HUNT REGIONAL HEALTHCARE • HRMC • C-EMC • Q-EMC

PATIENT IDENTIFICATION

THE IMAGING CENTER EXAM REQUEST

FAX: 903-408-5019 SCHEDULING: 903-408-5010

PATIENT LEGAL NAME	AGE	DATE OF BIRTH	SCHEDULED TEST DATE/TIME AM PM	PATIENT PHONE H: C:

REASON FOR EXAM (SIGNS, SYMPTOMS, DIAGNOSIS) AND/OR SPECIAL INSTRUCTIONS:

The Diagnostic Imaging Department will have the patient sign an ABN if this order does not include an appropriate diagnosis, sign, symptom or reason for exam.
I attest that either the above diagnosis, reason for exam or patient signs and symptoms establishes medical necessity for the services offered.

PRINT NAME OF ORDERING CLINICIAN:	SIGNATURE	DATE	TIME

HEAD / NECK
- ❑ SKULL
- ❑ FACIAL BONES
- ❑ NASAL BONES
- ❑ SINUSES SERIES
- ❑ OTHER: ________________

CHEST / ABDOMEN
- ❑ CHEST PA & LAT
- ❑ RIBS ❑ L ❑ R
- ❑ RIBS w/PA CHEST ❑ L ❑ R
- ❑ ABDOMEN - (SUPINE AND UPRIGHT)
- ❑ ACUTE ABD SERIES
- ❑ KUB
- ❑ OTHER:__________

UPPER EXTREMITY
- ❑ L CLAVICLE ❑ R
- ❑ L SHOULDER ❑ R
- ❑ L HUMERUS ❑ R
- ❑ L ELBOW ❑ R
- ❑ L FOREARM ❑ R
- ❑ L WRIST 3 v ❑ R
- ❑ L HAND 3 v ❑ R
- ❑ L FINGER___ ❑ R
- ❑ L THUMB ❑ R
- ❑ OTHER:__________

LOWER EXTREMITY
- ❑ L HIP 2 v ❑ R
- ❑ L FEMUR ❑ R
- ❑ L KNEE 2 v ❑ R
- ❑ L KNEE 3 v ❑ R
- ❑ L TIBIA/FIBULA ❑ R
- ❑ L ANKLE 3 v ❑ R
- ❑ L FOOT 3 v ❑ R
- ❑ L OS CALCIS ❑ R
- ❑ L TOE _____ ❑ R
- ❑ OTHER:__________

SPINE / PELVIS
- ❑ CERVICAL 3 v
- ❑ CERVICAL 5 v
- ❑ THORACIC 2 v
- ❑ LUMBAR 3 v
- ❑ LUMBAR 5 v
- ❑ PELVIS - COMPLETE
- ❑ PELVIS - AP ONLY
- ❑ SACRUM - COCCYX
- ❑ SCOLIOSIS STANDING
- ❑ OTHER:______________

BONE SURVEY
- ❑ BONE AGE - LT. HAND
- ❑ METASTATIC
- ❑ PEDIATRIC

THE PROCEDURES LISTED BELOW MUST BE SCHEDULED IN ADVANCE BY CALLING: 903-408-5010
EXAM PREPARATIONS ARE LISTED ON THE BACK

GASTROINTESTINAL
- ❑ BARIUM SWALLOW
- ❑ MOD BA SWALLOW w/SPEECH PATH
- ❑ UPPER GI w/AIR
- ❑ SMALL BOWEL
- ❑ BARIUM ENEMA w/AIR
- ❑ OTHER:________________

GENITOURINARY
- ❑ CYSTOGRAM-STATIC
- ❑ CYSTOGRAM-VOIDING
- ❑ RETROGRADE URETHROGRAM
- ❑ IVP w/TOMOGRAMS
- ❑ OTHER:________________

SPECIAL STUDIES
- ❑ HYSTEROSALPINGOGRAM
- ❑ ARTHROGRAM SPECIFY:________________
- ❑ OTHER:________________

BONE DENSITY / MAMMOGRAPHY
- ❑ SCREENING (can use screen dx only)
- ❑ DIAGNOSTIC BILATERAL (must provide dx)
- ❑ UNILATERAL ❑ L ❑ R
- ❑ OTHER:________________
- ❑ BONE DENSITY SPINE/HIP (DEXA)

