



Where Compassion and Expertise Come Together

www.charterradiology.com

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116 Westminster Pike, Suite 104 Reisterstown, MD 21136
5005 Signal Bell Lane, Suite 102 Clarksville, MD 21029

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: _____

WE ONLY HAVE 3 TESLA SIEMENS MRI. WE ONLY HAVE 128 SLICE PET/CT.

3T MRI

3D Rendering as indicated

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

- BRAIN: Routine, attn IAC, attn Temporal Lobe, w/Neuroquant, attn Sella, attn Pituitary
ORBITS
TMJ
SOFT TISSUE NECK
SPINE: Cervical, Thoracic, Lumbar
BREAST: Routine, Cancer Screening, Implant Protocol
CHEST: Cardiac, Pectoroalis
ABDOMEN: Liver, MRCP, Kidney, Adrenal, MR Enterography, MR Elastography, Liver Lab
PELVIS: Routine, Rectal Fistula, Prostate, MR Defecography
OTHER:

MRI - MSK

- UPPER EXTREMITY: Shoulder, Forearm, Thumb, Wrist, Hand
LOWER EXTREMITY: Hip, Knee, Ankle, Foot, Femur/Thigh, Tibia/Fibula
MR ARTHROGRAM: Shoulder, Hip, Elbow, Wrist, Knee
MRI PELVIS: Athletic Pubalgia, Sports Hernia
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: Upper, Lower
OTHER:

128 SLICE CT

3D Rendering as indicated

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

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

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: Upper, Lower
OTHER:

X-RAY

- HEAD: Skull, Sinus, Orbits
SPINE: Cervical, Thoracic, Lumbar, Routine, w/Flexion & Extension
CHEST: PA/Lateral, PA Only, Ribs w/PA Chest, Clavicle, Sternum, Routine, w/Flexion & Extension
ABDOMEN: KUB, Supine / Erect
PELVIS: Routine, Sacrum / Coccyx, SI Joints
BONE SURVEY
SCOLIOSIS
UPPER EXTREMITY: Right, Left, Shoulder, Humerus, Elbow, Forearm, Wrist, Hand, Finger

- BONEAGE
LOWER EXTREMITY: Right, Left, Hip w/AP Pelvis, Femur/Thigh, Knee, Tibia/Fibula, Ankle, Foot, Calcaneus/Heel
BONE LENGTH STUDY
OTHER:

DEXA

- BONE DENSITY AXIAL
BONE DENSITY / PERIPHERAL
BONE DENSITY STUDY
FRACTURE ASSESSMENT VIA DXA
BODY COMPOSITION
OTHER:

ULTRASOUND

- ABDOMEN COMPLETE
ABDOMEN LIMITED
BI-CAROTID DOP-EXTRACRANIAL ARTERY
BLADDER
BREAST: Complete (w/axilla), Limited
JOINT / SOFT TISSUE LIMITED
ECHOCARDIOGRAPHY
EKG ONLY
EXTREMITY ARTERIES: Bilateral, Unilateral
EXTREMITY VEINS: Bilateral, Unilateral
NECK, THYROID / PARATHYROID
OB: Additional Gestation, > 14 weeks, < 14 weeks Pregnancy 1st Trim, Transvaginal
PELVIC
PLEURAL EFFUSION CHEST
RETROPERITONEAL: Compl. (Renal & Bladder), Ltd. (Aorta or Renal)
SCROTUM & CONTENTS
STRESS ECHO
TRANSVAGINAL
ELASTOGRAPHY
AORTA
ARTERIAL DOPPLER / DUPLEX: Carotids, RUE (Right Upper Extremity), LUE (Left Upper Extremity), LE (Lower Extremity - Bilateral)
VENOUS DOPPLER - LOWER EXTREMITY: Right, Left, Bilateral
VENOUS DOPPLER - UPPER EXTREMITY: Right, Left, Bilateral
RENAL DOPPLER
OTHER:

PET / CT

- FDG ONCOLOGY: Skull Base to Thighs, Whole Body
SODIUM FLUORIDE BONE SCAN
FDG BRAIN (METABOLIC EVALUATION)
AXUMIN (RECURRENT PROSTATE CA)
GALLIUM DOTATATE (NEUROENDOCRINE)
BETA AMYLOID BRAIN

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.

