



NAPERVILLE IMAGING CENTER

1888 BAY SCOTT CIRCLE ■ NAPERVILLE, IL 60540-1106
P: 630-717-3700 ■ F: 630-717-3701 ■ www.NapervilleMRI.com

RQI #: _____

Pre-Certification #: _____

PATIENT'S NAME: _____ AGE: _____

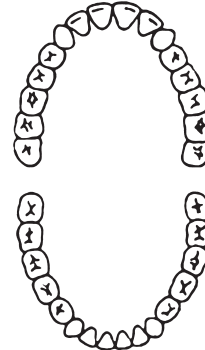
PATIENT'S PHONE NUMBER: _____

CLINICAL HISTORY/INDICATION: _____

ICD-9: _____

DENTAL CT:

- Maxilla
- Maxilla including the inferior 2/3 of orbits
- Mandible
- Maxilla and Mandible



FOR SIMPLANT STUDIES ONLY



Please send SimPlant Study on a CD-ROM or via Mail to: _____

The patient is referred for a Simplant CT scan analysis. The scan should occur so that the axial plane is parallel to the natural teeth or scannoguide template.

The patient will will not be wearing negative image scannoguide template during the scanning process.

Physician: _____

Phone #: _____

Physician Signature: _____

Fax #: _____



GENERAL PATIENT INSTRUCTIONS

- PLEASE BRING YOUR INSURANCE CARD.
- Plan to arrive 30 MINUTES BEFORE your scheduled appointment.
- BRING previous X-Rays or scans that are related to your current exam.
- Take prescribed medication according to your physicians instructions.
- All patients requiring either IV or oral contrast should fast for at least 4 hours prior to their exam.
- **Diabetic** patients should also fast for 4 hours prior to their exams. Type II diabetics should skip their morning dose of oral medication. Insulin dependent diabetics should consult their physician regarding their insulin dose prior to their exam.
- **Dialysis** patients should plan to be dialyzed within 24 hours following IV contrast.
- Patients receiving sedation should arrange for transportation to and from the center.

CT PATIENTS

- CT patients may require IV and/or oral contrast. Please review with your physician and/or 3T Imaging staff if you have any questions regarding contrast.

Patients requiring IV Contrast:

- Patients with a **history of asthma, diabetes, kidney disease, severe allergies, or a history of prior contrast reaction**, MUST notify the front desk staff and/or technologist prior to their exam.
- Patients with **prior adverse contrast reaction** MUST have their referring physician contact our office about premedication.
- Patients **over 65 years** MUST have lab results for BUN and CREATININE within the previous 30 days.
- Patients with a history of **diabetes or kidney disease** MUST have lab results for BUN and CREATININE within the previous 30 days.
- Patients on **Glucophage or Glucovance** should withhold these medications for 48 hours following IV contrast (Consult your physician before restarting).

Patients requiring oral contrast:

- If your doctor is requesting an abdominal CT, you may need to drink contrast solution 2 hours prior to the exam. Please review with your doctor and you may pick up a bottle at least two hours prior to your scheduled exam at 3T Imaging. If you are unable to pick up the contrast, please arrive two hours before your appointment to drink the contrast.
- Please call us if you have any questions.

MRI PATIENTS

- Abdominal MRI, Pelvic MRI and MRCP patients should fast for at least 4 hours before the exam.
- Patients receiving IV contrast should fast 4 hours before the exam.
- Patients with **Pacemakers** MUST not have MRI examinations.
- Please contact us AS SOON AS POSSIBLE if you have a history of the following:
 - **Brain aneurysm clips**
 - **Artificial heart valve**
 - **Metal in your eyes**
 - **Cochlear implants or ear tubes**
 - **Other implantable devices**
 - **Vascular Filter or Stent**
- Most surgically placed **orthopedic devices** are MRI compatible
- Please call us if you have any questions about MRI safety.

