



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: \_\_\_\_\_ AGE: \_\_\_\_\_

PATIENT'S #: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

CLINICAL HISTORY/INDICATION: \_\_\_\_\_

RQI #: \_\_\_\_\_

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			
IF ANY OF THE ABOVE ARE CHECKED, BUN/ CREATININE WITHIN 30 DAYS IS REQUIRED. BUN _____ Cr _____ DATE ____/____/____			
<input type="checkbox"/> <b>PRIORITY READING - Physician must provide a contact name and number. Otherwise, STAT reading will not be provided.</b>			
<input type="checkbox"/> <b>INTRAVENOUS CONTRAST PER RADIOLOGIST DISCRETION (If you do not select this option, please select a contrast option where applicable.)</b>			

X	MAGNETIC RESONANCE (MR)	X	CT SCAN (Multidetector)	X	X-RAY	X	NUCLEAR MEDICINE	X	ULTRASOUND
	wo w/wo BRAIN		wo w/wo w BRAIN		ORBITS for MRI		BONE SCAN		ABDOMEN COMPLETE
	w/wo IAC'S ONLY		wo SINUSES		CHEST PA & LATERAL		Whole Body (no flow study)		LIVER / GB / PANCREAS (RUQ)
	w/wo BRAIN & IAC'S		wo FACIAL BONES		ABDOMEN complete		3 Phase Whole Body (w/ flow)		KIDNEY / BLADDER
	w/wo ORBITS		w/wo w NECK SOFT TISSUE		ABDOMEN KUB (1 view)		THYROID		THYROID
	w/wo PITUITARY		wo w CHEST		3 5 F/E CERVICAL SPINE		1123 Uptake		SCROTAL / TESTICULAR
	wo w/wo CERVICAL SPINE		w PE CHEST		THORACIC SPINE		1123 Uptake & Scan		PELVIC TRANSABD & TRANSVAG
	wo w/wo THORACIC SPINE		wo w/wo w ABDOMEN / PELVIS		3 5 F/E LUMBAR SPINE		Tc99m Scan only		OBSTETRICAL -1st TRIMESTER
	wo w/wo LUMBAR SPINE		wo Renal Stone Study		PELVIS		NUCLEAR CARDIOLOGY		OBSTETRICAL -2nd / 3rd TRIMESTER
	w/wo *BRACHIAL PLEXUS		w/wo CT Urogram		R L B HIP		Cardiac Rest / Stress Scan w / EF		BIOPHYSICAL PROFILE
	wo *Intracranial MRA		CERVICAL SPINE		R L B KNEE		Pharmacologic Cardiac Rest / Stress Scan w/EF		*CAROTID DOPPLER
	wo w/wo *Carotid / Neck MRA		THORACIC SPINE		R L B FOOT		MUGA (EF only)		AORTA
	w *Thoracic Aorta MRA		LUMBAR SPINE		R L B ANKLE		GASTROINTESTINAL		R L B LE ARTERIAL DOPPLER
	w *Abdominal Aorta / Renal MRA		R L B SHOULDER		R L B SHOULDER		HIDA Scan		R L B UE LE VENOUS DOPPLER
	w *UE/LE Peripheral MRA		R L B ELBOW		R L B HAND		GASTRIC EMPTYING STUDY		UE LE MUSCULOSKELETAL STUDY
	wo w/wo *NECK SOFT TISSUE		R L B WRIST		R L B WRIST		OTHER:		OTHER:
	wo w/wo *CHEST		R L B HIP		R L FINGER		ECHOCARDIOGRAM		NOTE: UE = Upper Extremity LE = Lower Extremity w = with contrast wo = without contrast w/wo = with and without contrast * = requires icd-9 code R = right L = left B = bilateral (ie both sides) 3 = 3 views 5 = 5 views F/E = Flexion/Extension
	wo w/wo ABDOMEN		R L B KNEE		R L B RIBS				
	MRCP		R L B ANKLE		R L B CLAVICLE				
	wo w/wo PELVIS		R L B FOOT		R L B HUMERUS				
	R L B SHOULDER		3D RECONSTRUCTION		R L B ELBOW				
	R L B ELBOW		CT ANGIOGRAPHY (CTA)		R L B FOREARM				
	R L B WRIST		*CAROTID / NECK CTA		R L B FEMUR				
	R L B HIP / OSSEOUS PELVIS		*THORACIC AORTA CTA		R L B TIB - FIB				
	R L B KNEE		*ABDOMINAL AORTA CTA		R L TOES				
	R L B ANKLE		R L B UE LE *PERIPHERAL CTA		OTHER:				
	R L B FOOT		<b>BONE DENSITY SCAN</b>						
	MYELOGRAM		Bone Densitometry/Biomechanical Integrity Assessment of Lumbar Spine						
	ARTHROGRAM		OTHER:						
	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

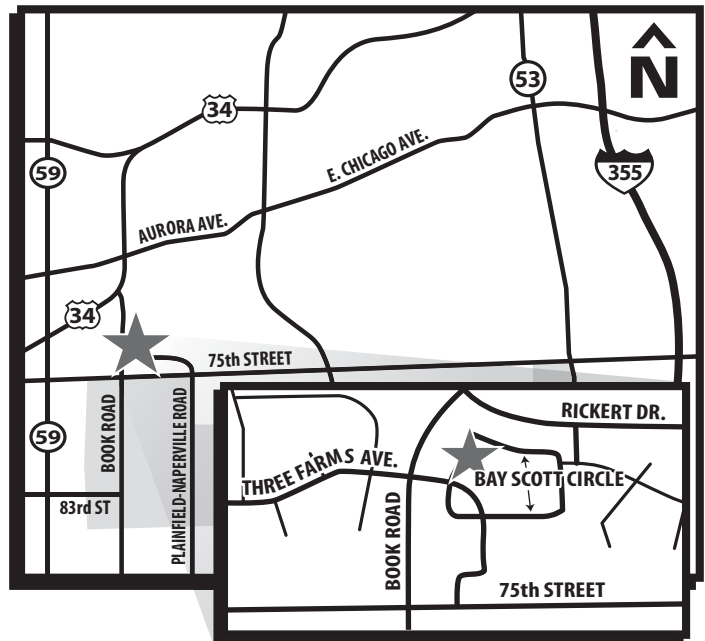
- Abdominal MRI, Pelvic MRI and MRCP patients should fast for at least 4 hours before the exam.
- Patients receiving IV contrast should fast 4 hours before the exam.
- Patients with **Pacemakers** MUST not have MRI examinations.
- Please contact us AS SOON AS POSSIBLE if you have a history of the following:
  - **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.



- **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.