PATIENT NAME ____________________ DATE OF BIRTH ____________

CLINICAL HISTORY / SYMPTOMS ____________________

SPECIAL REQUESTS / AUTHORIZATION NUMBER ____________________

REFERRING PHYSICIAN NAME ____________________ PHONE ____________

REFERRING PHYSICIAN SIGNATURE ____________________ DATE ____________

DO YOU REQUEST VHC TO PROVIDE PRE-AUTHORIZATION ASSISTANCE? ☐ **YES**

DISCLAIMER / AUTHORIZATION The physicians of Northern Virginia Radiology Consultants, P.L.L.C are authorized and have my permission to add or delete any additional imaging procedures required to appropriately diagnose the patient I am referring ☐YES ☐NO

PATIENT INFORMATION

YOU MUST BRING THIS FORM WITH YOU ON THE DAY OF YOUR EXAM

CALL RADIOLOGY SCHEDULING
703-558-8500
TO SCHEDULE OR CANCEL AN APPOINTMENT AND TO PRE-REGISTER FOR YOUR EXAM

PHYSICIAN:
☐ Check here if you would prefer to have our scheduling department contact your patient for scheduling.

PLEASE PROVIDE PATIENT PHONE #

____

Scheduling Department Fax: 703-358-9638

For Interventional Radiology scheduling, call 703-558-6533

DIAGNOSTIC X-RAY - NO APPOINTMENT NECESSARY

Chest
- ☐ PA & Lat
- ☐ PA only

Ribs & PA Chest
- ☐ Right ☐ Left
- ☐ Bilateral

Skeletal
- ☐ Shoulder R___ L___
- ☐ Humerus R___ L___
- ☐ Elbow R___ L___
- ☐ Forearm R___ L___
- ☐ Wrist R___ L___
- ☐ Hand R___ L___
- ☐ Hip R___ L ___
- ☐ Femur R___ L ___
- ☐ Knee R___ L ___
- ☐ Tib/Fib R___ L ___
- ☐ Ankle R___ L ___
- ☐ Foot R___ L ___
- ☐ **OTHER** (specify) ____________

Abdomen
- ☐ KUB
- ☐ Flat, erect & PA chest

Spine
- ☐ Cervical ☐ Thoracic ☐ Lumbar

☐ **OTHER** (specify) ____________

THE FOLLOWING EXAMINATIONS REQUIRE AN APPOINTMENT *See reverse for preparation instructions*

CT SCAN / CT ANGIOGRAPHY

SPECIFY CONTRAST ☐ **IV (WITH ONLY)** ☐ **IV (WITH AND WITHOUT)** ☐ **NO IV CONTRAST** ☐ **ORAL** ☐ **RECTAL**
ALLERGY TO IODINE? ☐ **YES** ☐**NO** **CREATININE** ________ **DATE DRAWN** ________

- ☐ Chest
- ☐ Chest PE Protocol
- ☐ Abdomen
- ☐ Pelvis
- ☐ Urography
- ☐ Enterography
- ☐ Extremity (specify) ____________

- ☐ Head (Brain)
- ☐ Face / Orbits
- ☐ Sinuses
  - ☐ Screening
  - ☐ Complete
  - ☐ Insta Trak ®
- ☐ Neck – Soft Tissue
- ☐ Spine
  - ☐ Cervical
  - ☐ Thoracic
  - ☐ Lumbar

- ☐ **CT Angiography**
  - ☐ Intracranial
  - ☐ Carotid Arteries
  - ☐ Neck (great vessels)
  - ☐ Coronary Arteries
  - ☐ Thoracic Aorta
  - ☐ Abdominal Aorta
  - ☐ Abd Aorta with Runoff
  - ☐ Renal Arteries
  - ☐ OTHER (specify) ____________

- ☐ Calcium Scoring
- ☐ Virtual Colonography
  - ☐ Screening (asymptomatic)
  - ☐ Diagnostic (symptomatic)
- ☐ Dental Scan
  - ☐ Mandible ☐ Maxilla
- ☐ OTHER (specify) ____________

