

Patient Name: _____ DOB: _____ Phone: _____ Cell: _____

Diagnosis: _____

Deliver CD to office Send CD w/patient Fax Report Call Report STAT _____

Pager or cell #

Please assist in authorization (fax order, patient demographics, insurance card, and clinical notes pertaining to exam.)

Referring Physician Signature Required Below

Referring Dr. Signature: _____ Scan as Ordered May Modify Exam at Radiologist's Discretion if Clinically Indicated

Referring Physician (Printed): _____

Ultrasound

Abdomen: NPO 8 hours prior to exam

Renal (Kidney): 30 oz of water taken one hour prior to exam, full bladder

Renal with Doppler: NPO 8 hours prior to exam, 30 oz of water taken one hour prior to exam, do not empty bladder

Thyroid No prep required

Scrotum No prep required

TVU

OB: 30 oz of water taken 1 hour prior to exam, do not empty bladder

Pelvis: 30 oz of water taken 1 hour prior to exam, do not empty bladder

Carotid No prep required

Venous No prep required

Other (please specify): _____

MRI

Circle One: without contrast with & without contrast Creatinine _____ (patients over 60)

Brain

Pituitary

Orbits/Brain

Internal Auditory Canal/Brain

TMJ's

Soft Tissue Neck

Cervical Spine

Thoracic Spine

Lumbar Spine

Pelvis

Abdomen (No liver studies)

MRCP Abdomen: NPO 6 hours prior to exam.

MRA Head (Cerebral)

MRA Neck (Carotids)

MRA Abdomen

Hand L R

Wrist L R

Elbow L R

Shoulder L R

Hip L R

Knee L R

Ankle L R

Foot L R

Other (please specify): _____

CT

Circle One: with contrast without contrast with & without contrast Creatinine _____ (patients over 60)

Head

Sinus/Facial Bones

Temporal Bones

Orbits

Soft Tissue Neck

Chest

Abdomen

Abdomen/Pelvis

Pelvis

Cervical Spine

Thoracic Spine

Lumbar Spine

CTA Head

CTA Neck (Carotids)

CTA Chest

CTA Abdomen/Pelvis

CTA Runoff

Hand L R

Wrist L R

Elbow L R

Shoulder L R

Hip L R

Knee L R

Ankle L R

Foot L R

Other (please specify): _____

Arthrogram

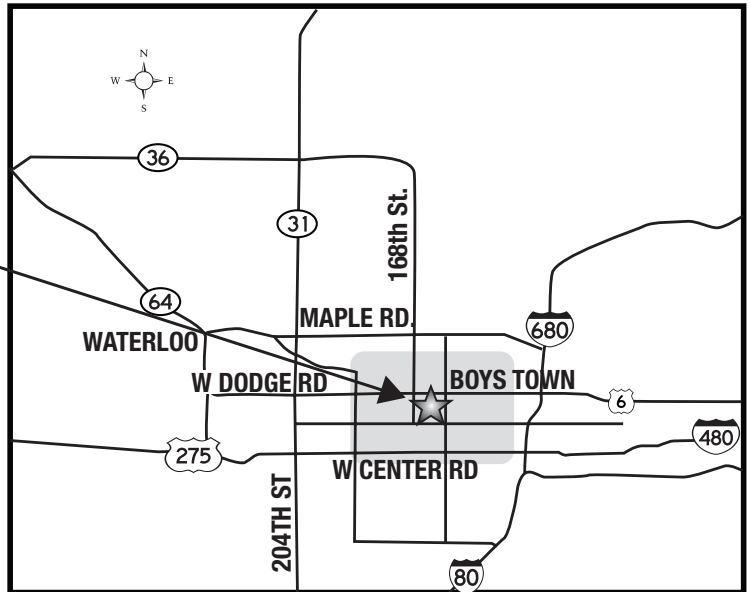
Hand L R **Wrist** L R **Elbow** L R **Shoulder** L R **Hip** L R **Knee** L R **Ankle** L R **Foot** L R



Village Pointe Imaging Center

A TOUCHSTONE CENTER

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From East

Take Dodge Street (West) and follow the Dodge Street Expressway to the 168th Street Exit. Take a left (South) onto 168th Street. Take your first left (East) at the stop light by Fantasy's Gas Station onto Burke Street. Take another left (West) by Subway and we are next to Hertz Car Rental.

From North

Head South and West towards 168th Street. Take 168th Street pass Dodge and take a left (East) at the stop light by Fantasy's Gas Station onto Burke Street. Take another left (West) by Subway and we are next to Hertz Car Rental.

From South

Head North and West towards 168th Street. Take 168th Street pass Pacific Street towards Dodge Street. Take a right onto Burke Street (East) at the stop light by Fantasy's Gas Station. Take a left (West) by Subway and we are next to Hertz Car Rental.

From Fremont and Valley

Take Hwy 275 to Hwy 6 (Dodge Street). Take the 168th Street Exit and turn right (South). Take your first left (East) at the stop light by Fantasy's Gas Station onto Burke Street. Take another left (West) by Subway and we are next to Hertz Car Rental.

From Gretna and Elkhorn

Follow Hwy 31 to Hwy 6 (Dodge Street). Take the 168th Street Exit and turn right (South). Take your first left (East) onto Burke Street at the stop light by Fantasy's Gas Station. Take another left (West) by Subway and we are next to Hertz Car Rental.

From I-680 North

Take I-680 South to Exit 3 US-6 W (Dodge Street towards Boystown). Take the Dodge Street Expressway to 168th Street Exit. Take a left (South) onto 168th Street. Take your first left (East) at the stop light by Fantasy's Gas Station onto Burke Street. Take another left (West) by Subway and we are next to Hertz Car Rental.

From I-680 South

Take I-680 North to Exit 3 US-6 W (Dodge Street towards Boystown). Take the Dodge Street Expressway to 168th Street Exit. Take a left (South) onto 168th Street. Take your first left (East) at the stop light by Fantasy's Gas Station onto Burke Street. Take another left (West) by Subway and we are next to Hertz Car Rental.

If you have had previous diagnostic studies of the body part being evaluated, please bring those films and reports, or request they be sent to the Center. These studies or reports are very helpful to the Radiologist interpreting your exam.

MAGNETIC RESONANCE IMAGING (MRI)

Please let your MRI Technologist know if you have a pacemaker, surgical clips, a prosthesis, previous surgery, metal implants or any other metal objects in your body. Some implants (e.g. a pacemaker) may be affected by a MRI examination. Clinic personnel will determine whether or not you should proceed with the MR examination.

COMPUTED TOMOGRAPHY (CT)

Abdomen or Abdomen and Pelvis

Eat a light dinner the evening before your exam and have nothing to eat or drink after midnight. You may take your regular medications with a small amount of water.

Oral Contrast Directions

If you are scheduled after 12:00 PM, you may eat a light nondairy breakfast (unsweetened juice or black coffee, dry toast, crackers) up to four hours before your exam.

Tell the CT Technologist:

- If you are pregnant or breast feeding
- If you have had a barium enema or UGI within the last two weeks
- If you have had brain, heart, ear, eye or other surgeries
- If you have had an IVP within 48 hours
- If you are diabetic

Chest with IV Contrast

No food or liquids four hours before exam. Please check in 30 minutes prior to your exam.