ULTRASOUND
- ❑ ABDOMEN COMPLETE
- ❑ ABDOMEN LIMITED
- ❑ AORTA
- ❑ LIVER
- ❑ GALLBLADDER
- ❑ GRADED COMPRESSION (APPENDIX)
- ❑ PANCREAS
- ❑ RENAL
- ❑ URINARY BLADDER
- ❑ BREAST ❑ L ❑ R
- ❑ PELVIS
- ❑ OB PREGNANCY
- ❑ BIOPHYSICAL PROFILE
- ❑ PROSTATE
- ❑ SCROTUM
- ❑ SUPERFICIAL LESION SPECIFY:________________
- ❑ THYROID
- ❑ OTHER:________________

VASCULAR
- ❑ ABDOMINAL DOPPLER SPECIFY:________________
- ❑ CAROTID DOPPLER
- ❑ IMPOTENCE STUDY
- ❑ ARTERIAL EVALUATION ❑ ARM ❑ LEG
- ❑ BIL VENOUS EVALUATION ❑ ARM ❑ LEG
- ❑ UNIL VENOUS EVALUATION ❑ ARM ❑ LEG ❑ L ❑ R
- ❑ ANKLE BRACHIAL INDEX
- ❑ OTHER:________________

MRI
- ❑ HEAD ❑ w/o ❑ BOTH
- ❑ BRAIN WITH DIFFUSION
- ❑ PITUITARY
- ❑ ORBITS
- ❑ IACs
- ❑ TMJs
- ❑ SOFT TISSUE NECK
- ❑ CERVICAL SPINE
- ❑ THORACIC SPINE
- ❑ LUMBAR SPINE
- ❑ CHEST / THORAX
- ❑ CARDIAC VIABILITY w/FUNCTION
- ❑ CARDIAC FUNCTION
- ❑ ABDOMEN
- ❑ LIVER
- ❑ RENAL
- ❑ PELVIS
- ❑ UPPER EXTREMITY SPECIFY:________________
- ❑ LOWER EXTREMITY SPECIFY:________________
- ❑ OTHER:________________

MR ANGIO
- ❑ HEAD (circle of Willis)
- ❑ NECK (carotid)
- ❑ CHEST / THORAX
- ❑ AORTA
- ❑ MR CHOLANGIOGRAM
- ❑ CORONARY
- ❑ RENAL
- ❑ LOWER EXTREMITY RUNOFF
- ❑ OTHER:________________

COMPUTED TOMOGRAPHY
- ❑ HEAD ❑ w/o ❑ w
- ❑ SINUSES
- ❑ ORBITS ❑ w/o ❑ w
- ❑ FACIAL BONES
- ❑ TEMPORAL BONES ❑ w/o ❑ w
- ❑ SOFT TISSUE NECK ❑ w/o ❑ w
- ❑ CHEST ❑ w/o ❑ w
- ❑ CHEST PE PROTOCOL
- ❑ HIGH RESOLUTION LUNG
- ❑ ABD & PELVIS ❑ w/o ❑ w
- ❑ ABDOMEN ❑ w/o ❑ w
- ❑ PELVIS ❑ w/o ❑ w
- ❑ RENAL STONE PROTOCOL ❑ w/o ❑ w
- ❑ KIDNEYS
- ❑ ADRENALS ❑ w/o ❑ w
- ❑ CERVICAL SPINE ❑ w/o ❑ w LEVEL:________________
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- ❑ UPPER EXTREMITY SPECIFY:________________
- ❑ LOWER EXTREMITY SPECIFY:________________
- ❑ CT ANGIO w / 3D SPECIFY:________________ OTHER:________________

NUCLEAR MEDICINE
- ❑ BONE SCAN WHOLE BODY
- ❑ BONE SCAN LIMITED
- ❑ BONE SCAN 3 PHASE
- ❑ BONE SCAN SPECT
- ❑ CARDIAC STRESS TEST SPECIFY:________________
- ❑ MUGA
- ❑ GASTRIC EMPTYING
- ❑ GI BLEED
- ❑ HEPATOBILIARY w / EF
- ❑ LIVER AND SPLEEN SCAN
- ❑ LIVER (hemangioma)
- ❑ LUNG SCAN (VQ)
- ❑ ** I123 THYROID / UPTAKES
- ❑ PARATHYROID IMAGING
- ❑ RENAL SCAN SPECIFY:________________
- ❑ GALLIUM SCAN - TUMOR
- ❑ GALLIUM SCAN - INFECTION
- ❑ WBC SCAN - INFECTION
- ❑ OTHER:________________

