

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  M  F  
 Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
 Ins. Co.: \_\_\_\_\_ Auth. #: \_\_\_\_\_  
 Ins. I.D. #: \_\_\_\_\_ D.O.I.: \_\_\_\_\_  
 Patient's Follow-up Appointment: \_\_\_\_\_

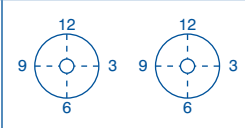
Exam Date/Time:  
\_\_\_\_\_

**PROVIDER INFORMATION**

Requesting Provider: \_\_\_\_\_ Call Report (phone #): \_\_\_\_\_  
 Provider's Phone: \_\_\_\_\_ Fax Report (fax #): \_\_\_\_\_  
 Cc to: \_\_\_\_\_  
 Prior Films & Reports:  Yes  No Location of prior films: \_\_\_\_\_  
 \_\_\_\_\_ Provider Signature

**SPECIAL REQUESTS**

**EXAM URGENCY:**  STAT  24-48 hrs.  Patient Convenience  
**EXAM OUTPUT:** Give Patient:  Film  CD Mail:  Film  CD Courier:  Film  CD

NAME OF EXAM(S)	EXAM FOCUS	ICD-9 / Symptoms/Reason
<input type="checkbox"/> <b>MRI</b> <input type="checkbox"/> Open <input type="checkbox"/> High Field <input type="checkbox"/> <b>CONTRAST IF INDICATED</b> <input type="checkbox"/> Contrast allergy <b>IMPORTANT:</b> For diabetic patients please provide the following: <b>Bun:</b> _____ <b>Creatinine:</b> _____ <b>Date Drawn:</b> _____	<input type="checkbox"/> Brain MRI <input type="checkbox"/> Brain MRA <input type="checkbox"/> Carotid MRA <input type="checkbox"/> Extremity (Specify): _____ <input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> L-Spine <input type="checkbox"/> Pelvis <input type="checkbox"/> Other (Specify): _____	
<input type="checkbox"/> <b>CT</b> <input type="checkbox"/> <b>CONTRAST IF INDICATED</b> <input type="checkbox"/> Contrast allergy <b>IMPORTANT:</b> If patient is diabetic or over 60 please provide the following: <b>Bun:</b> _____ <b>Creatinine:</b> _____ <b>Date Drawn:</b> _____ <input type="checkbox"/> 3D Rendering	<input type="checkbox"/> CTA (Specify): _____ <input type="checkbox"/> Brain <input type="checkbox"/> Sinus <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Renal Stone Protocol <input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> L-Spine <input type="checkbox"/> Extremity (Specify): _____	
<input type="checkbox"/> <b>Ultrasound</b>	<input type="checkbox"/> OB: _____ <input type="checkbox"/> Breast: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Scrotal <input type="checkbox"/> Gallbladder <input type="checkbox"/> Renal <input type="checkbox"/> Thyroid <input type="checkbox"/> Venous Doppler <input type="checkbox"/> Carotid <input type="checkbox"/> Extremity (Specify): _____ <input type="checkbox"/> Other: _____	
<input type="checkbox"/> <b>Mammography (digital)</b> <input type="checkbox"/> F/U ultrasound if indicated	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Screening <input type="checkbox"/> Implants <input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral: (please circle) R L <input type="checkbox"/> Other/Comments: _____	 Clinician use only
<input type="checkbox"/> <b>X-ray (computed)</b>	Please specify: _____	
<input type="checkbox"/> <b>Fluoroscopy (digital)</b> <input type="checkbox"/> Allergy to Iodine	<input type="checkbox"/> Barium Enema <input type="checkbox"/> Esophagram <input type="checkbox"/> Small Bowel <input type="checkbox"/> Upper G.I. Series <input type="checkbox"/> Arthogram/Injection Site: _____ Special Requests: _____	
<input type="checkbox"/> <b>DEXA</b> <input type="checkbox"/> <b>VFA</b>	Please specify: _____	

## PATIENT PREPARATION

Please follow carefully. Arrive 15 minutes prior to exam.  
Bring insurance card and this order to the exam.

