

REQUIRED INFO PLEASE PRINT

TAX ID# 56-1427775 NPI# 1538123450

Patient First Name _____ Last Name _____ Date _____

DOB _____ Male Female Parent/Guardian Name _____

Primary Insurance _____ Auth# _____

Secondary Insurance _____ Auth# _____

Exam(s) Ordered (or check below) _____ **STAT/CALL REPORT**

History, Symptoms, Diagnosis or ICD Code _____ **STAT/FAX REPORT**

Scheduler Name _____

Practice Name _____ Practice Phone _____

Provider Signature _____ Provider Name _____

CC to Practice _____ CC Provider Name _____

Stamped signatures are not acceptable

please print

Referring Office to Schedule Wake Rad to Schedule

Patient Home Phone _____

Work _____

Cell _____

Appointment Date	Time	Exam Location
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Any previous related imaging? Yes No
If Yes, Wake Rad Rex Other _____
If other facility, will patient bring? Yes No

MRI

Review MRI safety checklist with patient before appointment

- Contrast as determined by radiologist
- Without contrast Without and with contrast
- Draw Creatinine labs if medically indicated for contrast delivery

Head/Neck

- MRI Brain Pituitary Orbits IACs
- MRI Brain (specify) _____
- MRA Brain (Circle of Willis)
- MRV Head
- MRA Neck (arch and carotids)
- MRI Neck (soft tissue)

Spine

- Cervical Thoracic Lumbar
- Lumbosacral plexus Sacral plexus
- Scoliosis survey

Extremities – Upper and Lower

- Shoulder with MR Arthrogram L R
- Elbow with MR Arthrogram L R
- Forearm L R
- Wrist with MR Arthrogram L R
- Hand L R
- Hip with MR Arthrogram L R
- Knee with MR Arthrogram L R
- Ankle (incl. hind/midfoot) Achilles tendon L R
- Forefoot (hi-res) Forefoot/midfoot L R

Chest

- MRI Chest (specify site) _____
- MRA Chest (thoracic aorta)
- MRI Brachial plexus

Breast MRI Note: *BMRI (with 3D recon & CAD) requires office notes & path reports. Call 919-782-7666 to schedule.*

Abdomen

- MRI Liver
- MRI Kidney/renal
- MRI Pancreas/MRCP
- MRI Abdomen (specify organ) _____
- MRA Abdomen-aorta MRA Abdomen-mesenteric
- MRA Renal

Pelvis

- Bony SI joints
- Soft tissue Uterus/ovaries Prostate Rectal
- Soft tissue (specify site) _____
- MRV Pelvis
- Sacrum/Coccyx

Abdomen/Pelvis Enterography (MRE)

Peripheral MRA peripheral

Other MRI/MRA/MRV _____

INTERVENTIONAL RADIOLOGY (IR)

- Thoracentesis Paracentesis
- Port Placement/Removal Port check
- Thyroid biopsy/Fine needle aspiration Lymph node biopsy
- Other/Consult _____

For additional IR exams call 919-788-1916 or visit WakeRad.com.

X-RAY & FLUOROSCOPY

- Abdomen* 1 view* 2 views* 3 views*
- Chest*
- Paranasal sinuses*
- Rib with PA chest* Both L R
- Skull*
- Scoliosis exam*
- Spine* Cervical* Thoracic* LumboSacral*
- Joints* & extremities (specify) _____ L R
- Barium enema with air-contrast
- Barium swallow/esophagram with barium tablet
- Small bowel follow-through (may take up to 4 hours)
- Upper GI
- Hysterosalpingogram (HSG)
- Other _____

**Walk-in exam with order - no appointment needed. X-ray Not available at Breast Care Center, Raleigh MRI & Smithfield offices.*

BREAST IMAGING & BONE DENSITY

Mammogram

- Screening
- Diagnostic with ultrasound if medically indicated
 - Bilateral L R
 - with biopsy if medically indicated

Breast ultrasound

- Breast ultrasound L R With biopsy if medically indicated
- With diagnostic mammogram if medically indicated L R

