



Where Compassion and Expertise Come Together

- 10700 Charter Drive, Suite 110
Columbia, MD 21044
- 116 Westminster Pike, Suite 104
Reisterstown, MD 21136

Phone: 443-917-2855 • Fax: 410-346-5775 • www.charterradiology.com

STAT

Phone #: _____

Fax #: _____

Provide Images: CD Film

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Clinical History / Reason for Exam: _____

Referring Physician: _____ Physician Signature: _____

Phone#: _____ Fax #: _____ Cc: _____

BUN: _____ Creatinine: _____

3T MRI

3D Rendering as indicated

- w/o contrast w/o & w/ contrast

- BRAIN:**
 - Routine w/Neuroquant attn IAC
 - attn Sella attn Temporal Lobe
 - attn Pituitary
- ORBITS**
- TMJ**
- SOFT TISSUE NECK**
- SPINE:**
 - Cervical Thoracic Lumbar
- BREAST:** Right Left
 - Routine Implant Protocol
- CHEST:**
 - Cardiac Pectoroalis
- ABDOMEN:**
 - Liver MRCP Kidney
 - Adrenal MR Enterography
- PELVIS:**
 - Routine Bony attn Bladder
 - MR Urography Prostate
 - MR Defecography
- OTHER:** _____

128 SLICE CT

3D Rendering as indicated

- w/o contrast w/o & w/ contrast

- HEAD:**
 - Orbits Temporal Bones/IAC
 - SINUS
- SOFT TISSUE NECK:**
- SPINE:**
 - Cervical Thoracic Lumbar
- CHEST/CARDIAC:**
 - Routine High Resolution
 - Calcium Score Low Dose Screening
- ABDOMEN:**
 - Dual Phase Tri-Phase
 - Renal /Adrenal Pancreas
- ABDOMEN/PELVIS:**
 - Routine Enterography Urogram
 - Kidney Stone (Dual Energy)
- PELVIS:**
 - Soft Tissue Bony
- OTHER:** _____

X-RAY

- HEAD:**
 - Skull
 - Sinus
 - Orbits
- SPINE:**
 - Cervical
 - Routine w/Flexion & Extension
 - Thoracic
 - Lumbar
 - Routine w/Flexion & Extension
- CHEST:**
 - PA/Lateral
 - PA Only
 - Ribs w/PA Chest: Right Left
 - Clavicle: Right Left
 - Sternum
- ABDOMEN:**
 - KUB
 - Supine/Erect
- PELVIS:**
 - Routine
 - Sacrum / Coccyx
 - SI Joints
- BONE SURVEY:**
- SCOLIOSIS:**
- UPPER EXTREMITY:** Right Left
 - Shoulder
 - Humerus
 - Elbow
 - Forearm
 - Wrist
 - Hand
 - Finger
- LOWER EXTREMITY:** Right Left
 - Hip w/ AP Pelvis
 - Femur/Thigh
 - Knee
 - Tibia/Fibula
 - Ankle
 - Foot
 - Calcaneus / Heel
- OTHER:** _____

MRI - MSK

- UPPER EXTREMITY:** Right Left
 - Shoulder Humerus Elbow
 - Forearm Wrist Hand
- LOWER EXTREMITY:** Right Left
 - Hip Femur /Thigh Knee
 - Tibia / Fibula Ankle Foot
- MR ARTHROGRAM:** Right Left
 - Shoulder Elbow Wrist
 - Hip Knee
- OTHER:** _____

CT MSK

- Upper Extremity:** Right Left
- Specify:** _____
- Lower Extremity:** Right Left
- Specify:** _____
 - Conformis BIOMET DePuy
- CT Arthrogram:** Right Left
 - Shoulder Elbow Wrist
 - Hip Knee

CT ANGIOGRAM

3D Rendering as indicated

- w/o contrast w/o & w/ contrast

- HEAD:**
- NECK:**
- CHEST/CARDIAC:**
 - PE protocol Coronary Artery
- ABDOMEN:**
- PELVIS:**
- AORTIC RUN-OFF:**
- EXTREMITY:** Right Left
 - Upper Lower
- OTHER:** _____

MRA

3D Rendering as indicated

- w/o contrast w/o & w/ contrast

- BRAIN**
- NECK**
- ABDOMEN**
 - Renal w/contrast w/o contrast
- CHEST**
- AORTA RUN-OFF**
 - w/contrast w/o contrast
- EXTREMITY:** Right Left
 - Upper Lower
- OTHER:** _____

Please bring this form, your insurance card and photo ID along with you to your exam. Thank you for choosing Charter Radiology

MRI PATIENT INSTRUCTIONS/PREPARATIONS

- Only non-metal clothing may be worn. You will be asked to remove all non-elastic-banded clothing (such as pants), metal jewelry, mascara and hair pins prior to your scan.
- For patients who have been injured by metal to the face or eye and/or who have cut, grinded or welded metal at any time in the past or currently, orbital X-rays will be required to be done on the same day as their appointment. Indicate this on the requisition.
- Bring stent/shunt cards if applicable.

