Memorial
Hospital of South Bend®
615 N. Michigan St. • South Bend, Indiana 46601

To schedule please call **574-647-7700**
Please fax this side only to **574-647-2200**
*** Exams Requiring Special Preparation (see back)**

Place Label Here
PATIENT IDENTIFICATION

Patient Name (Last) _____ (First)_____ DOB _____ Ordering Physician _____

CC _____ Comments _____

Clinical History/DX _____ ICD9 Code _____

Pre-Authorization # _____ Insurance Co. _____

Appointment Date _____ Time _____ Pt. Phone # _____

☐ Hospital ☐ Navarre - #5510 ☐ BCC Navarre - #6655 ☐ Lighthouse ☐ To schedule an MRI call 574-272-9991 or 888-272-9991

☐ View via PACS ☐ Report only to office ☐ Film with report to office ☐ CD with report to office ☐ Patient to hand carry films

_____ **Hold and Call Report** Call Report # _____ Fax Report _____

CT / CTA

w[1]	w/o	Head/Neck	
☐	☐	Brain	☐ CTA Brain
☐	☐	Sinuses	☐ CTA Neck (Carotids)
☐	☐	Temporal Bones/IAC	
☐	☐	Orbits	
☐	☐	Facial Bones	
☐	☐	Neck Soft Tissue	
w[1]	**w/o**	**Chest**	
☐	☐	Chest	☐ CT Pulmonary Vein (Pre-ablation)
	☐	Cardiac Scoring	☐ CTA Chest for PE ☐ CTA Coronary ☐ CTA Chest (Aorta)
w[1]	**w/o**	**Spine**	
☐	☐	Cervical Spine	
☐	☐	Thoracic Spine	
☐	☐	Lumbar Spine	
w[1]	**w/o**	**Abd/Pelvis**	
☐	☐	Abdomen & Pelvis	☐ CTA Abd/LE Runoff
	☐	Renal Stone (Abd/Pelvis w/o)	
☐	☐	Abdomen Only	☐ CTA Abdomen (Renal/mesenteric)
☐	☐	Pelvis Only	☐ CTA Pelvis ☐ CTA Abd/Pelvis (Aorta)
☐	☐	CT Cystogram	
☐	☐	CT Enterography	
		Extremity	
☐	☐	CT Extremity: Specify _____	☐ CTA Upper Extremity: Specify _____
☐	☐	CT Arthrogram: Specify _____ Other _____	
☐	☐	CT Leg Length study	

NUCLEAR MEDICINE

Bone Scan
☐ Whole Body
☐ Multiple specific area
☐ 3-phase ☐ SPECT
☐ Liver/Spleen Scan ☐ RBC Liver Hemangioma
☐ Hepatobiliary (HIDA)*2
CCK Ejection Fraction: ☐ with ☐ without
☐ Cardiac MUGA Scan*3
Nuclear Stress Test (Myocardial perfusion imaging)*4
☐ Treadmill ☐ Adenosine/Lexiscan
☐ Dobutamine
☐ Gastric Empty (Solid)*5
☐ GE Reflux Study (Infants)*5 ☐ Meckel's Scan*5
☐ Gallium Scan ☐ Indium WBC Scan
☐ Lung Scan Vent/Perfusion
☐ Quantitative
☐ Cisternogram ☐ Octreoscan
☐ Parathyroid Scan ☐ Thyroid Consultation
☐ Thyroid Uptake and Scan*5
☐ Treatment if indicated

NUCLEAR MEDICINE (cont.)

☐ I-131 Whole Body Scan*5
☐ Renal Scan
☐ Flow and Function ☐ DMSA (Scarring)
☐ Renal scan/Lasix washout
☐ Renal scan/Captopril
☐ Other _____

ULTRASOUND

☐ Gallbladder/Liver (RUQ)*6
☐ Abdomen Complete*6 ☐ Aorta*6
☐ Renal/Kidney (includes bladder)*7
☐ Early OB (less than 14 weeks)*8
☐ OB (greater than 14 weeks)*8
☐ OB Transvaginal* (Cervical length only)8
☐ Biophysical Profile
☐ Pelvic (w/Endovag if indicated)*8
☐ Endovaginal only ☐ Follicle study
☐ Sonohysterogram ☐ Thyroid/Neck
☐ Thyroid Biopsy
☐ Testicular/Scrotum (including Doppler)
☐ Carotid
☐ Extremity: Venous Doppler
☐ Left ☐ Right / ☐ Upper ☐ Lower
☐ Other _____

GI/GU

☐ Esophagram*9 ☐ IVP*12
☐ Upper GI*9 ☐ VCUG
☐ Upper GI/Sm Bowel*10 ☐ Cystogram
☐ Sm Bowel Only*10 ☐ Hysterosalpingogram
☐ Swallow Function Study
☐ Barium enema* ☐ Air contrast ☐ Single contrast 11
☐ Other _____

RADIOGRAPHY (Plain films)

