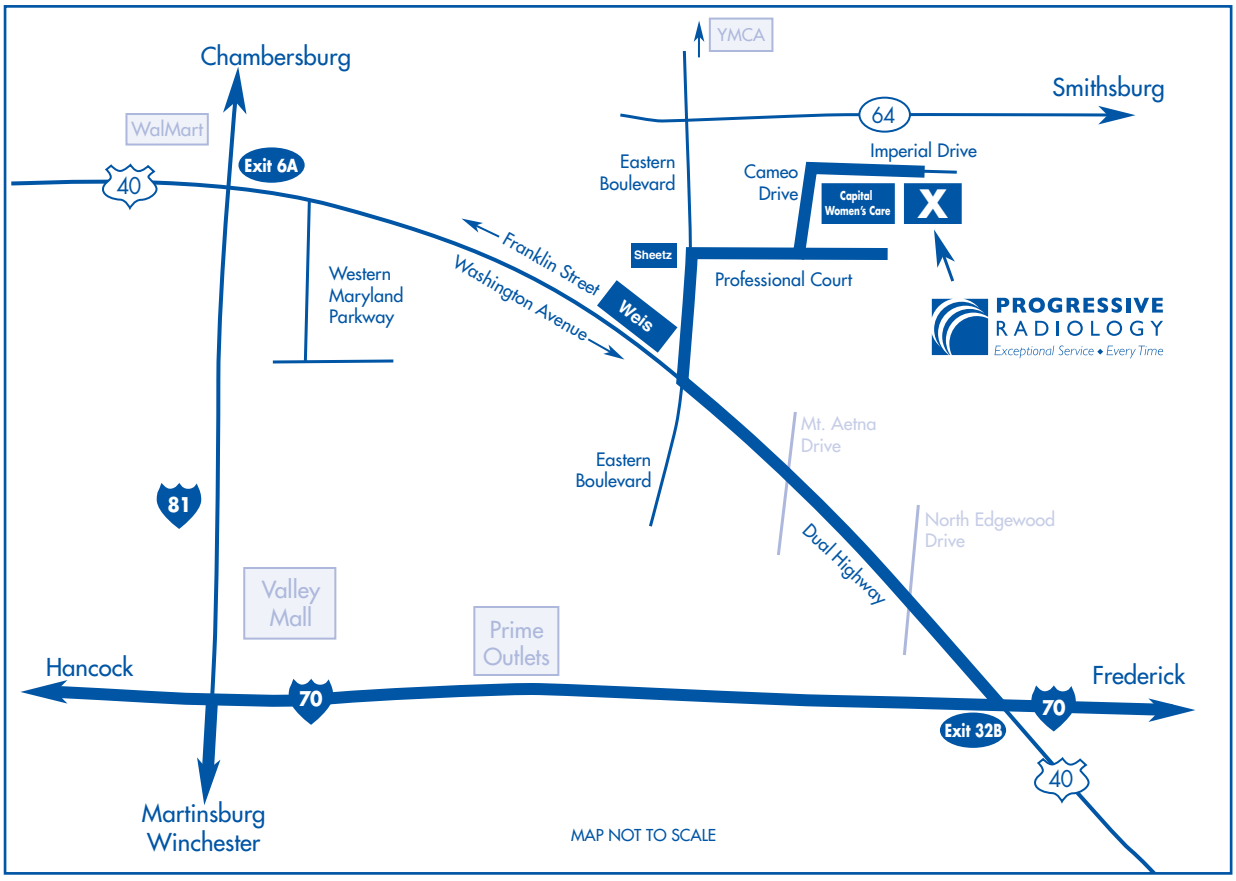

Directions:

Take exit 32B (Rt. 40 west) off of
Rt. 70. Follow for 2.7 miles and take right turn onto Eastern Blvd. Follow for .5 mile (Sheetz on left) and turn right onto Professional Ct. then left onto Cameo Dr., then right onto Imperial Drive. Location on the right.