ABDOMEN OR PELVIS:

- Nothing to eat or drink 4 hours prior to test (except sips of water for daily prescription medications).

MR ENTEROGRAPHY:

- Patient will pick up 8 oz. bottle of Miralax powder from pharmacy. Mix the powder with 64 oz. of sports drink (Diabetic patients may substitute a sugar-free sports drink). Drink 8 oz. every 15 minutes starting at 5pm the night prior to procedure. Drink plenty of clear liquids to re-hydrate.
- Clear liquids ONLY after 2pm the day prior.
- Patient will need to bring 1mg dose of Glucagon to be picked up at their pharmacy and bring this at scheduled appointment time.
- Patient will be drinking an oral contrast when they arrive for their test and then the MRI scan will be performed 45 minutes later.

MR DEFECOGRAPHY:

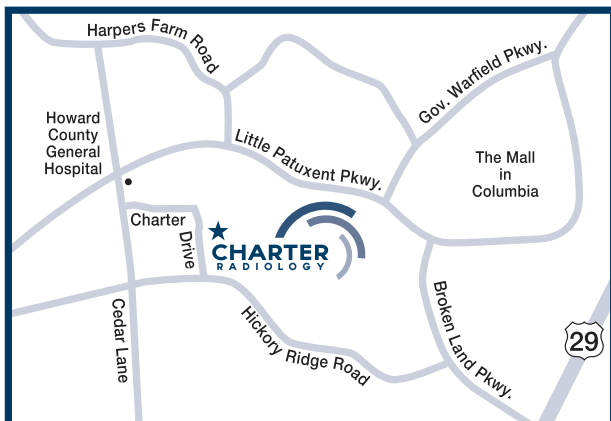
- Patient should have a clear liquid diet 8 hours prior to the procedure. Patient should use fleet enema 2 hours prior to procedure.

GUIDELINES FOR MRI CONTRAST INJECTIONS

MRI PATIENTS THAT REQUIRE BLOOD WORK PRIOR TO CONTRAST INJECTION:

- Labs to include creatinine serum must be drawn within 4 weeks of injection.
- Patients 60 and above.
- Patients with a history of kidney disease (including solitary kidney, renal transplant, or renal neoplasm)
- Patients with acute kidney injury
- Patients with diabetes
- Patients with hypertension requiring medication
- Patients with multiple myeloma
- Patients with solid organ transplant
- History of severe hepatic disease liver transplant/pending liver transplant

10700 Charter Drive, Suite 110
Columbia, MD 21044
Phone: 443-917-2855
Fax: 410-346-5775
www.charterradiology.com



CT PATIENT INSTRUCTIONS/PREPARATIONS

Any CT procedure with IV contrast:

- Nothing to eat or drink 4-6 hours prior to appointment (except sips of water for daily prescription medications).

CT Enterography:

- Patient will pick up 8oz bottle of Miralax powder from pharmacy.
- Mix the powder with 64oz of sugar free Gatorade.
- Drink 8oz every 15 minutes starting at 5pm the night prior to procedure.
- Drink plenty of clear liquids to re-hydrate.
- Nothing to eat or drink from 2 pm the day prior to procedure.

GUIDELINES FOR CT CONTRAST INJECTIONS

CT PATIENTS THAT REQUIRE BLOOD WORK PRIOR TO CONTRAST INJECTION:

- Labs to include creatinine serum must be drawn within 4 weeks of injection.
- Patients age 60 and above.
- Patients with a history of kidney disease (including solitary kidney, renal transplant, or renal neoplasm).
- Patients with family history of renal failure.
- Patients with diabetes.
- Patients with Multiple myeloma.
- Patients with Collagen disease (e.g. Lupus).
- Patients with active asthma requiring the use of an inhaler.

Patients that are prescribed Metformin or drugs containing Metformin should discontinue the medication on the day of the injection and 48 hours after injection. It is recommended, but not required, that the patient get blood drawn prior to resuming the medication.

116 Westminster Pike, Suite 104
Reisterstown, MD 21136
Phone: 443-917-2855
Fax: 410-346-5775
www.charterradiology.com