Breast biopsy

- Stereotactic breast biopsy L R
- Ultrasound-guided cyst aspiration L R
- Ultrasound-guided core biopsy L R

Other

- Bone density (DXA)
- Bone density w/ Trabecular Bone Score (TBS)
- Other _____

NUCLEAR MEDICINE

- Bone scan** (select type /area below)
 - Whole body Three-phase
 - Limited area Multiple area
 - With Spect Specify site _____
- X-ray for correlation of positive bone scan findings if indicated
- Gastric emptying scan
- Hepatobiliary (HIDA scan) with CCK without CCK
- MUGA scan
- Parathyroid scan
- Renal with diuretic
- Thyroid scan with RAIU
- Other _____

Note: Call 919-854-2190 to schedule PET-CT services

CT

- Contrast as determined by radiologist
 - Without contrast With contrast Without & with contrast
 - Draw Creatinine labs if medically indicated for contrast delivery
- Please provide Creatinine level _____ Date _____ (if available)*

Abdomen/Pelvis

- Abdomen with pelvis Abdomen only
- Renal colic-Stone Protocol (CT abdomen/pelvis w/o contrast)
- Enterography (CT abdomen/pelvis)
- Urogram (CT abdomen/pelvis wo/w contrast)
- Pelvis only

Chest

- Chest
 - Pulmonary embolus High-Res
 - Nav bronch 3D recon for
 - Lung nodule pectus deformity
- Lung screening Annual Short-term follow-up
- Coronary calcium scoring (CCS) (asymptomatic risk stratification)

Head/Neck

- Head/Brain Facial bones Orbits Temporal bones
- Sinus routine surgical planning
- Neck-soft tissue

Angiography

Angiography (specify area) _____

Orthopedic

- Extremity (specify area) _____ L R 3D recon
- Arthrogram (specify joint) _____

Spine

- Cervical Thoracic LumboSacral
- Other CT _____

ULTRASOUND (U/S)

- Aorta
- Abdominal Aortic Aneurysm (AAA) Screening (see payer guidelines)
- Abdomen with Liver Elastography
- Abdomen (complete) Carotid doppler
- Gallbladder/RUQ Shoulder
- 1st Trimester OB ultrasound with endovaginal if medically indicated
- Pelvis with endovaginal if medically indicated
- Endovaginal only
- Groin L R
- Scrotum/testicular
- Soft tissue mass (specify area or extremity) _____
- Thyroid Thyroid biopsy if medically indicated
- Urinary tract (kidneys & bladder) Bladder only
- Venous doppler, **lower extremity (DVT)** L R
- Venous doppler, **upper extremity** L R
- Venous insufficiency (varicose vein evaluation)
- Other _____

Your physician has ordered your radiology exam from Wake Radiology UNC REX Healthcare. We are looking forward to working with you and ask that you follow the important directions below in preparation for your procedure. If you have any questions, don't hesitate to call our scheduling team at 919-232-4700. To learn more about any of these studies visit WakeRad.com and click on the Procedures tab

The following preparations are for adult radiology exams. Preparations for children are generally determined by age and weight. Specific instructions will be given at the time of scheduling.

If your email and/or cell phone are provided at the time of scheduling we will send you a link to the Wake Radiology UNC REX Healthcare Patient Portal where you can pre-register for your appointment. Registering in advance will save you time on the day of your exam.

ROUTINE EXAMS

- Mammograms:** Please avoid using deodorant or antiperspirants on the morning of your exam and wear a two-piece outfit. For your comfort, it is best to schedule your mammogram when you are not pre-menstrual.

FLUOROSCOPY

- Barium Swallow or Esophagogram, UGI and/or Small Bowel - Adult** Nothing to eat after evening meal on day prior to examination. Water may be taken in moderate amounts until midnight. Nothing by mouth after midnight. Several hours of follow-up may be necessary for small bowel study.

-Infants may have normal feedings until four hours prior to examination. Please bring the child's own bottle with nipple to the appointment.

