



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

PATIENT'S NAME: _____ TODAY'S DATE: _____

PATIENT'S #: _____ D.O.B.: _____

PHYSICIAN: _____

CLINICAL HISTORY/INDICATION: _____

Pre-Certification #: _____

cc/NAME: _____ FAX NUMBER: _____

ICD-9: _____

PHYSICIAN'S SIGNATURE: _____

PERTINENT CLINICAL DIAGNOSIS REQUIRED. (DO NOT USE "RULE OUT", "POSSIBLE", "SUSPECTED" OR "FOLLOW-UP" DIAGNOSIS. USE SPECIFIED CODE #'S, SIGNS, SYMPTOMS, PATIENT COMPLAINTS, KNOWN DIAGNOSIS.)

MRI SCREENING		CT CONTRAST SCREENING	
<input type="checkbox"/> PACEMAKER	<input type="checkbox"/> HISTORY OF WORKING WITH METAL	<input type="checkbox"/> DIABETES	<input type="checkbox"/> Iodine / CT Contrast Allergy (Please call our office)
<input type="checkbox"/> PREGNANT	<input type="checkbox"/> OCULAR TRAUMA	<input type="checkbox"/> RENAL DISEASE	<input type="checkbox"/> PREGNANT
<input type="checkbox"/> CEREBRAL ANEURYSM CLIPS	<input type="checkbox"/> OTHER NON-ORTHOPEDIC METAL IMPLANTS	<input type="checkbox"/> AGE OVER 65	<input type="checkbox"/> GLUCOPHAGE/GLUCOVANCE
<input type="checkbox"/> METALLIC FOREIGN BODY IN EYE			
<input type="checkbox"/> IV SEDATION			
<input type="checkbox"/> PRIORITY READING - Physician must provide a contact name and number. Otherwise, STAT reading will not be provided.			
<input type="checkbox"/> INTRAVENOUS CONTRAST PER RADIOLOGIST DISCRETION (If you do not select this option, please select a contrast option where applicable.)			

IF ANY OF THE ABOVE ARE CHECKED, BUN/CREATININE WITHIN 30 DAYS IS REQUIRED. BUN _____ Cr _____ DATE ____/____/____

X	MAGNETIC RESONANCE (MR)	X	CT SCAN (Multidetector)	X	CARDIAC STRESS TESTS	X	X-RAY	X	ULTRASOUND
	wo w/wo BRAIN		wo w/wo w BRAIN		NUCLEAR MEDICINE Stress Test (Lexiscan)		ORBITS for MRI		ABDOMEN COMPLETE
	w/wo IAC'S ONLY		wo SINUSES		PHARMACOLOGIC NUCLEAR MEDICINE Stress Test (No Treadmill)		CHEST PA & LATERAL		LIVER / GB / PANCREAS (RUQ)
	w/wo BRAIN & IAC'S		wo FACIAL BONES		TREADMILL Stress Test (EKG Only)		ABDOMEN complete		KIDNEY / BLADDER
	w/wo ORBITS		w/wo w NECK SOFT TISSUE		MUGA (EF Only)		ABDOMEN KUB (1 view)		THYROID
	w/wo PITUITARY		wo w CHEST		NUCLEAR MEDICINE		3 5 F/E CERVICAL SPINE		SCROTAL / TESTICULAR
	wo w/wo CERVICAL SPINE		w PE CHEST		BONE SCAN		THORACIC SPINE		R L B GROIN
	wo w/wo THORACIC SPINE		wo w/wo w ABDOMEN / PELVIS		Whole Body (no flow study)		3 5 F/E LUMBAR SPINE		PELVIC TRANSABD & TRANSVAG
	wo w/wo LUMBAR SPINE		wo Renal Stone Study	X	3 Phase Whole Body (w/ flow)		PELVIS		OBSTETRICAL -1st TRIMESTER
	w/wo *BRACHIAL PLEXUS		w/wo CT Urogram		GASTROINTESTINAL		R L B HIP		OBSTETRICAL - 2nd / 3rd TRIMESTER
	wo *Intracranial MRA		CERVICAL SPINE		HIDA Scan		R L B KNEE		BIOPHYSICAL PROFILE
	wo *Carotid / Neck MRA		THORACIC SPINE		ECHOCARDIOGRAM		R L B FOOT		*CAROTID DOPPLER
	wo w/wo *NECK SOFT TISSUE		LUMBAR SPINE		THYROID		R L B ANKLE		AORTA
	wo w/wo *CHEST		R L B SHOULDER		1123 Uptake & Scan		R L B SHOULDER		R L B LE ARTERIAL DOPPLER
	wo w/wo ABDOMEN		R L B ELBOW		Tc99m Scan only		R L B HAND		R L B UE LE VENOUS DOPPLER
	wo w/wo PELVIS		R L B WRIST		GASTROINTESTINAL		R L B WRIST		UE LE MUSCULOSKELETAL STUDY
	R L B SHOULDER		R L B HIP		HIDA Scan		R L FINGER		OTHER:
	R L B ELBOW		R L B KNEE		ECHOCARDIOGRAM		R L B RIBS		
	R L B WRIST		R L B ANKLE		BREAST IMAGING		R L B CLAVICLE		
	R L B HIP / OSSEOUS PELVIS		R L B FOOT	X	DIGITAL MAMMOGRAPHY		R L B HUMERUS		NOTE:
	R L B KNEE		CALCIUM SCORE		SCREENING		R L B ELBOW		UE = Upper Exterimity
	R L B ANKLE		LUNG SCREENING		DIAGNOSTIC		R L B FOREARM		LE = Lower Exterimity
	R L B TIB-FIB		CT ANGIOGRAPHY (CTA)		BREAST ULTRASOUND		R L B FEMUR		w = with contrast
	R L B HUMERUS		*CTA HEAD		Notes:		R L B TIB - FIB		wo = without contrast
	R L B FEMUR		*CAROTID / NECK CTA				R L TOES		w/wo = with and without contrast
	R L B FOREARM		*THORACIC AORTA CTA				OTHER:		* = requires icd-9 code
	R L B HAND		*ABDOMINAL AORTA CTA						R = right
	R L B FOOT		*PELVIC CTA	X	BONE DENSITY				L = left
	OTHER:		R L B UE LE *PERIPHERAL CTA		DEXA				B = bilateral (ie both sides)
					OTHER:				3 = 3 views
									5 = 5 views
									F/E = Flexion/Extension
			OTHER:						
			COMMENTS:						



