

Medical Record Number (MRN): _____ Patient Name: (Last Name, First Name, MI): _____ Date of Birth: _____ Weight: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Insurance Plan/FSC: _____ Member Insurance #: _____ Referral #: Provide PCP to Specialist referral #.	Required information needed to schedule: Attending MD Name: _____ NPI #: _____ *NPI needed for physicians. Office Phone: _____ Fax: _____ Contact Requesting Physician @: _____ Office Contact _____ Phone _____ Patient's Phone (H/W/Cell) _____
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Diagnosis/Indications: _____ ICD-9 Codes _____

Urgency: STAT TODAY ROUTINE, Requested Exam Date: _____

Physician Signature (MD, DO, PA, and NP): _____ Date: _____

COMPUTED TOMOGRAPHY - CT

CREATININE LEVEL YES N/A
(Needed within 30 days of exam date.)

Pregnant? YES NO N/A

Prior Contrast Reaction? YES NO

Diabetic/Renal disease? YES NO

Facial Bones
 Contrast W/O Contrast

Head
 Contrast W/O Contrast

Orbits
 Contrast W/O Contrast

Temporal Bone
 Contrast W/O Contrast

Sinus
 Contrast W/O Contrast

Soft Tissue Neck
 Contrast W/O Contrast

Chest
 Contrast W/O Contrast

Abdomen
 Contrast W/O Contrast

Pelvis
 Contrast W/O Contrast

CT Urogram

CT Angiography (CTA With Contrast)
 Head Neck Chest Abdomen
 Pelvis Lower extremities
 Other - Specify Site: _____

3D-Post Processing - Specific questions to be answered: _____

MRI

Implanted Metal? YES NO
(i.e., Pacemaker)

Claustrophobic? YES NO

Needs Sedation YES NO

Brain IAC/Temporal Bone

Pituitary/Sella Orbits

Neck/Face Brachial Plexus

Temporomandibular Joint/TMJ

Soft tissue / Neck area of interest: _____

... W/WO Contrast W/O Contrast

MRI Continued

Chest Abdomen Pelvis
(Default is without and with IV Contrast)

C-Spine T-Spine L-Spine
..... Contrast W/O Contrast
 W/WO Contrast

Lower ext: Hip Knee Ankle Foot
 Leg Femur Pelvis

Upper ext: Shoulder Elbow Wrist
..... Contrast W/O Contrast
 W/WO Contrast

MR Angiography (Neuro)
 MRA Brain MRA Neck MRV Brain
.... W/WO Contrast W/O Contrast

MR Angiography (Body)
 MRV
 Chest Abdomen Pelvis
 Extremities

Specify Body Part: _____

(Default is without and with IV Contrast)

3D-specific question to be answered: _____

MRI Additional Instructions: _____

ULTRASOUND

Non-OB Ultrasound

Abdominal Complete With Doppler

Abdominal Limited With Doppler
 RUQ Specify other: _____

Retroperitoneum (kidneys and bladder)

Retroperitoneum (Aorta/Iliacs and IVC)

Pelvis....
 Transabdominal w/ full bladder
 Vaginal Both With Doppler

Thyroid

Scrotal with Doppler

Superficial (Specify) _____
 With Doppler W/O Doppler

ULTRASOUND Continued

Other (Specify): _____

Vascular Ultrasound

DVT (Venous)
..... Lower Upper Right Left

Arterial Eval. (EUHM and WW only)
..... Lower Upper Right Left

Arterial Duplex (EUHM and WW only)
..... Lower Upper Right Left

Carotid (Bilateral - default)
..... Right Left

Other (Specify): _____

Obstetrics (EUHM ONLY)

US Pelvic Transvaginal - OB

US Pelvic 1st Trimester - Single

US Pelvic 1st Trimester - Twin

US Pelvic 1st Trimester - Triplet

Other: _____

ROUTINE EXAMS (No Appointment Needed)

Chest PA & Lateral Chest PA

Rib Detail (RT LT) Nasal Bones

Spine (Cervical Thoracic Lumbar)

KUB (IV) Flat & Upright Pelvis

Acute Abdominal Series (CXR, 2V Abd)

Extremities/joints (specify): _____

Other: _____

GI TRACT / GU TRACT

Upper GI Series

Swallow..... Barium Gastrograffin

Enema..... Barium Gastrograffin

Modified Barium Swallow

Small Bowel Series

IV Urogram Cystogram Voiding

Other: _____

BONE DENSITY

Spine/Hip/Forearm

Other: _____

Additional Comments _____

Scheduled Date: _____ Scheduled Time: _____ Location: _____

Emory Radiology

For maps and directions to Emory Radiology sites, please call 404-778-7777 or visit us online at www.emoryhealthcare.org/radiology.

Pre-Registration:

Patients may need to pre-register for radiology exams or procedures. Please call the appropriate Fast-Track Admission number below prior to your appointment date:

Emory University Hospital (EUH): 404-686-5270 or 1-800-640-9293

○ Hours of Operation: Monday – Friday 6 a.m. to 7 p.m. Saturday 7 a.m. to 4 p.m. Closed Sunday and holidays.

Emory University Hospital Midtown (EUHM): 404-251-3800

○ Hours of Operation: Monday – Friday 9 a.m. to 8:30 p.m. Closed weekends and holidays.

RADIOLOGY EXAMS / PROCEDURES:

- For most radiology procedures, you will be asked to change into a hospital gown.
- If you need to take medications, please take them with a small amount of water unless you have been instructed to withhold your medications. If you are uncertain, please call the appropriate number listed above.
- If you are PREGNANT or there is a possibility of you being pregnant, please notify your physician.
- If you are on Dialysis and receiving a radiological exam that requires contrast, please coordinate your next dialysis visit with the date of your schedule radiology exam.
- Information for common procedures:
 - For general patient preparation information, please call 404-778-XRAY (9729)
 - For biopsies and special procedures information, please call 404-712-0566.

For additional patient information on radiology exams and procedures please visit www.emoryhealthcare.org/radiology

Locations:

Emory University Hospital
1364 Clifton Road
Atlanta, GA. 30322

Emory University Hospital Midtown
550 Peachtree Street, NE
Ground Floor Radiology
Atlanta, GA. 30308

Emory University Orthopaedic and Spine Hospital
1455 Montreal Road
Lobby Level Radiology
Tucker, GA. 30084

The Emory Clinic, Building C
1356 Clifton Road, NE
Tunnel Level Radiology
Atlanta, GA. 30322

The Emory Clinic at 1525
1525 Clifton Road
4th Floor Radiology
Atlanta, GA. 30344

The Emory Clinic at Emory University Hospital Midtown
550 Peachtree Street, NE
8th Floor Medical Office Tower
Atlanta, GA. 30308

Emory Orthopaedic & Spine Center
59 Executive Park South
4th Floor Radiology
Atlanta, GA. 30329

Emory Breast Center
1365-C Clifton Road, NE
1st Floor
Atlanta, GA. 30322

404-778-PINK

Emory Breast Center Midtown
550 Peachtree Street, NE
Ground Floor
Atlanta, GA. 30308
404-778-PINK

The Emory Clinic at Perimeter
875 Johnson Ferry Road.
Suite 200
Atlanta, GA. 30342

Emory Cardiac Imaging Center
1365-A Clifton Road, NE
Tunnel Level – Cardiac Imaging
Atlanta, GA. 30322
404-778-SCAN