

PATIENT INFORMATION

PLEASE BRING ALL INSURANCE INFORMATION WITH YOU ON THE DAY OF THE EXAM.

PATIENT NAME _____ DATE OF BIRTH _____
 DATE OF EXAM _____ TIME OF EXAM _____ PATIENT'S PHONE: () _____
 PHONE REPORT TO _____
 FAX REPORT TO _____
 ADDITIONAL REPORT TO _____
 SEND FILMS TO _____
 CHIEF COMPLAINT/WORKING DIAGNOSIS _____
 PRIOR STUDIES NO YES If Yes, Please Indicate: _____
 ALLERGIES NO YES If Yes, Please Indicate: _____

ROUTINE X-RAYS

SKULL SINUS _____ SPINE (LEVEL) _____
 CHEST EXTREMITY _____
 ABDOMEN SERIES _____
 ABDOMEN (KUB) _____ OTHER _____

FLUOROSCOPY

ESOPHAGRAM I.V.P. ARTHROGRAM (AREA) _____
 UPPER G.I. SERIES V.C.U.G. MYELOGRAM (LEVEL) _____
 SMALL BOWEL SERIES HYSTEROSALPINGOGRAM OTHER _____
 BARIUM ENEMA WITH AIR _____

ULTRASOUND

ABDOMEN - COMPLETE LIMITED PELVIS (TV IF INDICATED) CAROTID
 ABDOMEN (W/DOP) PELVIS TRANSABDOMINAL ONLY PERIPHERAL ARTERIAL VENOUS
 AORTA / RETROPERITONEAL OB (TV IF INDICATED) L R
 RENAL (KIDNEYS) - W/BLADDER THYROID
 TESTICULAR BIOPSY _____ OTHER _____

NUCLEAR MEDICINE / PET/CT (Please use PET/CT Order Form)

BONE SCAN THYROID SCAN P.E.T
 ___ WHOLE BODY ___ LIMITED ___ 3 PHASE ___ W/O UPTAKE OTHER _____
 BONE SPECT GALLBLADDER (HIDA)
 LIVER/SPLEEN SCAN ___ W/O CCK

COMPUTED TOMOGRAPHY (C.T.) W/CONTRAST W/O CONTRAST

BRAIN/HEAD PARANASAL SINUS EXTREMITY
 ORBITS POSTERIOR FOSSA/IAC LUMBAR SPINE (LEVEL) _____
 CHEST ABDOMEN & PELVIS
 PELVIS ABDOMEN (DOES NOT INCLUDE PELVIS) OTHER _____
 BIOPSY _____

M.R.I. HIGH FIELD OPEN W/CONTRAST W/O CONTRAST

PITUITARY ABDOMEN SHOULDER L R **MR ANGIOGRAM**
 TMJ PELVIS HIPS BRAIN
 BRAIN/HEAD SPINE (LEVEL) KNEE L R CAROTID (NECK)
 POSTERIOR FOSSA/I.A.C. OTHER EXTREMITY (AREA) _____ OTHER _____

WOMEN'S IMAGING

MAMMOGRAPHY

UNILATERAL L R IMPLANTS
 SCREENING TOMOSYNTHESIS/3D
 DIAGNOSTIC (ULTRASOUND IF INDICATED) BONE DENSITOMETRY (DEXA)
 BREAST ULTRASOUND L R BREAST NEEDLE LOCALIZATION
 STEREOTACTIC BREAST BIOPSY
 ULTRASOUND BREAST BIOPSY

PHYSICIAN'S SIGNATURE _____

DATE _____



TWENTY-FOUR HOURS (24) NOTICE IS REQUIRED FOR CANCELLATION OF APPOINTMENTS.

PATIENT PREPARATION INSTRUCTIONS

PLEASE BRING ALL INSURANCE INFORMATION WITH YOU ON THE DAY OF THE EXAM.

PLEASE NOTIFY MODESTO ADVANCED IMAGING CENTER IF YOUR PATIENT IS PREGNANT.
PATIENT MAY TAKE NECESSARY HEART OR BLOOD PRESSURE MEDICATIONS WITH A SIP OF WATER AT ROUTINE TIMES BEFORE ANY EXAM.

EXAMINATION PREPARATIONS

CALL MODESTO ADVANCED IMAGING CENTER IF YOU HAVE ANY QUESTIONS.

ULTRASOUND RENALS/KIDNEYS

Drink three (3) eight (8) ounce glasses of water 30 minutes prior to exam. Empty bladder as necessary.

BARIUM ENEMA

Report to Modesto Advanced Imaging Center at least two days before your examination for instructions and materials.

UPPER G.I./I.V.P./ULTRASOUND OF THE ABDOMEN OR GALLBLADDER

Light evening meal (broth, jello, toast, etc.) with NO dairy products the night before the examination. Nothing by mouth, no gum chewing or smoking after midnight until the exam is completed.

ULTRASOUND OF PELVIS OR OBSTETRICS (OB)

Drink four (4) eight (8) ounce glasses of water one hour before your examination and DO NOT URINATE. IMPORTANT ALL WATER MUST BE CONSUMED 1 HOUR BEFORE EXAM.

MAMMOGRAPHY

No powders, perfumes or deodorants on breast or underarm area after morning shower on day of exam.

MYELOGRAM

Patient may call Modesto Advanced Imaging Center's nurse at (209) 524-6800 prior to exam to ask any questions.

CT SCAN OF THE HEAD

Nothing to eat or drink four hours prior to your exam.

CT SCAN OF THE ABDOMEN/PELVIS

Call Modesto Advanced Imaging Center the day before your examination for instructions and materials.

M.R.I.

No patients with pacemakers or neurostimulators. No patients with metal clips in the head. Patients with possibility of metallic foreign body in eye to notify technologist. Adults may eat and take medications.

IF YOU HAVE EVER DONE WELDING OR GRINDING WITH METAL, PLEASE CALL MODESTO ADVANCED IMAGING CENTER IMMEDIATELY.

DEXA

No Calcium Supplements 48 hours prior to exam.

MODESTO ADVANCED IMAGING CENTER

LOCATED AT 157 EAST COOLIDGE AVENUE IN MODESTO