PET
SCHEDULING LINE 1-800-500-4014
- ❑ WHOLE BODY
- ❑ SKULL BASE TO THIGH
- ❑ LIMITED AREA
- ❑ BRAIN (ALZ OR SEIZURE)
- ❑ CARDIAC VIABILITY MYOCARDIAL SINGLE ❑ REST ❑ STRESS
- ❑ MYOCARDIAL MULTIPLE STUDIES REST AMD STRESS

PLEASE BRING THIS FORM WITH YOU

Please follow these instructions carefully. Failure to follow these may result in the need to reschedule your exam. There are different preparations for children; please call the Imaging Center at 903-408-5010 for instructions or any questions.

If you are unable to keep your appointment, please call 903-408-5010.

- ❑ **Barium Enema:** 5:30 pm - One 8 oz. glass of water with clear liquid evening meal; 6:00 pm - Magnesium citrate, 10 oz. bottle; 7:00 pm - One 8 oz. glass of water; 8:00 pm - Three Dulcolax tablets with 8 oz. of water; 9:00 pm - One 8 oz. glass of water; 12:00 midnight - Nothing by mouth after midnight until test is completed; 6:00 am - Dulcolax suppository. This exam takes about one hour. After the test, drink plenty of water along with food you normally eat.
- ❑ **Bone Scan:** Drink 16 oz. of fluids before the appointment. This is a two (2) part study. PART 1 is an injection in a vein in your arm. PART 2 is the Imaging (Scan) two (2) hours after injection.
- ❑ **Bone Densitometry (DEXA):** Other studies requiring barium or isotope injections may not be done on the same day. Please wear clothing with elastic waistband; no jeans or metallic decoration at the waist.

CT EXAMS WITH IV CONTRAST REQUIRE THE PATIENT TO HAVE HAD A CREATININE LAB TEST WITHIN SEVEN (7) DAYS OF THE SCHEDULED PROCEDURE.

- ❑ **CT Biopsy / CT Chest (including PE protocol) / CT Abdomen / CT Angio:** You may have a light meal 4 hours prior to your appointment, then nothing by mouth. Take medications as usual.
- ❑ **CT Abdomen:** For CT Abdomen, please pick up liquid oral contrast before your appointment day, or come **ONE** hour prior to your appointment to consume the contrast material. Patients with allergies to iodine or shellfish cannot receive contrast. Take medications as usual.
- ❑ **CT Pelvis:** Please pick up liquid oral contrast material a day or so before your appointment at HRMC Outpatient Reception, or come to the department TWO (2) hours prior to your appointment to take the contrast material. Follow the CT Abdomen prep (above) for medications and meals. Drink 1st bottle of contrast two (2) hours prior; drink 2nd bottle of contrast one (1) hour prior to scheduled exam. Takes about one half hour.
- ❑ **Esophagram / Upper GI / Small Bowel Study:** Light supper the day before the exam. Nothing to eat or drink (including water) after 12:00 midnight prior to exam. Esophagram and Upper GI studies usually take less than an hour. Small Bowel exam may take several hours.
- ❑ **Hepatobiliary Imaging:** No medications; NO Morphine or Demerol prior to the study. Patient must bring previous studies of Gallbladder either XRAY or ultrasound if these studies were NOT done at HRMC. Nothing by mouth six (6) hours prior to the exam. Patients are encouraged to bring an iPod or a favorite CD to listen to while getting their scan.
- ❑ **Gastric Emptying Scan:** Discontinue eating six (6) hours before the exam.
- ❑ **I123 Thyroid Uptake and Scan:** THIS IS A TWO (2) DAY, THREE PART EXAM. Discontinue Synthroid meds x 14 days. No x-ray iodine contrast and desiccated thyroid medication x 6 weeks. Nothing to eat eight (8) hours prior to exam. No Iodinated supplements taken within seven (7) days prior to the exam.
- ❑ **Intravenous Pyelogram:** 5:00 pm - Light evening meal; 6:00 pm - 4 oz. of Milk of Magnesia. Nothing by mouth after midnight. Patients with allergies to iodine or shellfish cannot receive contrast. Diabetic patients stop Glucophage intake for 48 hours after the exam. Must have had a Creatinine test within seven (7) days prior to the exam.
- ❑ **Mammograms:** Do not use powder, deodorant, cream or perfume on your underarms or breasts since these may interfere with the study. Please bring prior mammograms or information to send for these. Wear a two piece outfit.
- ❑ **MR Cholangiogram (MRCP):** Nothing to eat after midnight.
- ❑ **OB Ultrasound:** Requires a full bladder. Drink 16 oz. of liquids 30-60 minutes before the exam. Do Not Urinate until after the exam. Children may not accompany you into the exam room. If you must bring children with you, we would appreciate it if they were accompanied by another adult to stay with them in the waiting area. This exam usually takes one hour.
- ❑ **Prostate Ultrasound:** Cleansing enema 1-2 hours before exam. Empty your bladder just prior to exam. This exam takes about one half hour.
- ❑ **Renal, Urinary Bladder Ultrasound:** Drink 12 oz. of water one hour before exam. Please do not empty bladder within 30 minutes of the exam.
- ❑ **Ultrasound Abdomen, Aorta, Liver, Pancreas or Gallbladder:** Nothing to eat or drink 8 hours prior to exam.