MRI / MRA

SPECIFY CONTRAST ☐ **YES** ☐ **NO** ☐ **WHEN INDICATED** / **HISTORY OF RENAL DISEASE?** ☐ **YES** ☐ **NO**

- ☐ Brain
- ☐ Orbits / Face
- ☐ Neck (soft tissue)
- ☐ IACs
- ☐ TMJs
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Defecography
- ☐ Urogram
- ☐ MRCP
- ☐ OTHER (specify) ____________

- ☐ Spine
  - ☐ Cervical
  - ☐ Thoracic
  - ☐ Lumbar
- ☐ Breast
- ☐ MR Arthrogram (specify joint) ____________

- ☐ Shoulder R____ L____
- ☐ Upper Arm R____ L____
- ☐ Elbow R____ L____
- ☐ Forearm R____ L____
- ☐ Wrist R____ L____
- ☐ Hand R____ L____
- ☐ Hip R____ L____
- ☐ Upper Leg R____ L____
- ☐ Knee R____ L____
- ☐ Lower Leg R____ L____
- ☐ Ankle R____ L____
- ☐ Foot R____ L____

- ☐ **MR Angiography**
  - ☐ Brain / Head
  - ☐ Neck (carotid, great vessels)
  - ☐ Chest
  - ☐ Abdomen
  - ☐ Pelvis
  - ☐ Runoff / Peripheral Vascular
  - ☐ OTHER (specify) ____________

BREAST IMAGING

- ☐ Screening Mammogram (asymptomatic)
- ☐ Comprehensive Mammogram
- ☐ Breast Ultrasound
- ☐ Breast MRI
- ☐ Cyst Aspiration
- ☐ Biopsy
  - ☐ Stereotactic ☐ US guided ☐ MRI guided

ULTRASOUND / VASCULAR LAB

- ☐ Abdominal
- ☐ Aorta
- ☐ Renal / Bladder
- ☐ Scrotum
- ☐ Thyroid / Parathyroid
- ☐ Pelvic / Transvaginal PRN
- ☐ OB / Transvaginal PRN
- ☐ OTHER (specify) ____________

- ☐ Venous Doppler (DVT)
  - ☐ Upper Ext R___ L___ Bil___
  - ☐ Lower Ext R___ L___ Bil___
- ☐ Arterial Doppler (PVD)
- ☐ Renal Artery Doppler
- ☐ Carotid Doppler
- ☐ Neck Soft Tissue

BONE DENSITOMETRY

- ☐ DEXA (Osteoporosis survey)

FLUOROSCOPY / UROLOGY

- ☐ UGI
- ☐ Small Bowel
- ☐ Esophagram
- ☐ Barium Enema
- ☐ Modified Ba Swallow**
- ☐ HSG

- ☐ IVP
- ☐ VCUG
- ☐ Retrograde Cystogram
- ☐ OTHER (specify) ____________

** (schedule with speech pathologist at 703-558-6507)

NUCLEAR MEDICINE

- ☐ VQ Lung
- ☐ WBC
- ☐ Bone Scan
  - ☐ 3-Phase
  - ☐ Whole body
- ☐ Thyroid Scan / Uptake
- ☐ OTHER (specify) ____________

- ☐ HIDA
- ☐ HIDA w/ CCK
- ☐ Gastric Emptying
- ☐ Renal
  - ☐ w/ Lasix
- ☐ PET ____________

CARDIAC
- ☐ Rest MUGA
- ☐ Stress Test (Sestamibi)

specify method
- ☐ Adenosine
- ☐ Dobutamine
- ☐ Treadmill

SEE REVERSE SIDE FOR PREPARATION INSTRUCTIONS

VIRGINIA HOSPITAL CENTER

Virginia Hospital Center
1625 N. George Mason Drive
Arlington, VA 22205

www.virginiahospitalcenter.com

*********** YOU MUST BRING THIS FORM WITH YOU ON THE DAY OF YOUR EXAM ***********

Preparation Instructions for Diagnostic Imaging Procedures

Please follow these instructions carefully. If you have any questions call Radiology Scheduling at (703)558-8500.