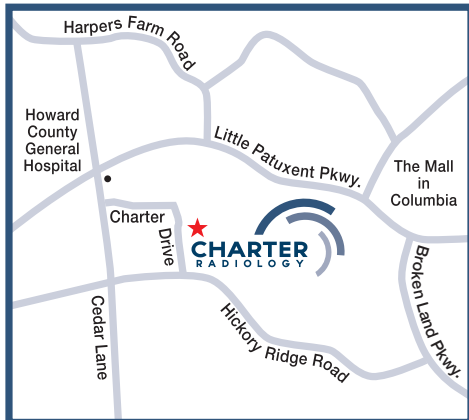
GUIDELINES FOR MRI CONTRAST INJECTIONS

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.

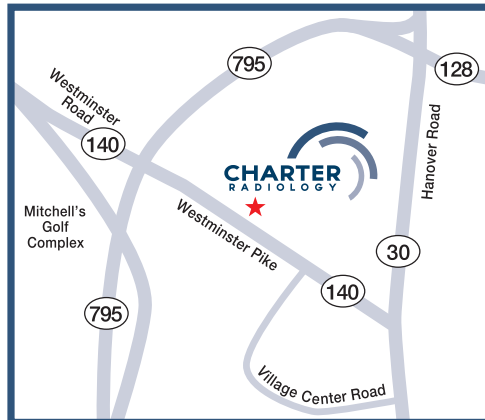
Patients that are prescribed Metformin or drugs containing Metformin should discontinue the medication on the day of the injection and 48 hours after injection. It is recommended, but not required, that the patient get blood drawn prior to resuming the medication.

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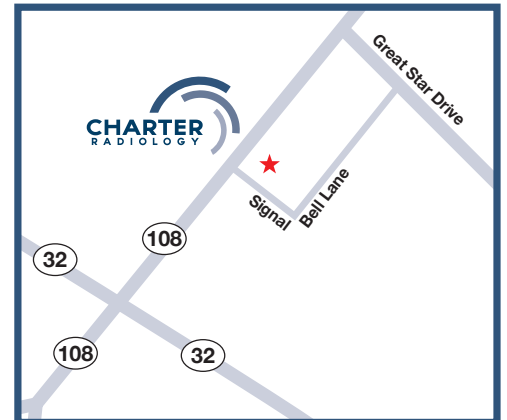
Reisterstown Crossing

116 Westminster Pike, Suite 104
Reisterstown, MD 21136
Phone: 443-917-2855
Fax: 410-833-0021



River Hill Station

5005 Signal Bell Lane, Suite 102
Clarksville, MD 21029
Phone: 443-917-2855



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.

GUIDELINES FOR INDICATIONS FOR PET/CT

SKULL BASE TO MID-THIGH PET/CT

BREAST CA - CERVICAL CA - COLORECTAL CA - ESOPHAGEAL CA - LUNG CA - OVARIAN CA - TESTICULAR CA - HEAD/NECK CA - LYMPHOMA

WHOLE BODY PET/CT

MELANOMA - SARCOMA - LYMPHOMA (IF LOWER EXTREMITIES ARE INVOLVED) - MULTIPLE MYELOMA

SODIUM FLUORIDE WHOLE BODY BONE PET/CT SCAN

MULTIPLEMYELOMA - PROSTATE CA - OTHER INDICATIONS

F-18 FLUCICLOVINEAXUMIN PET/CT SCAN

Recurrent Prostate Cancer

PET/CT Gallium Dotatate

Neuroendocrine Tumors



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