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- ❑ SCROTUM
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MR ANGIO
- ❑ HEAD (circle of Willis)
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COMPUTED TOMOGRAPHY
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- ❑ CERVICAL SPINE ❑ w/o ❑ w LEVEL:________________
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NUCLEAR MEDICINE
- ❑ BONE SCAN WHOLE BODY
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- ❑ GALLIUM SCAN - INFECTION
- ❑ WBC SCAN - INFECTION
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PET

SCHEDULING LINE 1-800-500-4014

- ❑ WHOLE BODY
- ❑ SKULL BASE TO THIGH
- ❑ LIMITED AREA
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- ❑ CARDIAC VIABILITY MYOCARDIAL SINGLE ❑ REST ❑ STRESS
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CT EXAMS WITH IV CONTRAST REQUIRE THE PATIENT TO HAVE HAD A CREATININE LAB TEST WITHIN SEVEN (7) DAYS OF THE SCHEDULED PROCEDURE.

- ❑ **CT Biopsy / CT Chest (including PE protocol) / CT Abdomen / CT Angio:** You may have a light meal 4 hours prior to your appointment, then nothing by mouth. Take medications as usual.
- ❑ **CT Abdomen:** For CT Abdomen, please pick up liquid oral contrast before your appointment day, or come **ONE** hour prior to your appointment to consume the contrast material. Patients with allergies to iodine or shellfish cannot receive contrast. Take medications as usual.
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- ❑ **Gastric Emptying Scan:** Discontinue eating six (6) hours before the exam.
- ❑ **I123 Thyroid Uptake and Scan:** THIS IS A TWO (2) DAY, THREE PART EXAM. Discontinue Synthroid meds x 14 days. No x-ray iodine contrast and desiccated thyroid medication x 6 weeks. Nothing to eat eight (8) hours prior to exam. No Iodinated supplements taken within seven (7) days prior to the exam.
- ❑ **Intravenous Pyelogram:** 5:00 pm - Light evening meal; 6:00 pm - 4 oz. of Milk of Magnesia. Nothing by mouth after midnight. Patients with allergies to iodine or shellfish cannot receive contrast. Diabetic patients stop Glucophage intake for 48 hours after the exam. Must have had a Creatinine test within seven (7) days prior to the exam.
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HEAD / NECK	CHEST / ABDOMEN	UPPER EXTREMITY	LOWER EXTREMITY	SPINE / PELVIS	BONE SURVEY
❑ SKULL	❑ CHEST PA & LAT	❑ L CLAVICLE ❑ R	❑ L HIP 2 v ❑ R	❑ CERVICAL 3 v	❑ BONE AGE - LT. HAND
❑ FACIAL BONES	❑ RIBS ❑ L ❑ R	❑ L SHOULDER ❑ R	❑ L FEMUR ❑ R	❑ CERVICAL 5 v	❑ METASTATIC
❑ NASAL BONES	❑ RIBS w/PA CHEST ❑ L ❑ R	❑ L HUMERUS ❑ R	❑ L KNEE 2 v ❑ R	❑ THORACIC 2 v	❑ PEDIATRIC
❑ SINUSES SERIES	❑ ABDOMEN - (SUPINE AND UPRIGHT)	❑ L ELBOW ❑ R	❑ L KNEE 3 v ❑ R	❑ LUMBAR 3 v	
❑ OTHER: ________	❑ ACUTE ABD SERIES	❑ L FOREARM ❑ R	❑ L TIBIA/FIBULA ❑ R	❑ LUMBAR 5 v	
	❑ KUB	❑ L WRIST 3 v ❑ R	❑ L ANKLE 3 v ❑ R	❑ PELVIS - COMPLETE	
	❑ OTHER:________	❑ L HAND 3 v ❑ R	❑ L FOOT 3 v ❑ R	❑ PELVIS - AP ONLY	
		❑ L FINGER___ ❑ R	❑ L OS CALCIS ❑ R	❑ SACRUM - COCCYX	
		❑ L THUMB ❑ R	❑ L TOE _____ ❑ R	❑ SCOLIOSIS STANDING	
		❑ OTHER:________	❑ OTHER:________	❑ OTHER:________	

