WFUBMC IMAGING CONSULTATION REQUEST FORM

Wake Forest University Baptist MEDICAL CENTER®

Patient Label

Patient Name _____ Date of Birth _____ / _____ / _____
(Last) (First) MI

Insurance (Primary) _____ Group # / Plan # _____ Phone # _____

Blood Work Results (if needed): BUN _____ Creatinine _____ Prior Authorization # (if applicable/available) _____

ICD 9 Code _____ Signs/Symptoms _____

Physician's Name (Printed) _____ Physician's Signature _____

Physician's Phone # _____ Fax # _____ Pager # _____

MAGNETIC RESONANCE IMAGING (MRI)

MRI Contrast □ w/o □ w/o & w □ Radiologist discretion

Sedation Needed Y N

□ Brain
□ Soft Tissue Neck
□ C-Spine
□ T-Spine
□ L-Spine
□ Abdomen (Specify) _____
□ Pelvis (Specify) _____
□ Breast □ B □ R □ L

□ Shoulder □ R □ L
□ Elbow □ R □ L
□ Wrist □ R □ L
□ Hip □ R □ L
□ Knee □ R □ L
□ Ankle □ R □ L
□ Foot □ R □ L
□ Cardiac (specify) _____

MRA: □ Brain
□ Carotids
□ Abdomen/Pelvis
□ Extremity (Run-off)

□ Other (Specify) _____

COMPUTERIZED TOMOGRAPHY (CT)

Oral Contrast □ without □ with

IV Contrast □ without □ with □ without and with □ Radiologist discretion

□ Head
□ Facial
□ Orbits
□ Sinuses Full
□ Sinuses Mini
□ Temporal Bones
□ Neck (soft tissue)
□ Neck/Chest/ Abdomen
□ Neck/Chest/ Abdomen/Pelvis
□ Chest
□ Chest for Pulmonary Embolus
□ Chest/Abdomen/Pelvis

□ Abdomen
□ Abdomen/Pelvis
□ Stone Study
□ Pelvis
□ Other (Specify) _____ _____
□ Cervical Spine
□ Thoracic Spine
□ Lumbar Spine
□ Upper Extremity R / L
□ Lower Extremity R / L

CTA: (requires contrast)
□ Head CTA
□ Head/Neck CTA
□ Neck CTA
□ Chest CTA
□ Chest/Abdomen/Pelvis
□ Abdomen CTA
□ Abdomen/Pelvis CTA
□ Abdomen/Pelvis/LE CTA
□ Upper Extremity R / L
□ Lower Extremity R / L
□ Cardiac CTA

NUCLEAR MEDICINE / PET

Nuclear Medicine

□ Bone Scan Whole Body
□ Bone Scan 3 Phase
area _____
□ Brain SPECT
□ Biliary Patency
□ with ejection fraction
□ Gastric Emptying
□ Solid OR □ Liquid
□ Lung Perfusion and Ventilation
□ Myocardial Perfusion Rest&Stress
□ MUGA w/ ejection fraction
□ Other _____

□ Parathyroid
□ Thyroid Scan
□ Thyroid Uptake
□ Thyroid Therapy
□ Thyroid Uptake/Therapy
□ Thyroid Total Body Scan
□ Thyroid Ablation Therapy
□ Renal Scan DMSA
□ Renogram
□ w OR □ w/o lasix
□ Octreoscan
□ Indium WBC Scan

PET-CT □ Diagnosis □ Staging □ Response

□ Brain (Alzheimer's, Dementia, Seizure)
□ Cervical
□ Colorectal
□ Esophageal
□ Head & Neck
□ Lung
□ Single Pulmonary Nodule

□ Lymphoma
□ Melanoma
□ Myocardial Viability
□ Thyroid
□ Other _____

ABDOMINAL ULTRASOUND

□ Complete Abdomen
□ RUQ
□ Aorta (includes Doppler)
□ Renal (kidneys and bladder)
□ Vasc. Abd (TIPS, Hepatic Doppler, Renal Doppler - Adult Only) *
□ Renal Transplant □ R □ L
□ Pancreas Transplant
□ Pylorus (peds only)
□ Other (Specify) _____

