

REQUIRED INFO PLEASE PRINT

WAKE RADIOLOGY TAX ID# 56-1427775 NPI# 1538123450

Patient First Name _____ Last Name _____ Date _____

DOB _____ Male Female Parent/Guardian Name _____

Primary Insurance _____ Auth# _____

Secondary Insurance _____ Auth# _____

STAT Send stat results via office phone, mobile phone, fax or email: _____

Exam(s) Ordered (or check below) _____

History, Symptoms, Diagnosis or ICD Code _____

Scheduler Name _____

Practice Name _____ Phone _____

Provider Signature _____ Name _____

STAMPED SIGNATURES ARE NOT ACCEPTABLE

PLEASE PRINT

Referring Office to Schedule WakeRad to Schedule

Parent/Guardian Home Phone _____

Work _____

Cell _____

Appointment Date | Time | Exam Location

Any previous related imaging? Yes No

If Yes, WakeRad REX Other _____

If at other facility, will parent/patient bring images?

Yes No

MRI

Review MRI Safety Checklist with patient before appointment

Pediatric sedation is not offered in the outpatient office. For patient's under 8, please call the pediatric radiology hotline.

Please consult a pediatric radiologist before ordering an MRI for children under 12 years

X-RAY

- Abdomen – KUB (abdominal pain)
- Abdomen – 3-Way (suspected obstruction)
- Bone age
- Bone Density (DXA)
- Chest
- Joints & extremities (specify) _____ L R
- Leg length
- Lower extremities, standing
- Neck, soft tissue
- Scoliosis
- Shunt series
- Sinuses
- Skeletal survey, metastatic/metabolic
- Skeletal survey, non-accidental trauma
- Skull
- Skull for craniosynostosis
- Spine Cervical Thoracic Lumbar Sacrum/Coccyx
- Cervical spine for Down syndrome
- Swallowed foreign body
- Other _____

CT

- Pediatric sedation is not offered in the outpatient office. For patient's under 8, please call the pediatric radiology hotline.
- Contrast as determined by radiologist
- Without contrast With contrast Without & with contrast
- Draw for Creatinine labs if medically indicated for contrast delivery
- Abdomen with pelvis
- Abdomen only
- Angiography (specify area) _____
- Angiography, renal artery
- Arthrogram (specify joint) _____
- Chest
- Chest, pectus excavatum with 3D rendered images
- Extremity, scanogram for length
- Head Temporal bones Facial bones Orbits
- Neck
- Orthopaedic CT w/ MPR (specify area) _____ L R
- With 3D rendered images
- Pelvis
- Renal Colic CT (complete abdomen/pelvis)
- Sinus screening comprehensive surgical planning
- Spine CT with MPR Cervical Thoracic Lumbosacral
- With 3D rendered images
- Urogram (CT abdomen/pelvis) with 3D rendered images
- Other _____

ULTRASOUND (U/S)

- Parents should bring a pacifier and/or bottle to comfort infants
- Abdomen (complete)
- Abdomen (limited) also select condition below
 - Appendix with Pelvis Pylorus
 - Gallbladder/RUQ Urachal tract
 - Intussusception
- Soft tissue chest
- Breast (suspected breast buds/abscess - also select below)
 - pubertal child pre-pubertal child
- Head
- Hip, developmental dysplasia
- Hip, joint effusion
- Neck
- Pelvis and adrenals, precocious puberty (pelvis/limited abdomen)
- Pelvis, Complete
- Renal Complete
- Soft tissue (specify area) _____
- Scrotum/Testicles
- Spine
- Thyroid
- 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
- Cystogram
- Gastric emptying scan
- Hepatobiliary (HIDA scan) with CCK
- Meckel's scan
- Renal, DMSA
- Renal with Lasix
- Thyroid scan
- Other _____

FLUOROSCOPY

- Pediatric sedation is not offered in the outpatient office. For patient's under 8, please call the pediatric radiology hotline.
- Enema – unprepped (Hirschsprung/constipation)
- Enema – prepped (rectal bleeding)
- Barium swallow/Upper GI series
- Chest/airway fluoroscopy
- Small bowel series (may take up to 4 hours)
- Upper GI Series
- Voiding cystourethrogram with urine culture
- Other _____

- Contrast as determined by radiologist
- Without contrast Without and with contrast
- Draw for 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

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
- Soft tissue (specify site) _____
- MRV Pelvis
- Sacrum/Coccyx

Abdomen/Pelvis

- Enterography (MRE)
- Urogram

Peripheral MRA peripheral

- Other MRI/MRA/MRV _____

Appointments are required for all imaging exams except walk-in X-Ray

PREPARING FOR YOUR CHILD'S RADIOLOGY EXAM

Your physician has ordered a radiology exam for your child from Wake Radiology Pediatric Imaging. We are pleased to serve you and ask that you follow the important directions below in preparation for your procedure. If you have questions, contact our Scheduling Team at 919-232-4700.

ROUTINE EXAMS

- X-Ray:** No prep.