THE PROCEDURES LISTED BELOW MUST BE SCHEDULED IN ADVANCE BY CALLING: 903-408-5010
EXAM PREPARATIONS ARE LISTED ON THE BACK

GASTROINTESTINAL
- ❑ BARIUM SWALLOW
- ❑ MOD BA SWALLOW w/SPEECH PATH
- ❑ UPPER GI w/AIR
- ❑ SMALL BOWEL
- ❑ BARIUM ENEMA w/AIR
- ❑ OTHER:________

GENITOURINARY
- ❑ CYSTOGRAM-STATIC
- ❑ CYSTOGRAM-VOIDING
- ❑ RETROGRADE URETHROGRAM
- ❑ IVP w/TOMOGRAMS
- ❑ OTHER:________

SPECIAL STUDIES
- ❑ HYSTEROSALPINGOGRAM
- ❑ ARTHROGRAM SPECIFY:________
- ❑ OTHER:________

BONE DENSITY / MAMMOGRAPHY
- ❑ SCREENING (can use screen dx only)
- ❑ DIAGNOSTIC BILATERAL (must provide dx)
- ❑ UNILATERAL ❑ L ❑ R
- ❑ OTHER:________
- ❑ BONE DENSITY SPINE/HIP (DEXA)

ULTRASOUND
- ❑ ABDOMEN COMPLETE
- ❑ ABDOMEN LIMITED
- ❑ AORTA
- ❑ LIVER
- ❑ GALLBLADDER
- ❑ GRADED COMPRESSION (APPENDIX)
- ❑ PANCREAS
- ❑ RENAL
- ❑ URINARY BLADDER
- ❑ BREAST ❑ L ❑ R
- ❑ PELVIS
- ❑ OB PREGNANCY
- ❑ BIOPHYSICAL PROFILE
- ❑ PROSTATE
- ❑ SCROTUM
- ❑ SUPERFICIAL LESION SPECIFY:________
- ❑ THYROID
- ❑ OTHER:________

VASCULAR
- ❑ ABDOMINAL DOPPLER SPECIFY:________
- ❑ CAROTID DOPPLER
- ❑ IMPOTENCE STUDY
- ❑ ARTERIAL EVALUATION ❑ ARM ❑ LEG
- ❑ BIL VENOUS EVALUATION ❑ ARM ❑ LEG
- ❑ UNIL VENOUS EVALUATION ❑ ARM ❑ LEG ❑ L ❑ R
- ❑ ANKLE BRACHIAL INDEX
- ❑ OTHER:________

