

☐ Please pre-cert (REQUIRES NOTES & INS CARDS)

☐ IS THIS A STAT EXAM, IF YES

☐ Please call patient to schedule appointment

MUST CALL TO SCHEDULE

Scheduled Date and Time of Exam _____ Ordered Date: _____

PATIENT INFORMATION

Patient Name (Last, First) _____

Date of Birth: _____ Phone Number: _____

Insurance: _____ Policy/Group Number: _____

Precert Number/ Dates: _____

PROVIDER INFORMATION

Provider Name: _____

Provider Signature: _____

Provider Phone: _____

Provider Fax: _____

PATIENT CHIEF COMPLAINT/SYMPTOMS:

WOMENS SERVICES

MAMMOGRAPHY

- ☐ SCREENING MAMMOGRAM ☐ SCREENING W IMPLANTS
- ☐ DIAGNOSTIC MAMMOGRAM ☐ R ☐ L ☐ BLT ☐ BREAST US IF NEEDED
- ☐ CONTRAST DIAGNOSTIC MAMMOGRAM ☐ R ☐ L ☐ BLT
- ☐ DEXA (BONE DENSITY) ☐ STEREOTACTIC BIOPSY ☐ R ☐ L ☐ BLT

ULTRASOUND

MRI

- ☐ BREAST COMPLETE ☐ BREAST LTD / ☐ BREAST ☐ R ☐ L ☐ BLT
- ☐ BREAST BIOPSY ☐ R ☐ L ☐ BLT / ☐ BREAST BX ☐ R ☐ L ☐ BLT
- ☐ BREAST CYST ASP ☐ R ☐ L ☐ BLT

XRAY

☐ RIGHT ☐ LEFT ☐ BILATERAL

- ☐ ABDOMEN (KUB) ☐ ABDOMEN 2 V ☐ 3V ☐ AC JOINTS
- ☐ ANKLE ☐ BONE AGE ☐ CHEST ☐ PA ☐ PA/LAT
- ☐ CLAVICLE ☐ ELBOW ☐ FACIAL BONES ☐ FEMUR ☐ FOOT
- ☐ FOREARM ☐ HAND ☐ HIP ☐ HUMERUS ☐ KNEE
- ☐ MANDIBLE ☐ NASAL BONES ☐ ORBITS
- ☐ PELVIS ☐ AP ☐ 3V ☐ RIBS ☐ SACRUM/COCCYX
- ☐ SC JOINTS ☐ SCAPULA ☐ SHOULDER ☐ SINUSES ☐ SKULL
- ☐ SOFT TISSUE NECK ☐ STERNUM ☐ TIB/FIB ☐ WRIST
- ☐ CERVICALSPINE ☐ THORACIC SPINE ☐ LUMBAR SPINE

PLEASE PROVIDE BUN & CR FOR PROMPT PATIENT CARE

RECENT BUN _____ CR _____ DATE DRAWN _____

☐ SERUM CREATININE IF NEEDED

CAT SCAN WT LIMIT 500 LBS

CONTRAST AT THE RADIOLOGIST DISCRETION

- ☐ BRAIN ☐ ORBITS ☐ SINUS ☐ FACIAL BONES ☐ TEMPORAL BONE
- ☐ CHEST ☐ CHEST HIGH RES
- ☐ LOW DOSE LUNG *MUST BE ASYMPTOMATIC * Pack year _____ CTLD *See Back
- ☐ CERVICAL SPINE W 3D RECON ☐ SOFT TISSUE NECK
- ☐ THORACIC SPINE W 3D RECON ☐ LUMBAR SPINE W 3D RECON
- ☐ ABDOMEN ☐ LIVER (MASS) ☐ PANCREAS (MASS) ☐ PELVIS
- ☐ ABDOMEN/PELVIS ☐ RENAL STONE PROTOCOL (INCLUDES KUB)
- ☐ PUBIC ARCH ☐ ADRENALS ☐ CALCIUM SCORING
- ☐ EXTREMITY _____ ☐ R ☐ L ☐ BLT

CTA (CT ANGIOGRAPHY ON 64 SLICE CT) WT LIMIT 500

- ☐ CTA ABD/PELVIS ☐ CTA CHEST ☐ CTA ABD
- ☐ CTA PE STUDY ☐ CTA CORONARY W/FFR IF NEEDED
- ☐ CTA CAROTID ☐ CTA PELVIS
- ☐ CTA HEAD ☐ CTA AORTA/RUN OFF

