Provider Copy

DESOTO IMAGING SPECIALISTS

Phone: 662-349-4321 Fax 662-349-3263 www. disradiology.com
7420 Guthrie Drive North, Suite 105-106, Southaven, MS 38671 TAX ID: 62-0809858 NPI: 1043260763

☐ Please pre-cert (REQUIRES NOTES & INS CARDS) ☐ CALL TO SCHEDULE STAT EXAM

☐ Please call patient to schedule appointment CALL BACK NUMBER _____

Scheduled Date and Time of Exam _____ Ordered Date:_____

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PROVIDER INFORMATION

Provider Name: _____

Provider Signature: _____

Provider Phone: _____

Provider Fax: _____

PATIENT CHIEF COMPLAINT/SYMPTOMS:

WOMENS SERVICES

MAMMOGRAPHY

☐ SCREENING MAMMOGRAM ☐ SCREENING W IMPLANTS

☐ DIAGNOSTIC MAMMOGRAM W/ BREAST US IF NEEDED

ULTRASOUND

☐ BREAST COMPLETE ☐ BREAST LTD

☐ BREAST BX ☐ R ☐ L ☐ BLT / ☐ BREAST CYST ASP ☐ R ☐ L ☐ BLT

Exclusively Offered at East Memphis Imaging: Ph. 901-751-1000 Fax. 901-751-1251

DEXA (BONE DENSITY) • MRI BREAST • MRI BREAST BX

STEREOTACTIC BIOPSY • CONTRAST DIAGNOSTIC MAMMOGRAM

PLEASE PROVIDE BUN & CR FOR PROMPT PATIENT CARE

RECENT BUN _____ CR _____ DATE DRAWN _____

☐ SERUM CREATININE IF NEEDED

CAT SCAN WT LIMIT 690 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

☐ ADRENAL ☐ EXTREMITY _____ ☐ R ☐ L ☐ BLT

CTA (CT ANGIOGRAPHY ON 64 SLICE CT) WT LIMIT 690

☐ CTA ABD/PELVIS ☐ CTA CHEST ☐ CTA ABD ☐ CTA PELVIS

☐ CTA PE STUDY ☐ CTA CAROTID ☐ CTA HEAD ☐ CTA AORTA/RUN OFF

☐ CTA UPPER EXT. ☐ R ☐ L ☐ CTA LOWER EXT. ☐ R ☐ L

Calcium Scoring • CTA Coronary w/ plaque analysis, w/ FFR if needed • **Available soon**

SPECIAL PROCEDURES WT LIMIT 300 LBS

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☐ CYSTOGRAM ☐ CYSTOGRAM ☐ HSG (HYSTEROSALPINGOGRAM)

☐ ARTHROGRAM JOINT: _____ STEROID INJECTION– JOINT: _____

OTHER

OTHER EXAM NOT LISTED OR FURTHER INSTRUCTIONS

XRAY WT LIMIT 350 LBS

☐ RIGHT ☐ LEFT ☐ BILATERAL

☐ ABDOMEN (KUB) ☐ ABDOMEN 2 V ☐ 3V ☐ AC JOINTS

☐ ANKLE ☐ BONE AGE ☐ CHEST ☐ PA ☐ PA/LAT

☐ CLAVICLE ☐ ELBOW ☐ FACIAL BONES ☐ FEMUR ☐ FOOT

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☐ SOFT TISSUE NECK ☐ STERNUM ☐ TIB/FIB ☐ WRIST

☐ CERVICALSPINE ☐ THORACIC SPINE ☐ LUMBAR SPINE

MRI WT LIMIT 550 LBS

CONTRAST AT THE RADIOLOGIST DISCRETION

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☐ 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 (GYN) W/TV IF NEEDED