□ Thyroid
□ Neonatal Head
□ Transabdominal Pelvis Only
□ Endovaginal (includes limited transabdominal views)
□ Scrotal (includes doppler)
□ Lower Ext Venous Doppler □ B □ R □ L
□ Infant Hips (Peds only)
□ with stress □ without stress

MAMMOGRAPHY

□ Screening Mammogram
□ Diagnostic Mammogram □ Bilateral □ Right □ Left
□ Breast Ultrasound □ Bilateral □ Right □ Left
□ Breast Ultrasound Needle Biopsy □ Breast Stereo Needle Biopsy

DIAGNOSTIC X-RAY

□ Abdomen (KUB)
□ Abdomen Complete (includes oblqs before/after CT)
□ Acute Abdomen Series (Flat, upright, 1 view chest)
□ Chest (PA & Lat)
Cervical Spine:
□ (AP/Lat) Limited
□ AP/Lat/Obl complete
□ AP/Lat/Flexion/Extension (4 views)
□ Hip(s) □ B □ R □ L
Lumbar Spine:
□ (AP/Lat) Limited
□ AP/Lat/Obl Complete
□ AP/Lat/Flexion/Extension (4 views)

□ Orbits
□ Osseous Survey
□ Pelvis (AP)
□ Ribs
□ Sacrum/coccyx (AP/Lat)
□ Scoliosis (AP/Lat)
□ Shunt Series (AP/Lat Skull, AP/Lat Chest, AP/Lat Abdomen)
□ SI Joints
□ Skull
□ Soft Tissue Neck (AP/Lat)
□ Sternum
□ Thoracic Spine

Extremities:
□ Right □ Left □ Bilateral
□ Ankle □ Calcaneus □ Clavicle
□ Elbow □ Femur □ Finger(s)
□ Foot □ Forearm □ Hand
□ Humerus □ Knee □ Scapula
□ Shoulder □ Tib/Fib □ Toe(s)
□ Wrist

□ Other (Specify) _____

FLUOROSCOPY PROCEDURES

□ Arthrogram (Specify) _____
□ Myelogram
□ Cervical
□ Thoracic
□ Lumbar
□ Epidural Steroid Injection
□ Facet Injection

□ Barium Enema □ with Air □ without Air
□ Upper GI
□ Upper GI with Small Bowel
□ Small Bowel
□ Enteroclysis
□ T-Tube Cholangiogram
□ Defocography

□ Voiding Cysto Urethrogram
□ Cystogram
□ IVP
□ Loopogram

INTERVENTIONAL RADIOLOGY (including Angiography, CT and US Guided Procedures) (336) 716-4747

All information MUST be filled in completely before your request can be processed.
Department Phone Numbers, Patient Preparations and Maps are on the reverse side.

Patient Preparation / Special Instructions

If there is any chance the patient is pregnant, please consult the Radiologist

MRI

Prep Instructions: MRI cannot be performed on patients with cardiac pacemakers, some cardiac valves and stents, otologic implants, neurostimulators and some aneurysm clips in the brain or if there is a possibility of metal fragments in the eye or other body parts. Please bring any information pertaining to stents or implants that you may have to the appointment.

If you have ever had a serious reaction to **any type of contrast material**, please notify your physician prior to your appointment.

Bloodwork (must be within 30 days) - Creatinine levels **are required if the patient is having an MRI with contrast and meets **ANY** of the following conditions:
Has kidney disease, had had kidney surgery or is on dialysis

Nuclear Medicine / PET

Nuclear Medicine Instructions:
Biliary Patency and Gastic emptying - nothing to eat past midnight
Myocardial Perfusion - nothing to eat past midnight, no caffeine for 24 hours prior to exam
Thyroid Uptake and Therapy - nothing to eat past midnight

PET Instructions:
Low carbohydrate diet 48 hours prior to scan
Nothing to eat or drink 4 hours prior to scan

Computerized Tomography (CT)

The following studies *must* be done in the Main Radiology Department, 1st floor Reynolds Tower: Brain Lab Studies, Cardiac Studies, Coronary Calcium, Heart and Coronary Studies, Perfusion, Scanogram, Stealth Studies and **ALL** patients who require pre-medication.