OTHER

OTHER EXAM NOT LISTED OR FURTHER INSTRUCTIONS

MRI WT LIMIT 550 LBS

CONTRAST AT THE RADIOLOGIST DISCRETION

- ☐ ABDOMEN SPECIFIC ORGAN _____
- ☐ BRAIN ☐ IACS ☐ ORBITS ☐ FACIAL BONES ☐ SOFT TISSUE NECK
- ☐ PITUITARY ☐ BRACHIAL PLEXUS ☐ CHEST ☐ AJ JOINTS
- ☐ PELVIS ☐ MALE ☐ FEMALE ☐ SACRUM/COCCYX
- ☐ CERVICAL SPINE ☐ THORACIC SPINE ☐ LUMBAR SPINE
- ☐ MRCP ☐ EXTREMITY _____ ☐ R ☐ L ☐ BLT

MRA

- ☐ MRA BRAIN W 3D RECON ☐ MRA NECK W 3D RECON
- ☐ MRA AORTA FEMORAL W 3D RECON ☐ MRA RENAL W 3D RECON

ULTRASOUND

- ☐ ABDOMEN ☐ AORTA ☐ BLADDER W/PVR ☐ CAROTID
- ☐ GALLBLADDER ☐ LIVER ☐ LIVER DOPPLER
- ☐ OB 1ST TRI W/TV PROBE ☐ PELVIS ☐ MALE ☐ FEMALE
- ☐ PELVIS (GYN) W/TV IF NEEDED
- ☐ RENAL ☐ RENAL ARTERY DOPPLER ☐ SMA/CELIAC DOPPLER
- ☐ SCROTAL/TESTICULAR ☐ SOFT TISSUE: _____
- ☐ THYROID ☐ TRANSVAGINAL ONLY
- ARTERIAL ☐ ABI ☐ UPPER EXT ☐ R ☐ L ☐ LOWER EXT ☐ R ☐ L
- VENOUS ☐ UPPER EXT ☐ R ☐ L ☐ LOWER EXT ☐ R ☐ L

Physician Cheat Sheet for CT ordering

CT BRAIN/HEAD

Usually with and without unless recent trauma.
Trauma or Stroke Protocol is without contrast only
Never with contrast only unless they have history of cancer

CT CHEST

With Contrast only. CT Thorax with for limited follow up
lung nodule high Resolution images
WITHOUT if Patient is allergic to iodine

CT ABDOMEN/PELVIS

Abdomen/pelvis with only
Abdomen/Pelvis with and without contrast -In cases of
urinary tract symptoms (possible mass) (chronic UTI) Oral
Contrast

CT URINARY TRACT

Abdomen/Pelvis without contrast- and KUB Renal Stone
Protocol
No Oral Contrast

CT ABDOMEN WITH and WO CONTRAST

This is when no pelvis is ordered.
This is also for multi-phase liver mass, renal mass, or pancreas mass (dynamic abdomen)
Oral Contrast

CT PELVIS

Soft tissue is with contrast only.
If for bony injury order without contrast
Oral Contrast for soft tissue.

All CTA exams are with IV Contrast

CTA CHEST

CT chest with contrast PE protocol. Occasionally this could
be for thoracic aortic aneurysm.

CTA CORONARY

CT chest with contrast with CTA protocol

CTA ABDOMEN

Renal Arteries or Mesenteric Arteries

CTA NECK

Carotid Arteries

CT UPPER OR LOWER EXTERMITY

Order the affected side upper or lower extremity without
contrast .If this is for orthopedic surgeon order Reconstruc-
tion as well.

CT SPINES (CERVICAL , THORACIC, LUMBAR SPINES) Looking at bone.

Generally these are without contrast. The only exception is
if the patient has had “recent” spinal surgery
Trauma spines should be ordered with Reconstruction
charge as well.

CT URINARY TRACT

Abdomen/Pelvis without contrast- and KUB Renal Stone
Protocol
No Oral Contrast

CT ABDOMEN WITH and WO CONTRAST

This is when no pelvis is ordered.
This is also for multi-phase liver mass, renal mass, or pancreas mass (dynamic abdomen)
Oral Contrast

CT PELVIS

Soft tissue is with contrast only.
If for bony injury order without contrast
Oral Contrast for soft tissue.
charge as well.

CT SOFT TISSUE NECK

This looks at the soft tissue of the neck with contrast. Usual-
ly neck mass/abscess is always with contrast unless the
patient is allergic.

Pack year chart

A pack-year is used to describe how many cigarettes you have smoked in your lifetime, with a pack equal to 20 cigarettes. If you have smoked a pack a day for the last 20 years, or two packs a day for the last 10 years, you have 20 pack-years. In other words, pack-years is a way to measure smoking exposure, taking into account how long you have smoked, and how much you have smoked. Currently, having 20 pack-years or more is one of the criteria that needs to be met to be recommended for screening.