HEAD
☐ Facial Bones ☐ Sinus ☐ Nasal Bones
CHEST
☐ PA & Lateral
☐ Decub CXR ☐ Left ☐ Right ☐ Bilateral
☐ Ribs ☐ Left ☐ Right ☐ Bilateral w/ PA CXR
☐ Ribs ☐ Left ☐ Right ☐ Bilateral w/o PA CXR
ABDOMEN
☐ Abdominal Series ☐ Flat/Upright ☐ KUB
SPINE
☐ Bone Survey
☐ Scoliosis Study (Hospital only)
☐ Cervical ☐ AP/Lat ☐ 4 vws (RTN)
☐ 6 vws (RTN+flex/ext)
☐ Lumbar ☐ AP/Lat ☐ 4 vws (RTN)
☐ 6 vws (RTN+flex/ext)
☐ Thoracic ☐ Sacrum & Coccyx

EXTREMITIES/PELVIS

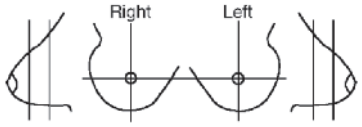
☐ Fingers: Spec. _____
☐ Hand ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Forearm ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Humerus ☐ L ☐ R
☐ AC Joints BL w/wo wts.
☐ Clavicle ☐ L ☐ R
☐ Shoulder ☐ L ☐ R
☐ Toes: Spec. _____
☐ Foot ☐ L ☐ R
☐ Calcaneous ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Tibia/Fibula ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Standing Knees ☐ L ☐ R
☐ Femur ☐ L ☐ R
☐ Hip ☐ L ☐ R
☐ Pelvis
☐ Other _____

LABORATORY

☐ BUN ☐ Creatinine ☐ PT ☐ PTT ☐ INR
☐ CBC w/differential
☐ Other _____

MAMMOGRAM & BREAST DIAGNOSTICS[13]

☐ Screening Mammo
☐ Diagnostic Bilateral Mammo (w/Ultrasound if ind.)
☐ Unilateral Mammo (w/Ultrasound if indicated)
☐ Left ☐ Right
☐ Image Guided Breast Biopsy
☐ Cyst Aspiration
☐ Breast Ultrasound ☐ Left ☐ Right
☐ Other _____



BONE DENSITY STUDY (DEXA)

☐ Osteoporosis Scan ☐ Navarre BC ☐ Lighthouse

Special Instructions: See prep #14 on back page

Physician Signature _____ **Date** _____

Form # 576181 A 07/09 704008 MC (Rev. 04/11)

576181

RADIOLOGY IMAGING SERVICES

Memorial
Hospital of South Bend®
615 N. Michigan St. • South Bend, Indiana 46601

Memorial Radiology Exam Preps

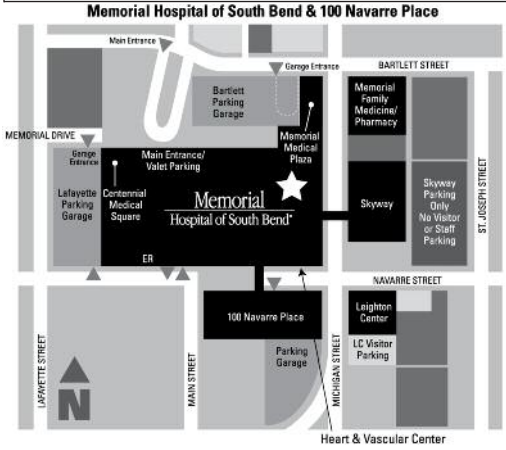
Centralized Scheduling 574-647-7700

Bring list of all medications with you to your appointment. Notify your technologist if you are pregnant or breastfeeding.

KEY: ***Clear liquid meals*** – no solid foods, no dairy products. May include clear soups, strained fruit juices, carbonated beverages, plain gelatin, tea, coffee without cream. ***Liquids*** – water, soft drinks, coffee, etc. No dairy products.