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.

ULTRASOUND PATIENTS

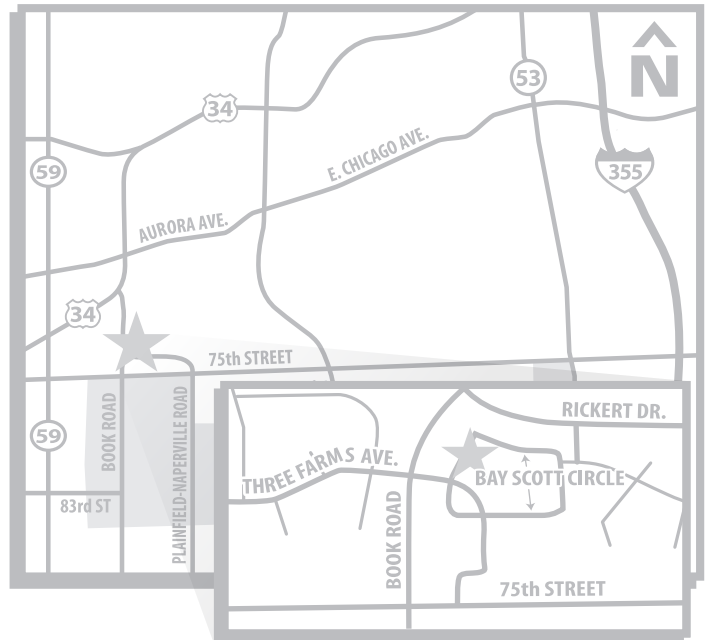
- Abdominal and gallbladder ultrasound patients should fast at least 6 hours before the exam (no food or drink).
- Diabetic and pregnant patients may eat a light meal prior to their scan.
- Pelvic ultrasound patients may require hydration and a full bladder.
- Please call us if you have any questions.

NUCLEAR MEDICINE AND NUCLEAR CARDIOLOGY PATIENTS

Please contact Naperville Imaging Center for specific instructions regarding your particular study. Some exams may require you to refrain from drinking coffee and eating 4 hours before your study.

MAMMOGRAM PATIENTS

- Please do not wear any deodorants, lotions or powder on the day of your exam.
- Please wear 2 pieces of clothing as you will be given a 1/2 gown to wear during your exam.



- **Naperville Imaging Center** is located at 1888 Bay Scott Circle just North of 75th Street, between I-355 and I-59.
- **From Route 59**, go East on 75th St. 1 mile to Book Road, turn left (North) on Book Road to Three Farms Ave. 1 block, turn right (EAST) on Three Farms Ave. to Bayscott Circle, turn left and follow curve to 1888 Bay Scott Circle.
- **From I-355**, go West on 75th St. (past Washington St.) to Book Road, turn right (North) on Book Road to Three Farms Ave. 1 block, turn right (East) on Three Farms Ave. to Bayscott Circle, turn left and follow curve to 1888 Bay Scott Circle.