



Where Compassion and Expertise Come Together

www.charterradiology.com

Phone: 443-917-2855 • Faxes: eFax: 410-346-5775 • Analog fax: 443-545-5869

- 10700 Charter Drive, Suite 110 Columbia, MD 21044
116 Westminster Pike, Suite 104 Reisterstown, MD 21136
5005 Signal Bell Lane, Suite 102 Clarksville, MD 21029

You may email referrals to: patientservices@charterradiology.com

and

petct@charterradiology.com



SCAN TO REQUEST AN APPOINTMENT

Patient Name: Today's Date:

Date of Birth: Patient Phone Number:

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. WE ONLY USE GADAVIST MR CONTRAST.

3T MRI

3D Rendering as indicated

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

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

MRI - MSK

- UPPER EXTREMITY: Right, Left, Shoulder, Humerus, Elbow, Forearm, Wrist, Hand, Thumb
LOWER EXTREMITY: Right, Left, Hip, Femur / Thigh, Knee, Tibia / Fibula, Foot, Ankle/Hind Foot
MR ARTHROGRAM: Right, Left, Shoulder, Elbow, Wrist, Hip, 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: Right, Left, Upper, Lower
OTHER:

CT 128 SLICE

3D Rendering as indicated

- w/o contrast 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:

CT MSK

- UPPER EXTREMITY: Right, Left
SPECIFY:
LOWER EXTREMITY: Right, Left
SPECIFY: Conformis, BIOMET, DePuy
CT ARTHROGRAM: Right, Left, Shoulder, Elbow, Wrist, Hip, Knee
GOUT EXTREMITY:

CT ANGIOGRAM

3D Rendering as indicated

- w/o contrast w/ contrast

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

PET / CT

- FDG ONCOLOGY: Skull Base to Thighs, Whole Body
FDG BRAIN (METABOLIC EVALUATION)
GALLIUM DOTATATE (NEUROENDOCRINE)
BETA AMYLOID BRAIN
PSMA PET/CT

ULTRASOUND

- ABDOMEN COMPLETE
ABDOMEN LIMITED
BI-CAROTID DOP-EXTRACRANIAL ARTERY
BLADDER
BREAST: Limited
SOFT TISSUE LIMITED
EXTREMITY ARTERIES: Bilateral, Unilateral
EXTREMITY VEINS: Bilateral, Unilateral
NECK, THYROID / PARATHYROID
OB: Additional Gestation, > 14 weeks 1st Trim., Transvaginal

- PELVIC
PLEURAL EFFUSION CHEST
RETROPERITONEAL: Compl. (Renal & Bladder), Ltd. (Aorta or Renal)
SCROTUM & CONTENTS
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:

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
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:

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

- You will be asked to remove all metal jewelry, hair pins, metallic makeup, elastic or compression items. We will provide scrubs or gown for all MRI patients to change into before the exam.
- 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 implant card if applicable (i.e. stent/shunt/electronic device).

ABDOMEN:

- Nothing to eat 8 hours prior to procedure. Water only, encouraged.

PELVIS:

- Nothing to eat 8 hours prior to procedure. Water only, encouraged.
- Patient should use fleet enema 2 hours prior to procedure.

MR ENTEROGRAPHY:

- Clear liquids ONLY after 2pm the day prior.
- 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.
- 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 1 hour later.

MR ELASTOGRAPHY:

- Patient should be 8 hours NPO (nothing by mouth). Only sips of water for daily prescription medications.

MR DEFECOGRAPHY:

- Nothing to eat 8 hours prior to procedure. Water only, encouraged.
- 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.
- We encourage all patient to stay hydrated and to drink plenty of water.
- We offer iSTAT. Blood work done on-site. We check kidney function, with just a few drops of blood, in two minutes.

CT PATIENT INSTRUCTIONS/PREPARATIONS

ANY CT PROCEDURE WITH IV CONTRAST:

- 4 hours fasted. We encourage all patient to stay hydrated and to drink plenty of water.

CT ENTEROGRAPHY:

- See instructions for MR ENTEROGRAPHY.
- Glucagon will not be used for this exam.

CT CALCIUM SCORE:

- Patient should be 4 hours clear of caffeine and tobacco products.
- \$99 self-pay.

GUIDELINES FOR CT CONTRAST INJECTIONS

CT PATIENTS THAT REQUIRE BLOOD WORK PRIOR TO CONTRAST INJECTION:

- We encourage all patient to stay hydrated and to drink plenty of water.
- We offer iSTAT. Blood work done on-site. We check kidney function, with just a few drops of blood, in two minutes.

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.

INDICATION GUIDELINES FOR PET/CT

- We encourage all patient to stay hydrated and to drink plenty of water.

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

PET/CT GALLIUM DOTATATE

Neuroendocrine Tumors

PSMA PET/CT

Prostate Cancer



Charter Professional

10700 Charter Drive, Suite 110
Columbia, MD 21044
Phone: 443-917-2855
Fax: 443-545-5869

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
Fax: 240-708-4122