1. **CT Scans:** CT or CTA without contrast – No prep. CT or CTA with contrast (or with & without contrast) – Clear liquid diet 3 hours prior to procedure (see key). **ALL CT EXAMS WITH IODINATED CONTRAST:** Verify patient is not allergic to IV contrast. Patient may need to be pre-medicated with Prednisone and Benadryl. Order needed for BUN/CREAT if over age 65, diabetic, and/or history of renal disease/failure.
2. **HIDA:** DO NOT eat or drink 4 hours prior to your appointment. DO NOT take any narcotic pain medications 2 hours prior.
3. **Cardiac MUGA Scan:** Do not EAT 2 hours prior to exam. May have WATER ONLY.
4. **Nuclear Stress Test:**
   - Have a light breakfast (toast or muffin and juice). NO CAFFEINE or DECAFFEINATED beverages for 12 hours before test.
   - ADENOSINE/LEXISCAN – If you have asthma, you should not take any Theophylline medications for 24 hours before the procedure.
   - If you are a diabetic have juice and toast before your test.
   - Also, if you are a diabetic, ask your doctor about how to take your diabetic medication or insulin on the day of your test.
   - Do not take your morning medicines the day of the exam. Bring a list of all your medications with you. Also, bring any medications you may need to take after the test unless your physician has instructed you otherwise.
   - Ask your physician about holding Betablockers for 24 hours prior to test.
   - Alert the staff about any allergies you may have.
   - Let the nurse know if you have glaucoma and/or asthma.
5. **Other NM studies requiring prep:** GE REFLUX (for infants), GASTRIC EMPTYING, I-131 WHOLE BODY SCAN, BEXXAR OR ZEVALIN THERAPY, MECKEL'S SCAN, THYROID UPTAKE AND SCAN. Call Centralized Scheduling and they can fax or mail you the appropriate prep.
6. **Ultrasound RUQ (Liver, Pancreas, GB, Right Renal, Aorta, Abdomen Complete):** Nothing to eat or drink 12 hours prior to exam. Fat-free meal evening before exam.
7. **Ultrasound (Renal/Kidney):** Drink at least 20 oz. of fluid ONE hour prior to the exam. DO NOT EMPTY YOUR BLADDER!
8. **Ultrasound (Pelvic or OB):** Drink 32–40 oz. of liquid 1 hour prior to exam. No carbonated beverages, sodas, or coffee. DO NOT EMPTY YOUR BLADDER!
9. **Upper GI/Esophagus: Adult:** Nothing by mouth after midnight. **Infant/Pediatric:** No solid food after midnight. No liquids 4 hours prior.
10. **Small Bowel/Enteroclysis/Upper GI with Small Bowel: ADULT:** *Day before exam:* 12:00 NOON – Clear liquid lunch (see key), 1:00 P.M. – Drink at least 1 full glass or more of liquids (see key), 2:00 P.M. – Drink entire contents of 1 bottle of citrate of magnesia (approx. 10 oz./300 mL) COLD (purchase at drugstore), 3:00 PM – Drink at least 1 full glass or more of liquids. 5:00 P.M. – Clear liquid supper, 7:00 P.M. – Drink at least 1 full glass or more of liquids, AFTER 7:00 P.M. – Clear liquids only until midnight. Nothing by mouth after midnight. **PEDIATRIC 6–14 YEARS:** Nothing by mouth after midnight.
11. **Barium Enema: Adult (13 years or older):** *Day before exam:* 8:00 A.M. – Clear liquid breakfast (see key) 9:00 A.M. – Drink 8 oz. clear liquid. 10:00 A.M. – Drink 1 full glass of liquid (see key). 11:00 A.M. – Drink 8 oz. clear liquid 12:00 P.M. – Clear liquid lunch. 1:00 P.M. – Drink entire bottle of citrate of magnesia (approx. 10 oz./300 mL) COLD (purchase at drugstore). 2:00 P.M. – Drink 1 full 8 oz. glass of liquid. 3:00 P.M. – Drink 1 full 8 oz. glass of liquids. 4:00 P.M. – Drink 1 full 8 oz. glass of liquid. 5:00 P.M. – Clear liquid supper. 7:00 P.M. – Take 2 Dulcolax tablets with 1 full glass of liquid. 8:00 P.M. – Drink at least 1 full glass of liquid. 9:00 P.M. – Use 1 Dulcolax rectal suppository. BEDTIME – Drink 1 full glass of liquid.
    DAY OF EXAM: Nothing by mouth until procedure.
    FOR AGES 0–12: Call Centralized Scheduling and they can fax or mail you the appropriate prep (based on age).
12. **IVP: Adult (16 YRS AND OLDER):** Same as adult prep for Barium Enema listed above.
    FOR AGES 0–15: Call Centralized Scheduling and they can fax or mail you the appropriate prep.
13. **Mammogram:** No powder, lotion, or deodorant from waist up. Wear a 2-piece outfit.
14. **Bone Density Study (DEXA):** Please wear clothing with no metal (zippers, buttons, rivets, belts, buckles, etc.) around the waist or hips. Sweat pants, tights or leggings are best. Do not take any calcium supplements for 24 hours before the scan. Do not have any testing involving IV dye, IV contrast, or barium for 14 days before the bone scan. Bring a complete list of all current medications, including dosage and approximate length of treatment with each.

Memorial Hospital of South Bend & 100 Navarre Place



Navarre Radiology, 5th Floor, Suite 5510
Breast Care Center, 6th Floor, Suite 6655
Hospital Radiology Department, 2nd Floor

Free parking is available in the Navarre Parking Garage. Free Valet parking is available at the Hospital Main Entrance. Wheelchair assistance is available at either location.

Memorial Lighthouse Medical Imaging Center
6901 N. Main St.
Granger, Indiana

Please note: Patients requiring sedation must have responsible party for post-exam transportation present at the time of registration and exam completion.