FLUOROSCOPY

- Barium Swallow or Esophagogram:** Upper GI and/or Small Bowel. Nothing by mouth after midnight on the day prior to the exam or for at least 4 hours prior to the exam if it is scheduled in the afternoon. Infants may have normal feedings until four hours before the exam. Please bring the child's own bottle with nipple to the appointment. Several hours of follow-up may be necessary for the small bowel study. Patients who have an ostomy should bring an ostomy bag/appliance to the procedure with them.
- Enema – unprepped (Hirschsprung/constipation):** No prep is necessary to evaluate Hirschsprung's disease for constipation. Ensure nothing in the rectum for 24 hours prior to exam (including suppository, enema, thermometer, or rectal exam).
- Enema – prepped (rectal bleeding or polyps):** Detailed instructions for the required prep that starts 24 hours before the exam will be provided at scheduling and is available on our website.
- Enema – other:** Any prep instructions will be discussed with and provided by our radiologists during appointment scheduling.
- Voiding Cystourethrogram (VCUG):** No prep.

ULTRASOUND

- Abdomen, Liver, Gallbladder, Pancreas, Aorta:** Any prep instructions will be discussed with and provided by our radiologists during appointment scheduling.
- Renal, Thyroid, Breast, Head, Neck, Spine, Hips, Scrotum:** No prep.
- Pelvic:** Patients must have a full bladder for the ultrasound. Encourage your child to drink fluids one hour before the exam and not to urinate.
- Pyloric Stenosis:** Do not eat three hours prior to the exam.
- Intussusception, Urachal Tract:** No prep.

NUCLEAR MEDICINE

- Hepatobiliary Scan:** No barium studies 3-5 days prior to scan. Do not eat or drink six hours before exam.
- CCK Hepatobiliary Scan:** No barium studies 3-5 days prior to scan. Do not eat or drink six hours before exam. Must have recent (within 3 months) negative ultrasound for gallstones.
- Gastric Emptying Scan:** Nothing by mouth after midnight or if instructed, nothing 6-8 hours before exam. Postpubertal girls should be on day 1-10 of their cycle. No recent barium studies.
- Thyroid:** Do not take thyroid medications for 2 weeks prior to scan. No CT or IVP for 6 weeks prior to scan.
- All Bone Scans:** Hydrate well before study.
- All Renal Scans:** Hydrate well before study.
- Nuclear Cystogram:** No prep.
- Meckel's Scan:** Nothing by mouth for 2 to 4 hours prior to the exam. Cimetidine 20 mg/kg/day for the two days prior to the exam. (1 kg = 2.2 lbs)

BONE DENSITOMETRY

No solid pills containing calcium or 24 hour prior to the scan. No IV contrast, barium studies or nuclear medicine studies for 1 week prior to exam.

COMPUTED TOMOGRAPHY (CT SCAN)

In the interest of providing the safest care to our pediatric patients, sedation is not available for outpatient pediatric CT scans at our West Raleigh office. Any patient who needs sedation can be referred to UNC REX Hospital. All patients having exams that involve intravenous (IV) should:

1. Drink plenty of fluids the evening before and day of their exam.
2. Not eat anything 4 hours before their exam. Patients should take usual medications with small sips of water during this period.

Note: For patients who have recently (within 7 to 10 days) had x-ray studies involving Barium, CT scans of the abdomen, pelvis or lumbar spine may need to be postponed if there is residual Barium in the intestines.

Abdomen or Pelvis CT: These studies require oral and intravenous contrast. Patients should arrive 1 hour before their scheduled exam time to drink the oral contrast.

Chest or Neck CT: These studies typically require intravenous (IV) contrast, but no oral contrast. If scheduled for a chest CT, bring all recent chest x-ray images and reports.

CT Spine, Extremities or Joints (wrist, foot, knee, etc): No prep. Bring all x-ray images and reports related to the area being scanned.

MRI/MRA/MRV: All outpatient pediatric MRI studies are performed at our Raleigh MRI office. If sedation is needed, additional patient prep may be required.

MRI/MRA/MRV: No prep.

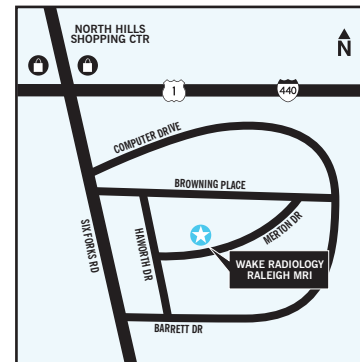
MRCP: No food or drink after midnight or for 6 hours prior to the exam.

Pelvis: Patients should have a small meal before the exam unless receiving sedation.

PET/CT: Patients will receive detailed prep instructions at appointment scheduling or may go to WakeRad.com/Procedures/PETCT.



WAKE RADIOLOGY PEDIATRIC IMAGING CENTER
4301 Lake Boone Tr., #103 | Raleigh, NC 27607
919-781-6707



WAKE RADIOLOGY RALEIGH MRI CENTER
3811 Merton Drive | Raleigh, NC 27609
919-782-7666

MRI PATIENT SAFETY QUESTIONS

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 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 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 question, your scheduled MRI may be postponed. Call 919-782-7666 prior to your appointment.