MRI
- ❑ HEAD ❑ w/o ❑ BOTH
- ❑ BRAIN WITH DIFFUSION
- ❑ PITUITARY
- ❑ ORBITS
- ❑ IACs
- ❑ TMJs
- ❑ SOFT TISSUE NECK
- ❑ CERVICAL SPINE
- ❑ THORACIC SPINE
- ❑ LUMBAR SPINE
- ❑ CHEST / THORAX
- ❑ CARDIAC VIABILITY w/FUNCTION
- ❑ CARDIAC FUNCTION
- ❑ ABDOMEN
- ❑ LIVER
- ❑ RENAL
- ❑ PELVIS
- ❑ UPPER EXTREMITY SPECIFY:________
- ❑ LOWER EXTREMITY SPECIFY:________
- ❑ OTHER:________

MR ANGIO
- ❑ HEAD (circle of Willis)
- ❑ NECK (carotid)
- ❑ CHEST / THORAX
- ❑ AORTA
- ❑ MR CHOLANGIOGRAM
- ❑ CORONARY
- ❑ RENAL
- ❑ LOWER EXTREMITY RUNOFF
- ❑ OTHER:________

COMPUTED TOMOGRAPHY
- ❑ HEAD ❑ w/o ❑ w
- ❑ SINUSES
- ❑ ORBITS ❑ w/o ❑ w
- ❑ FACIAL BONES
- ❑ TEMPORAL BONES ❑ w/o ❑ w
- ❑ SOFT TISSUE NECK ❑ w/o ❑ w
- ❑ CHEST ❑ w/o ❑ w
- ❑ CHEST PE PROTOCOL
- ❑ HIGH RESOLUTION LUNG
- ❑ ABD & PELVIS ❑ w/o ❑ w
- ❑ ABDOMEN ❑ w/o ❑ w
- ❑ PELVIS ❑ w/o ❑ w
- ❑ RENAL STONE PROTOCOL ❑ w/o ❑ w
- ❑ KIDNEYS
- ❑ ADRENALS ❑ w/o ❑ w
- ❑ CERVICAL SPINE ❑ w/o ❑ w LEVEL:________
- ❑ THORACIC SPINE ❑ w/o ❑ w LEVEL:________
- ❑ LUMBAR SPINE ❑ w/o ❑ w LEVEL:________
- ❑ UPPER EXTREMITY SPECIFY:________
- ❑ LOWER EXTREMITY SPECIFY:________
- ❑ CT ANGIO w / 3D SPECIFY:________ OTHER:________

NUCLEAR MEDICINE
- ❑ BONE SCAN WHOLE BODY
- ❑ BONE SCAN LIMITED
- ❑ BONE SCAN 3 PHASE
- ❑ BONE SCAN SPECT
- ❑ CARDIAC STRESS TEST SPECIFY:________
- ❑ MUGA
- ❑ GASTRIC EMPTYING
- ❑ GI BLEED
- ❑ HEPATOBILIARY w / EF
- ❑ LIVER AND SPLEEN SCAN
- ❑ LIVER (hemangioma)
- ❑ LUNG SCAN (VQ)
- ❑ ** I123 THYROID / UPTAKES
- ❑ PARATHYROID IMAGING
- ❑ RENAL SCAN SPECIFY:________
- ❑ GALLIUM SCAN - TUMOR
- ❑ GALLIUM SCAN - INFECTION
- ❑ WBC SCAN - INFECTION
- ❑ OTHER:________

PET
SCHEDULING LINE 1-800-500-4014
- ❑ WHOLE BODY
- ❑ SKULL BASE TO THIGH
- ❑ LIMITED AREA
- ❑ BRAIN (ALZ OR SEIZURE)
- ❑ CARDIAC VIABILITY MYOCARDIAL SINGLE ❑ REST ❑ STRESS
- ❑ MYOCARDIAL MULTIPLE STUDIES REST AMD STRESS

PLEASE BRING THIS FORM WITH YOU

Please follow these instructions carefully. Failure to follow these may result in the need to reschedule your exam. There are different preparations for children; please call the Imaging Center at 903-408-5010 for instructions or any questions.

If you are unable to keep your appointment, please call 903-408-5010.