☐ RENAL ☐ RENAL ARTERY DOPPLER ☐ SMA/CELIAC DOPPLER

☐ SCROTAL/TESTICULAR ☐ SOFT TISSUE: _____

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Revised 1.20.26

Physician Cheat Sheet for CT ordering

CALCIUM SCORING	ILIOFEMORAL CTA
CORONARY CTA	CLAUDICATION
CHEST PAIN	CHRONIC SKIN ULCER
CARDIAC MASS	RESTING LEG PAIN
CORONARY ANEURYSM	PVD
CAD, GRAFT	LOW EXTREMITY ARTERIAL INSUFFICIENT
CAD, NATIVE	RENAL CTA
CARDIAC CTA	RENOVASCULAR HTN
EP PLANNING	MALIGNANT HTN
PULMONARY VEIN STENOSIS	RENAL STENOSIS
ATRIAL FIB	MESENTERIC CTA
F/U PULMONARY VEIN ABLATIONS/STENOSIS	MESENTERIC ISCHEMIA
THORACIC AORTA/CHEST CTA	LIVER TRANSPLANT EVALUATION
PULMONARY EMBOLISM	CAROTID CTA/NECK CTA
THORACIC ANEURYSM	ABN CAROTID ULTRASOUND
THORACIC DISSECTION	VERTEBRAL STENOSIS
BACK PAIN	DIZZY
CHEST PAIN	SUBCLAVIAN STEAL
PULMONARY HTN	STENOSIS WITHOUT INFARCTION
SHORTNESS OF BREATH	STENOSIS WITH INFARCTION
CTA ABDOMEN/ PELVIS	CIRCLE OF WILLIS/HEAD CTA
ABDOMINAL ANEURYSM (AAA)	APHASIA
ABDOMINAL DISSECTION	SYNCOPE/DIZZY
STENT GRAFT PLANNING	UNSTEADY GAIT
ABDOMINAL AORTA NARROWING	VERTIGO-DIZZINESS
BRAIN WITHOUT	VERTEBRAL BASILAR INFARCTION
HEADACHE	TIA
SUBDURAL HEMOTOMA	MEMORY LOSS
DIZZY/SYNCOPE	VERTERBRAL STENOSIS
NECK WITH	ABOMEN WITH AND WITHOUT
MASS	ADRENAL MASS PROTOCOL
DYSPHAGIA	ABDOMEN/ PELVIS WITHOUT
HIGH REST CHEST WITHOUT	KIDNEY STONE
INTERSTITIAL LUNG DZ	HEMATURIA
AMIODARONE TOXICITY	FLANK PAIN
SHORTNESS OF BREATH	ABDOMEN/ PELVIS WITH
CHEST WITHOUT	ABD PAIN
COUGH	ABNORMAL WEIGHT LOSS
ABN CXR	PANCREATITIS
SOB	ASCITES
PLEURAL EFFUSION	EPIGASTRIC PAIN
PNEUMONIA	PELVIC PAIN
NODULE	NAUSEA WITH VOMITING
CHEST WITH	ABDOMEN WITH AND WITHOUT
PERICARDIAL EFFUSION	KIDNEY MASS
CHEST MASS	PANCREATIC MASS
ABDOMEN WITHOUT	LIVER MASS
IVC FILTER	VENOGRAM
	LOWER EXTREMITY EDEMA
	PLEVIC EDEMA
	DVT
	IVC THROMBUS

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.

Packs	# of Cigarettes smoked per day	Years Smoked: 15	20	25	30	40	50	60
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

Patient Copy

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

MRI

Monday– Friday 7:00am-9:30pm

Sat - Sun 7:00am– 4:30pm

CT

Monday– Friday 7:30am-4:30pm

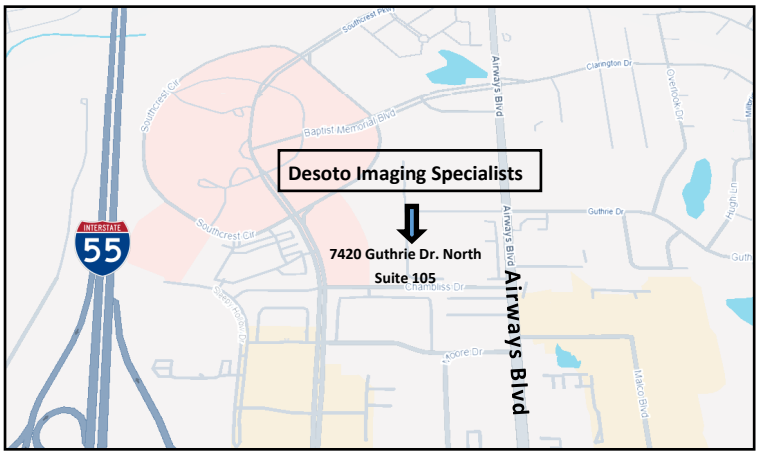
Mammo/ Ultrasound

Monday– Friday 7:00am-4:30pm

X-Ray/ Fluoroscopy

Monday– Friday 8:00am-4:30pm

* We accept walk-in X-Rays until 4:15pm



EXAM PREPARATION

Patient should arrive 30 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 Desoto Imaging Specialists. Nothing to eat or drink 2 hours prior to scan.

MAMMOGRAPHY

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

*MRI ***Always Arrive 30 minutes before scan time*

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 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.