IMAGING REQUEST FORM

PROGRESSIVE RADIOLOGY
Exceptional Service ◆ Every Time

WEST:
17 Western Maryland Pkwy, Suite 101
Hagerstown, MD 21740

EAST:
1185 Imperial Drive, Suite 100
Hagerstown, MD 21740

Phone 301-733-1477 • Toll Free: 1-800-325-6736 • Fax 301-733-7758

Select from the following:
- ❑ High Field OPEN MRI
- ❑ High Field (3T or 1.5T) MRI
- ❑ Magnetic Resonance Angiography (MRA)
- ❑ CAT Scan
- ❑ Ultrasound
- ❑ X-Ray (Digital)

❑ FAX STAT REPORT ❑ CALL STAT REPORT PHONE_____ ❑ PATIENT TO RETURN WITH CD

Patient Name_____ Primary Insurance_____

Date _____ DOB _____ Policy Holder_____

Phone _____ Cell _____ ID #_____ Group # _____

Height_____ Weight _____ Other_____

Diagnosis / Indications _____

***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**

MAGNETIC RESONANCE IMAGING

❑ Non-Contrast ❑ Contrast

- ❑ HEAD (Gen. Study)
  - ❑ Brain Stem
  - ❑ IACs
  - ❑ Orbits
  - ❑ Pituitary
  - ❑ Posterior Fossa
  - ❑ Sinuses
  - ❑ TMJ
- ❑ CERVICAL SPINE
- ❑ THORACIC SPINE
- ❑ LUMBAR SPINE
- ❑ NECK (Soft Tissue)
- ❑ CHEST
- ❑ ABDOMEN
- ❑ PELVIS
- ❑ PROSTATE
- ❑ ARTHROGRAM
- ❑ KNEE LEFT RIGHT BILAT
- ❑ HIP LEFT RIGHT BILAT
- ❑ SHOULDER LEFT RIGHT BILAT
- ❑ ANKLE LEFT RIGHT BILAT
- ❑ FOOT LEFT RIGHT BILAT
- ❑ EXTREMITY: LEFT RIGHT BILAT
- ❑ OTHER JOINT:
- ❑ THIGH LEFT RIGHT BILAT
- ❑ LOWER LEG LEFT RIGHT BILAT
- ❑ HUMERUS LEFT RIGHT BILAT
- ❑ FOREARM LEFT RIGHT BILAT
- ❑ BREAST with/without Contrast
- ❑ BREAST No Contrast

MRA ANGIOGRAPHY
- ❑ CAROTIDS
- ❑ CIRCLE OF WILLIS
- ❑ OTHER:

❑ OTHER (specify) _____

CT SCANNING

- ❑ CHEST
- ❑ ABDOMEN
- ❑ PELVIS
- ❑ NECK (Soft Tissue)
- ❑ EXTREMITY (specify) _____
- ❑ OTHER (specify) _____
- ❑ HEAD
- ❑ ORBITS
- ❑ SINUSES
- ❑ TEMPORAL BONES
- ❑ CTA
- ❑ CERVICAL SPINE
- ❑ LUMBAR SPINE
- ❑ THORACIC SPINE

Specify Level: _____

CONTRAST

ORAL	IV
❑ Yes	❑ Yes
❑ No	❑ No
	❑ Per Rad.

ULTRASOUND

- ❑ ABDOMINAL
- ❑ AORTA
- ❑ PELVIC
- ❑ TRANSVAGINAL
- ❑ PANCREAS
- ❑ LIVER
- ❑ THYROID
- ❑ OB
- ❑ GALL BLADDER
- ❑ KIDNEYS
- ❑ TESTES
- ❑ BREAST ❑ R ❑ L

❑ OTHER (specify) _____

VENUS DOPPLER
- ❑ LOWER EXTREMITY Left, Right, Bilateral
- ❑ UPPER EXTREMITY Left, Right, Bilateral

ARTERIAL DOPPLER
- ❑ ABI LOWER EXTREMITY Left, Right, Bilateral
- ❑ ABI UPPER EXTREMITY Left, Right, Bilateral