		Years Smoked								
		15	20	25	30	40	50	60		
Packs	# of Cigarettes smoked per day	0.5	10	7.5	10	12.5	15	20	25	30
		1.0	20	15	20	25	30	40	50	60
		1.5	30	22.5	30	37.5	45	60	75	90
		2.0	40	30	40	50	60	80	100	120
		2.5	50	37.5	50	62.5	75	100	125	150
		3.0	60	45	60	75	90	120	150	180

Legend:

Does NOT meet Criteria
Meets Criteria

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PATIENT CHIEF COMPLAINT/SYMPTOMS:

WOMENS SERVICES	XRAY
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OTHER OTHER EXAM NOT LISTED OR FURTHER INSTRUCTIONS	

**** All orders must be received prior to patient's scheduled appointment OR be presented at the time of service ****

EAST MEMPHIS

IMAGING

Phone: 901-751-1000 Fax 901-751-1251 www.eastmemphisimaging.com

555 Perkins Ext Suites 100 & 200 Memphis, TN 38117

Please notify us 24 hours in advance if you are unable to keep an appointment

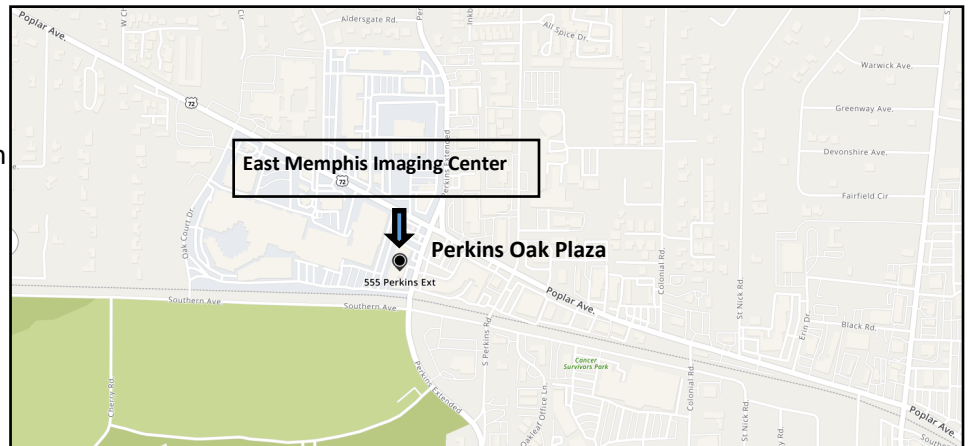
CT / Mammography / MRI

Monday– Saturday 7:30 am—7:00 pm

Ultrasound / X-Ray

Monday– Friday 8:00 am– 4:00 pm

* We accept walk-in X-Rays



EXAM PREPARATION Patient should arrive 15 minutes prior to the scheduled appointment time to register

CT SCAN

CT exams utilizing IV contrast- Patient should have creatinine lab testing performed within the past 30 days; if unavailable, lab values can be obtained the day of exam at East Memphis Imaging Center.

Abdomen & Pelvis exams- Patient should arrive 1 hour prior to scheduled appointment time to drink oral contrast. Patients must have nothing to eat or drink 2 hours prior to their exam.

CTA Coronary & Calcium Scoring- Patient should have no caffeine or nicotine products 4 hours prior to exam.

BONE DENSITY (DEXA SCAN)

Please do not take any calcium supplements, vitamins or antacids for 48 hours before exam (longer if given an extended release calcium supplements- 72 hours)

MAMMOGRAPHY

Please do not apply any powder, lotion or deodorant to the underarm or breast area on the morning of procedure.

MRI

Patients should wear comfortable clothing with no metal. Patients may be asked to change into scrubs for MRI scan.

Patients with implanted metal may not be able to undergo MRI scanning. Patients with pacemakers or other electronic implanted devices that are not MRI Compatible will not be able to undergo MRI scanning.

Patient who may be Claustrophobic should ask their provider for medication to take prior to their MRI. You must have a driver if you take medication.

ULTRASOUND

BOTH Abdomen AND Pelvic scan. Patient should drink 32 oz. of water 1 hour prior to exam. Patient should not empty bladder until exam is completed.

Abdomen, Gallbladder. Liver. Pancreas, Renal Doppler, SMA/Celiac Doppler exams. Patient should have nothing to eat or drink 8 hours prior to exam.

Pelvic and Bladder w/PVR exams. Patient should drink 32 oz. of water 2 hours prior to exam to fill bladder. Patient should not empty bladder until exam is completed.

Renal exams. Patient should be well hydrated and drink plenty of water before the exam. Patient may empty bladder prior to scan.