You may eat a normal diet and take any daily medications. You may be instructed to drink a liquid and wait before the examination begins. Your wait time will depend on the type of exam your physician has ordered.

Abdominal Ultasound

Abdomen, Aorta, RUQ, Vascular Abdomen, Pancreas Transplant - nothing to eat or drink for a minimum of 6 hours prior to appointment
Renal Doppler - nothing to eat or drink for a minimum of 8 hours prior to study
Bladder (PVR), Transabdominal Pelvis - drink 32 ounces of a liquid of your choice 45 minutes prior to exam. Hold fluid in the bladder until the exam is finished.

Mammography

Patient Instructions/Suggestions:
If you wear deodorant, you will be asked to wash it off before mammogram.
Two piece clothing will be more convenient for you.
Scheduling your mammogram for the week after your menstrual period may help reduce breast tenderness.
Please arrive 15 minutes before your scheduled appointment time.
Note: The purple level in parking lot C or the M level has a walkway to the 4th floor of the Cancer Center

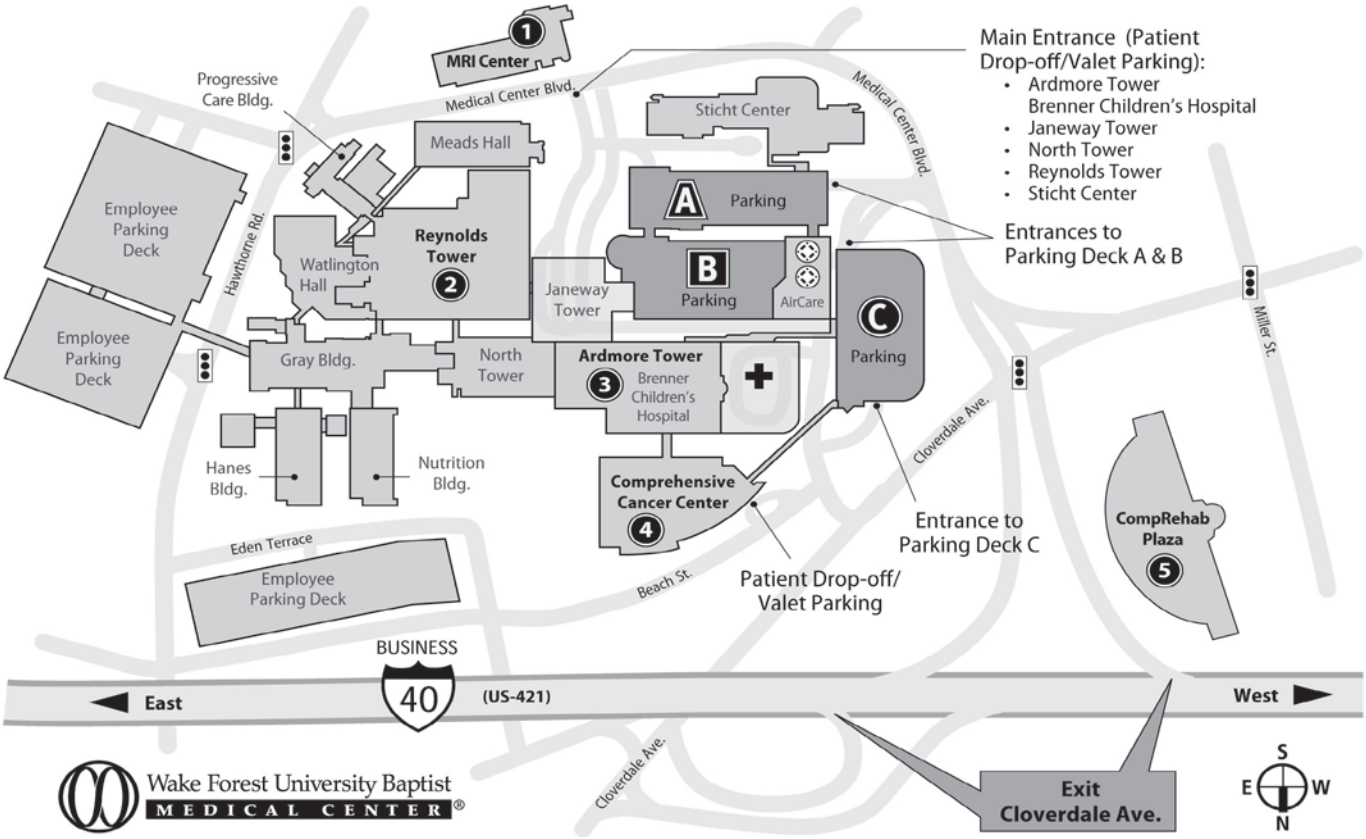
Fluoroscopy (GI/GU Studies)