- Emergency Basis Only:** No prep.
- Barium Enema:** Pick-up WakeRad bowel prep kit at least 48 hours prior to exam and follow 24-hour prep instructions.
- Hysterosalpingogram (HSG):** No unprotected intercourse from 1st day of last menstrual cycle until after HSG to avoid the possibility of pregnancy. You may take 400mg ibuprofen one (1) hour prior to the procedure if your fertility specialist has not recommended against this.

ULTRASOUND

- Abdomen - Liver, Gallbladder, Pancreas, Aorta:** Nothing to eat or drink after midnight prior to exam (a minimum of 8 hours).
- Abdomen with liver elastography:** Nothing to eat or drink after midnight prior to exam (a minimum of 12 hours).
- Renal, Thyroid, Breast, Scrotum:** No preparation necessary.
- Pelvic or First Trimester OB:** Patients MUST have a full bladder. You should finish drinking 36 oz. of water one hour prior to appointment time. Patients should not void once they have started drinking.

NUCLEAR MEDICINE

- Hepatobiliary Scan (HIDA):** No previous barium studies for 3-5 days prior to scan. Nothing to eat or drink for 6 hours before scan.
- CKK Hepatobiliary Scan (HIDA with CCK):** Same as above. Must have negative ultrasound for gallstones in last 6 months.
- Gastric Emptying Scan:** Specific exam prep instructions will be given at the time of scheduling based on the patients medications. NPO after midnight (a minimum of 8 hours). No previous barium.
- Thyroid Scan:** Specific exam prep instructions will be given at the time of scheduling based on the patients thyroid medications. No CT or IVP for 6 weeks prior to scan.
- Thyroid with RAIU:** Specific exam prep instructions will be given at the time of scheduling based on the patients thyroid medications. No CT or IVP for 6 weeks prior to uptake. No food or drink for 4 hours before RAIU dose.
- All Nuclear Medicine Bone Scans:** Hydrate well before study.
- All Nuclear Medicine Renal Scans:** Hydrate well before study.

MRI PATIENT SAFETY QUESTIONS

Patient safety is our primary concern. The MRI scan room contains a very strong magnet and is ALWAYS on. The following items can interfere with your MRI study and can be hazardous to your safety. Please read the questions below carefully, and if the response to any of the questions is YES, please call us at 919-782-7666 for further consultation prior to this appointment.

- Yes No Aneurysm clips or vascular (blood vessel) surgery?
- Yes No Brain surgery?
- Yes No PACEMAKER? If yes, type _____
- Yes No Implanted Cardiac Defibrillator?
- Yes No Heart surgery, (e.g., valves, stents)?
- Yes No Electronic implant or device?
- Yes No Neurostimulator or spinal cord stimulator?
- Yes No Insulin pump, glucose monitor or other infusion pump?
- Yes No Stents, filters, coils or shunts?
- Yes No Eye surgery, implants or tattooed eyeliner?
- Yes No Ear surgery, cochlear implants or other implants?
- Yes No Gunshot or shrapnel injury?
- Yes No Eye injury involving metal slivers, or shavings? Metal or grinding worker?
- Yes No Small bowel endoscopy camera?
- Yes No History of kidney failure or kidney disease? Are you on dialysis?
- Yes No History of an allergic reaction to MRI or CT contrast?
- Yes No Hair piece, wig or hair pins?
- Yes No Body piercings, magnetic nail polish, magnetic eyelashes, tattoos or permanent makeup?
- Yes No Medicated skin patches?
- Yes No Joint replacement or implants?
- Yes No Bone/joint pin, screw, plate, etc.?
- Yes No Orthopedic or prosthetic device?
- Yes No Spine Surgery?
- Yes No Tissue expanders (e.g. breast)?
- Yes No History of cancer?
- Yes No Pregnant or breast feeding?
- Yes No Drug allergies?

If you answered YES to any of these questions, your scheduled MRI exam may be postponed. Please call 919-782-7666 with questions.

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INTERVENTIONAL SERVICES

For prep details or procedure information call 919-788-1916 or visit WakeRad.com.