

<b>Medical Record Number (MRN):</b> _____ <b>Patient Name:</b> (Last Name, First Name, MI): _____ <b>Date of Birth:</b> _____ <b>Weight:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Insurance Plan/FSC:</b> _____ <b>Member Insurance #:</b> _____ <b>Referral #:</b> Provide PCP to Specialist referral #.	Required information needed to schedule: <b>Attending MD Name:</b> _____ <b>NPI #*:</b> _____ <i>*NPI needed for physicians.</i> <b>Office Phone:</b> _____ <b>Fax:</b> _____ <b>Contact Requesting Physician @:</b> _____ <b>Office Contact</b> _____ <b>Phone</b> _____ <b>Patient's Phone (H/W/Cell)</b> _____
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**Diagnosis/Indications:** \_\_\_\_\_ **ICD-9 Codes** \_\_\_\_\_

**Urgency:**  STAT  TODAY  ROUTINE, Requested Exam Date: \_\_\_\_\_

**Physician Signature (MD, DO, PA, and NP):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Computed Tomography - CT**

**CREATININE LEVEL**  YES  N/A  
*(Needed within 30 days of exam date.)*

**Pregnant?**  YES  NO  N/A

**Prior Contrast Reaction?**  YES  NO

**Diabetic/Renal disease?**  YES  NO

Facial Bones  
 Contrast  W/O Contrast

Head  
 Contrast  W/O Contrast

Orbits  
 Contrast  W/O Contrast

Temporal Bone  
 Contrast  W/O Contrast

Sinus  
 Contrast  W/O Contrast

Soft Tissue Neck  
 Contrast  W/O Contrast

Chest  
 Contrast  W/O Contrast

Abdomen  
 Contrast  W/O Contrast

Pelvis  
 Contrast  W/O Contrast

CT Urogram

CT Angiography (CTA With Contrast)  
 Head  Neck  Chest  Abdomen  
 Pelvis  Lower extremities  
 Other - Specify Site: \_\_\_\_\_

3D-Post Processing - Specific questions to be answered: \_\_\_\_\_

**MRI**

**Implanted Metal?**  YES  NO  
*(i.e., Pacemaker)*

**Claustrophobic?**  YES  NO

**Needs Sedation**  YES  NO

Brain  IAC/Temporal Bone

Pituitary/Sella  Orbits

Neck/Face  Brachial Plexus

Temporomandibular Joint/TMJ

Soft tissue / Neck area of interest: \_\_\_\_\_

... W/WO Contrast  W/O Contrast

**MRI Continued**

Chest  Abdomen  Pelvis  
**(Default is without and with IV Contrast)**

C-Spine  T-Spine  L-Spine

**Lower ext:**  Hip  Knee  Ankle  Foot  
 Leg  Femur  Pelvis

**Upper ext:**  Shoulder  Elbow  Wrist  
 ..... Contrast  W/O Contrast  
 W/WO Contrast

**MR Angiography (Neuro)**  
 MRA Brain  MRA Neck  MRV Brain  
 .... W/WO Contrast  W/O Contrast

MR Angiography (Body)  
 MRV  
 Chest  Abdomen  Pelvis  
 Extremities  
 Specify Body Part: \_\_\_\_\_

**(Default is without and with IV Contrast)**

3D-specific question to be answered: \_\_\_\_\_

**MRI Additional Instructions:**  
 \_\_\_\_\_

**ULTRASOUND**

**Non-OB Ultrasound**

Abdominal Complete  
 With Doppler  W/O Doppler

Abdominal Limited  
 RUQ  Specify other: \_\_\_\_\_

Retroperitoneum (kidneys and bladder)

Retroperitoneum (Aorta/Iliacs and IVC)

Pelvis....  
 Transabdominal w/ full bladder  
 Vaginal  Both  
 With Doppler  W/O Doppler

Thyroid

Scrotal with Doppler

Superficial (Specify) \_\_\_\_\_  
 With Doppler  W/O Doppler

**ULTRASOUND Continued**

Other (Specify): \_\_\_\_\_

**Vascular Ultrasound**

DVT (Venous)  
 .....  Lower  Upper  Right  Left

Arterial Eval. (EUHM and WW only)  
 .....  Lower  Upper  Right  Left

Arterial Duplex (EUHM and WW only)  
 .....  Lower  Upper  Right  Left

Carotid ( Bilateral - default)  
 .....  Right  Left

Other (Specify): \_\_\_\_\_

**Obstetrics (EUHM ONLY)**

US Pelvic Transvaginal - OB

US Pelvic 1<sup>st</sup> Trimester - Single

US Pelvic 1<sup>st</sup> Trimester - Twin

US Pelvic 1<sup>st</sup> Trimester - Triplet

Other: \_\_\_\_\_

**ROUTINE EXAMS (No Appointment Needed)**

Chest PA & Lateral  Chest PA

Rib Detail ( RT  LT)  Nasal Bones

Spine ( Cervical  Thoracic  Lumbar)