DIGITAL DIAGNOSTIC X-RAY

❑ PLEASE INDICATE PROCEDURE

Special Instructions_____

_____

Requested By _____ Phone _____

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

Appointment Day_____ Time _____

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PATIENT INSTRUCTIONS

Please arrive at the center 15 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, aneurism clips, metal in the body, worked with metal in the past, or if you are pregnant.
- **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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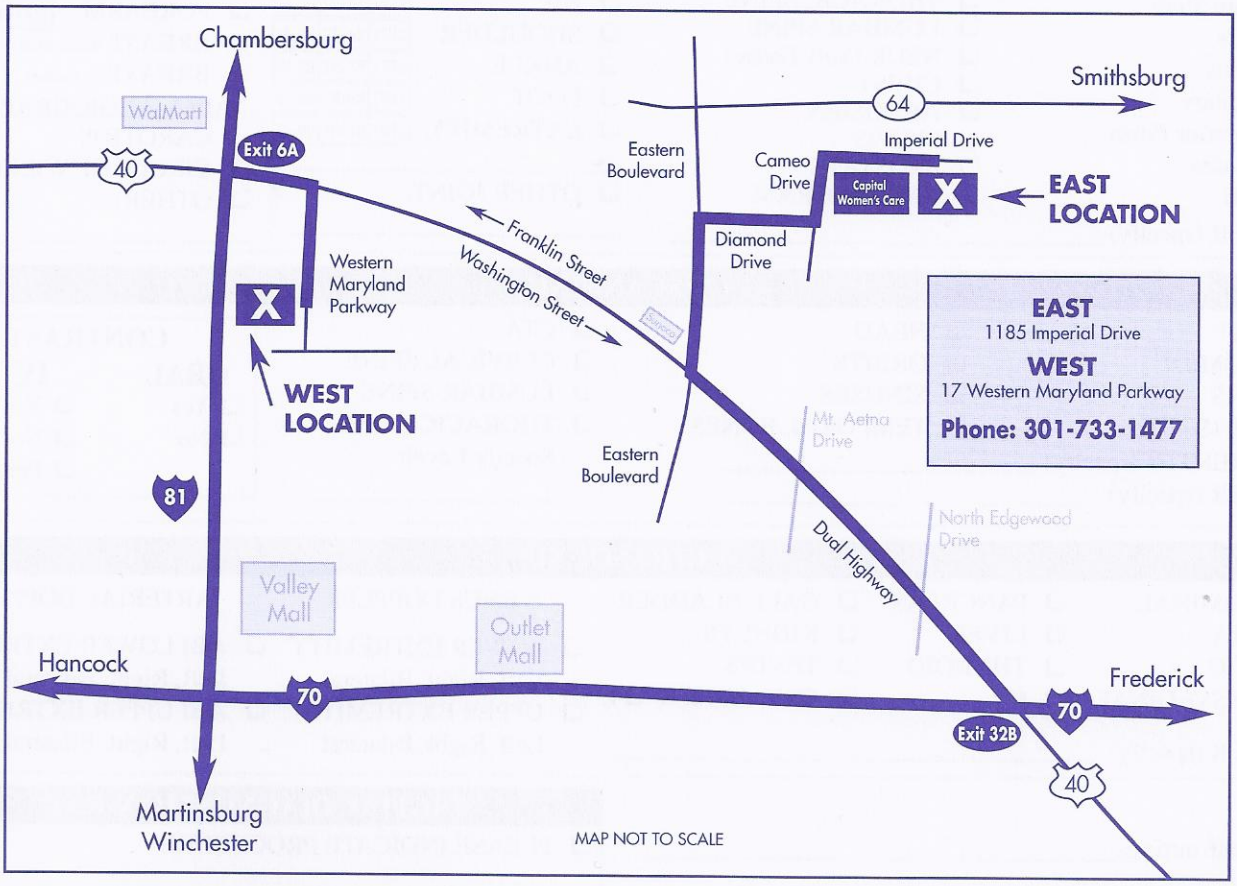

Directions to WEST location:

Take exit 6A (Rt. 40 east) off of Rt. 81. Take first right turn onto Western Maryland Parkway. Stay for approx. 1/2 mile. Location on the right.

Directions to EAST location:

Take exit 32B (Rt. 40 west) off of Rt. 70. Follow for 2.7 miles and take right turn onto Eastern Blvd. Follow for .6 mile and take right turn onto Diamond Dr., then left onto Cameo Dr., then right onto Imperial Drive. Location on the right.