### MRI/MRA

No special preparation is needed regarding diet or medication. Wear comfortable clothing with no metal such as zippers, metal buttons, or snaps. Please remove jewelry. If you have any of the following: Pacemaker, Ear implants, Surgical staples, Metal pins, Neuro-stimulator, Aneurysm clip(s), Implanted drug infusion device, or worked as welder or grinder with metal, check with your physician or MRI technologist prior to your exam.

**CT:** The patient should not eat or drink for 3 hours prior to arriving for your exam. Please wear comfortable clothes and remove jewelry in the area of interest.

### ULTRASOUND

- Abdomen, Aorta, & Gallbladder: Nothing by mouth for 8 hours prior to the exam.
- Pelvis (Uterus, Adnexae and Ovaries), Kidney (Renal), & Obstetrical (OB): 32 oz. of water finished 1/2 hour prior to exam. NO VOIDING until exam is over.
- All others: No preparation needed.

**MAMMOGRAM (digital):** Do not wear powder, deodorant, lotion, or body oil. (Provided after exam.)

**X-RAY (computed):** No special preparation is needed.

### FLUOROSCOPY

- Upper GI/Small Bowel Series/Esophogram: Nothing to eat or drink after 10pm the evening prior to the exam. Refrain from chewing gum or smoking until the exam is completed. Note: Small Bowel Series may take several hours.
- Barium Enema: Prep kit required. Patient to pick up at Diagnostic Imaging of Salem at least three days prior to exam. Average exam time is one hour.

### DEXA (Bone Densitometry) or VFA (Vertebral Fracture Assessment)

Do not take any calcium supplements or TUMS on the day of the exam. No oral or IV contrast done in past 7 days.

## Directions

### I-5 from South

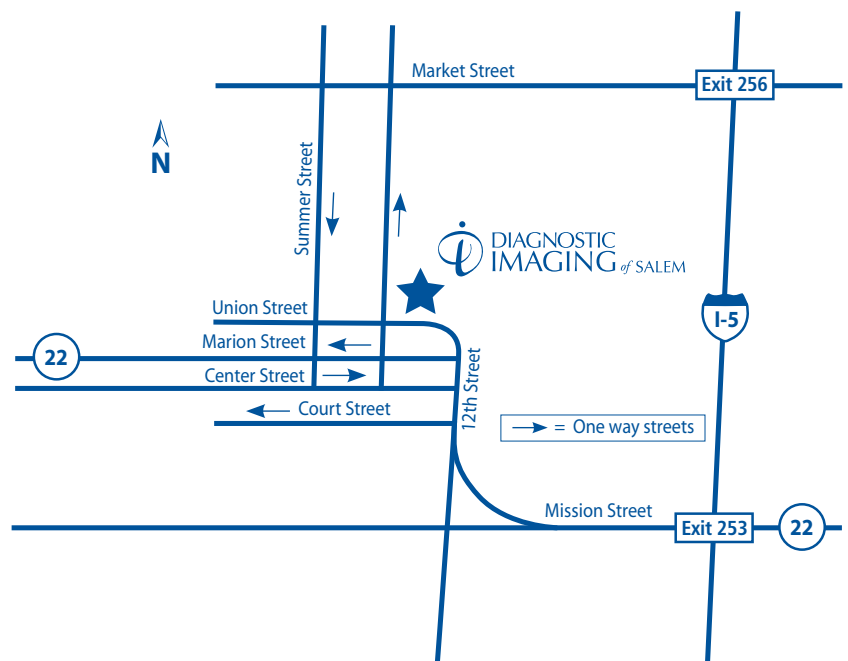
- Market St. exit #256
- Right on Market to Summer St. (Stoplight)
- Left on Summer St.
- Left on Center St. NE
- Left on 12th (becomes Union St. NE)
- Right into parking lot after the curve

### I-5 from North

- Hwy 22E/Detroit Lake exit #253
- Left on Hwy 22/Mission St.
- Follow sign to 12th St./State Offices
- 12th St. becomes Union St. after Safeway
- Right into parking lot after the curve

### Hwy 22W/West Salem

- Stay on Center St. as you come over bridge
- Left turn on 12th St. (just past McDonalds)
- 12th becomes Union St.
- Right into parking lot after the curve



For online registration, directions, or more information regarding our radiologists, staff, and services, please visit our website, [www.salemimaging.com](http://www.salemimaging.com)