KUB (IV)  Flat & Upright  Pelvis

Acute Abdominal Series (CXR, 2V Abd)

Extremities/joints (specify): \_\_\_\_\_

Other: \_\_\_\_\_

**GI TRACT / GU TRACT**

Upper GI Series

Swallow.....  Barium  Gastrograffin

Enema.....  Barium  Gastrograffin

Modified Barium Swallow

Small Bowel Series

IV Urogram  Cystogram Voiding

Other: \_\_\_\_\_

**BONE DENSITY**

Spine/Hip/Forearm

Other: \_\_\_\_\_

Additional Comments \_\_\_\_\_

Scheduled Date: \_\_\_\_\_ Scheduled Time: \_\_\_\_\_ Location: \_\_\_\_\_

## Emory Radiology

For maps and directions to Emory Radiology sites, please call 404-778-7777 or visit us online at [www.emoryhealthcare.org/radiology](http://www.emoryhealthcare.org/radiology).

### **Pre-Registration:**

Patients may need to pre-register for radiology exams or procedures. Please call the appropriate Fast-Track Admission number below prior to your appointment date:

- Emory University Hospital (EUIH): 404-686-5270 or 1-800-640-9293
- Hours of Operation: Monday – Friday 6 a.m. to 7 p.m. Saturday 7 a.m. to 4 p.m. Closed Sunday and holidays.
- Emory University Hospital Midtown (EUIHM): 404-251-3800
- Hours of Operation: Monday – Friday 9 a.m. to 8:30 p.m. Closed weekends and holidays.

### **RADIOLOGY EXAMS / PROCEDURES:**

- For most radiology procedures, you will be asked to change into a hospital gown.
- If you need to take medications, please take them with a small amount of water unless you have been instructed to withhold your medications. If you are uncertain, please call the appropriate number listed above.
- If you are PREGNANT or there is a possibility of you being pregnant, please notify your physician.
- If you are on Dialysis and receiving a radiological exam that requires contrast, please coordinate your next dialysis visit with the date of your scheduled radiology exam.
- Information for common procedures:
  - For general patient preparation information, please call 404-778-XRAY (9729)
  - For biopsies and special procedures information, please call 404-712-0566.

For additional patient information on radiology exams and procedures please visit [www.emoryhealthcare.org/radiology](http://www.emoryhealthcare.org/radiology)

### **Locations:**

Emory University Hospital  
1364 Clifton Road  
Atlanta, GA. 30322

Emory University Hospital Midtown  
550 Peachtree Street, NE  
Ground Floor Radiology  
Atlanta, GA. 30308

Emory University Orthopaedic and Spine Hospital  
1455 Montreal Road  
Lobby Level Radiology  
Tucker, GA. 30084

The Emory Clinic, Building C  
1356 Clifton Road, NE  
Tunnel Level Radiology  
Atlanta, GA. 30322

The Emory Clinic at 1525  
1525 Clifton Road  
4th Floor Radiology  
Atlanta, GA. 30344

The Emory Clinic at Emory University Hospital Midtown  
550 Peachtree Street, NE  
8th Floor Medical Office Tower  
Atlanta, GA. 30308

Emory Cardiac Imaging Center  
1365-A Clifton Road, NE  
Tunnel Level – Cardiac Imaging  
Atlanta, GA. 30322

**404-778-SCAN**

Emory Breast Center Midtown  
550 Peachtree Street, NE  
Ground Floor  
Atlanta, GA. 30308

**404-778-PINK**

The Emory Clinic at Perimeter  
875 Johnson Ferry Road.  
Suite 200  
Atlanta, GA. 30342

**404-778-PINK**

Emory Breast Center  
1365-C Clifton Road, NE  
1st Floor  
Atlanta, GA. 30322

**404-778-PINK**

Emory Orthopaedic & Spine Center  
59 Executive Park South  
4th Floor Radiology  
Atlanta, GA. 30329