When you arrive at the hospital, park in the **BLUE** garage, take the elevator to Lobby and follow the signs to the Diagnostic Imaging Department.

BREAST IMAGING:

-Wear no deodorant, body powder or perfume in the breast or underarm area.
-If you have had breast studies performed elsewhere, please obtain films and bring them with you.

CT SCAN / CT ANGIOGRAPHY:

-May have a light meal prior to exam.
-Must be well hydrated. Drink at least 32 ounces of fluid 1 – 2 hours prior to exam.
-May use restroom as needed.

***VIRTUAL COLONOGRAPHY** requires special preparation. Instructions and medications must be picked up from CT Department at least two days prior to appointment.*

DEXA (BONE DENSITOMETRY):

-Take no calcium supplements (prescription or over the counter) 24 hours prior to exam.
-No imaging studies containing contrast within one week prior to exam (CT scan, IVP, Nuclear Medicine).

FLUOROSCOPY / UROLOGY:

-Barium Swallow (Esophagram), UGI, Small Bowel Series: Nothing to eat or drink after midnight.

-Barium Enema, IVP: On the day before your exam-
a) Drink 1 bottle of X-Prep or Magnesium Citrate at 3pm
b) Clear liquid diet from 3pm until midnight
c) Nothing to eat or drink after midnight

-VCUG / Cystogram: No preparation required.

-HSG: Exam must be scheduled 6 – 10 days from beginning of last menstrual cycle. No preparation required.

MRI / MRA:

-**Abdomen and/or Runoff**: Nothing to eat or drink 4 hours prior to exam.

-**Defecography:** On the day before your exam-
a) Drink 1 bottle of X-Prep or Magnesium Citrate at 3pm
b) Clear liquid diet from 3pm until midnight
c) Nothing to eat or drink after midnight

-Other studies: No preparation required.

NUCLEAR MEDICINE:

-Gastric Emptying: Nothing to eat or drink after midnight. No narcotic medications 8 hours prior to exam.

-Helicobacter Pylori Breath Test: Nothing to eat or drink 6 hours prior to exam. Must be off antibiotics for at least one month prior to test. Must be off all Bismuth drugs for at least 1 month prior to test (most common in U.S. is Pepto Bismol). Must be off Sucralfate (Carafate) for at least 2 weeks prior to test. Must be off Proton Pump Inhibitors (Prilosec, Prevacid) for at least 2 weeks prior to test.

-HIDA Scan: Nothing to eat or drink 4 hours prior to exam. No narcotic medications 8 hours prior to exam.

-Renal Scan: Must be well hydrated. Drink 2-3 glasses of fluid prior to exam. May use restroom as needed.

-Sestamibi Stress Test: Nothing to eat or drink 3 hours prior to exam. No caffeine for 24 hours prior to exam.

-Thyroid Scan / Thyroid Mets WB: Must be off all thyroid medication for 1 month prior to exam.

-PET Scan: Nothing to eat or drink 6 hours prior to exam. <u>NO</u> caffeine or sugar on the day of exam.

ULTRASOUND:

-**Abdomen / Aorta / Abdominal Doppler:** Nothing to eat or drink 8 hours prior to exam.
-Abdomen with Pelvis Sono: Nothing to eat or drink 8 hours prior to exam. Drink 32oz fluid 30 minutes prior to exam. After drinking fluids, do not use bathroom until exam is complete.

-Renal or Bladder: Drink 16 oz of fluid 1 hour prior to exam. Do not use bathroom until exam is complete.

-Renal Artery Doppler: Nothing to eat or drink 8 hours prior to exam. Drink 16 oz of fluid 1 hour prior to exam. Do not use bathroom until exam is complete.

-Pelvic / OB: May have a light meal prior to exam. Drink 32 oz of fluid 1 hour prior to exam. Do not use bathroom until exam is complete.