Esophagram (Barium Swallow): No Prep

Upper GI and/or Small Bowel:
Nothing to eat or drink after midnight, including gum and cigarettes
If patient has had a barium study within 4 days prior to Upper GI Study, Barium Enema prep is required

Barium Enema / Colostomy Barium Enema:
24 hour clear liquid diet
8 oz. glass of water every hour from 9:00am - 9:00 pm
At 12:00 noon the day before exam, drink a 10 oz. bottle of Magnesium Citrate
At 4:00pm the day before exam, drink 2 ozs of Castor Oil with a glass of juice
Nothing to eat or drink after midnight

Intravenous Pyelogram (IVP):
Clear liquid diet the day before exam
At 12:00 noon the day before exam, drink a 10 oz bottle of Magnesium Citrate
At 4:00pm, take 4 Dulcolax tablets by mouth with a glass of water
Drink 8 oz glass of water or other liquid every hour from 12:00 noon until midnight (bedtime)
Nothing to eat or drink after midnight



Department	Phone Number	Fax Number	Hours of Operation	Location	Map Reference
Magnetic Resonance Imaging (Mon - Fri)	(336) 716-3291	(336) 716-7432	7:00 am - 11:00 pm	1st Floor MRI Center	1
Magnetic Resonance Imaging (Sat - Sun)	(336) 716-3291	(336) 716-7432	7:00 am - 7:00 pm	1st Floor MRI Center	1
PET Center	(336) 716-5600	(336) 716-6108	7:00 am - 5:00 pm	Ground Floor MRI Center	1
Main Radiology	(336) 716-3560	(336) 716-0770	7:30 am - 11:00 pm	1st Floor Reynolds Tower	2
CT Scanning (Main Department)	(336) 716-1920	(336) 716-0770	7:30 am - 5:00 pm	1st Floor Reynolds Tower	2
Pediatric Radiology	(336) 716-3560	(336) 713-4602	5:00 pm - 11:00 pm	1st Floor Reynolds Tower	2
Cardiac Magnetic Resonance Imaging	(336) 716-8663	(336) 716-8683	7:00 am - 6:00 pm	1st Floor Reynolds Tower	2
Abdominal Ultrasound (Adult)	(336) 716-0460	(336) 716-0770	8:00 am - 4:00 pm	1st Floor Reynolds Tower	2
Interventional Radiology	(336) 713-4747	(336) 713-5145	7:30 am - 4:30 pm	1st Floor Reynolds Tower / South Bldg	2
Nuclear Medicine	(336) 716-3520	(336) 716-6108	8:00 am - 5:00 pm	Main Floor Reynolds Tower	2
Abdominal Ultrasound (Pediatric)	(336) 713-4600	(336) 713-4602	8:15 am - 4:45 pm	7th Floor Ardmore Tower Brenners	3
Pediatric Radiology	(336) 713-4600	(336) 713-4602	7:30 am - 4:30 pm	7th Floor Ardmore Tower Brenners	3
Comprehensive Cancer Center Radiology	(336) 713-3700	(336) 713-6747	7:30 am - 5:00 pm	4th Floor Comprehensive Cancer Center	4
Mammography	(336) 713-6500	(336) 713-6688	7:30 am - 5:00 pm	4th Floor Comprehensive Cancer Center	4
Abdominal Ultrasound (Adult)	(336) 716-0460	(336) 713-6688	8:00 am - 4:00 pm	4th Floor Comprehensive Cancer Center	4
Com Rehab Radiology	(336) 716-8200	(336) 716-8069	8:00 am - 4:30 pm	131 Miller Street	5
Urology Clinic Radiology	(336) 716-8273	(336) 716-8171	8:00 am - 5:00 pm	140 Charlois Blvd., Winston-Salem	