- ❑ **Barium Enema:** 5:30 pm - One 8 oz. glass of water with clear liquid evening meal; 6:00 pm - Magnesium citrate, 10 oz. bottle; 7:00 pm - One 8 oz. glass of water; 8:00 pm - Three Dulcolax tablets with 8 oz. of water; 9:00 pm - One 8 oz. glass of water; 12:00 midnight - Nothing by mouth after midnight until test is completed; 6:00 am - Dulcolax suppository. This exam takes about one hour. After the test, drink plenty of water along with food you normally eat.
- ❑ **Bone Scan:** Drink 16 oz. of fluids before the appointment. This is a two (2) part study. PART 1 is an injection in a vein in your arm. PART 2 is the Imaging (Scan) two (2) hours after injection.
- ❑ **Bone Densitometry (DEXA):** Other studies requiring barium or isotope injections may not be done on the same day. Please wear clothing with elastic waistband; no jeans or metallic decoration at the waist.

CT EXAMS WITH IV CONTRAST REQUIRE THE PATIENT TO HAVE HAD A CREATININE LAB TEST WITHIN SEVEN (7) DAYS OF THE SCHEDULED PROCEDURE.

- ❑ **CT Biopsy / CT Chest (including PE protocol) / CT Abdomen / CT Angio:** You may have a light meal 4 hours prior to your appointment, then nothing by mouth. Take medications as usual.
- ❑ **CT Abdomen:** For CT Abdomen, please pick up liquid oral contrast before your appointment day, or come **ONE** hour prior to your appointment to consume the contrast material. Patients with allergies to iodine or shellfish cannot receive contrast. Take medications as usual.
- ❑ **CT Pelvis:** Please pick up liquid oral contrast material a day or so before your appointment at HRMC Outpatient Reception, or come to the department TWO (2) hours prior to your appointment to take the contrast material. Follow the CT Abdomen prep (above) for medications and meals. Drink 1st bottle of contrast two (2) hours prior; drink 2nd bottle of contrast one (1) hour prior to scheduled exam. Takes about one half hour.
- ❑ **Esophagram / Upper GI / Small Bowel Study:** Light supper the day before the exam. Nothing to eat or drink (including water) after 12:00 midnight prior to exam. Esophagram and Upper GI studies usually take less than an hour. Small Bowel exam may take several hours.
- ❑ **Hepatobiliary Imaging:** No medications; NO Morphine or Demerol prior to the study. Patient must bring previous studies of Gallbladder either XRAY or ultrasound if these studies were NOT done at HRMC. Nothing by mouth six (6) hours prior to the exam. Patients are encouraged to bring an iPod or a favorite CD to listen to while getting their scan.
- ❑ **Gastric Emptying Scan:** Discontinue eating six (6) hours before the exam.
- ❑ **I123 Thyroid Uptake and Scan:** THIS IS A TWO (2) DAY, THREE PART EXAM. Discontinue Synthroid meds x 14 days. No x-ray iodine contrast and desiccated thyroid medication x 6 weeks. Nothing to eat eight (8) hours prior to exam. No Iodinated supplements taken within seven (7) days prior to the exam.
- ❑ **Intravenous Pyelogram:** 5:00 pm - Light evening meal; 6:00 pm - 4 oz. of Milk of Magnesia. Nothing by mouth after midnight. Patients with allergies to iodine or shellfish cannot receive contrast. Diabetic patients stop Glucophage intake for 48 hours after the exam. Must have had a Creatinine test within seven (7) days prior to the exam.
- ❑ **Mammograms:** Do not use powder, deodorant, cream or perfume on your underarms or breasts since these may interfere with the study. Please bring prior mammograms or information to send for these. Wear a two piece outfit.
- ❑ **MR Cholangiogram (MRCP):** Nothing to eat after midnight.
- ❑ **OB Ultrasound:** Requires a full bladder. Drink 16 oz. of liquids 30-60 minutes before the exam. Do Not Urinate until after the exam. Children may not accompany you into the exam room. If you must bring children with you, we would appreciate it if they were accompanied by another adult to stay with them in the waiting area. This exam usually takes one hour.
- ❑ **Prostate Ultrasound:** Cleansing enema 1-2 hours before exam. Empty your bladder just prior to exam. This exam takes about one half hour.
- ❑ **Renal, Urinary Bladder Ultrasound:** Drink 12 oz. of water one hour before exam. Please do not empty bladder within 30 minutes of the exam.
- ❑ **Ultrasound Abdomen, Aorta, Liver, Pancreas or Gallbladder:** Nothing to eat or drink 8 hours prior to exam.