East Orange General Hospital

To schedule call (973) 266-4415

To schedule via fax: (973) 266-8482

Patient Name: _____ DOB: _____ DX: _____

Home #: _____ Alt #: _____ Special Instructions: _____

Insurance Type

PCP: _____

Primary Ins: _____ **Ordering Phys.** (print): _____ **Office Contact**

Secondary Ins: _____ **Ordering Phys.** (sig.)**:** _____ Name: _____

Precert #: _____ Date: _____ Phone: _____

LAB

( ) Creatine
( ) PT-PTT
( ) HCG / UCG (circle one)
( ) Other _____

HEAD X-RAY

( ) Skull
( ) Sinuses:
( ) Complete
( ) Waters View Only
( ) Facial Bones (orbits)
( ) Nasal Bones

CHEST X-RAY

( ) 2 View Routine
( ) 1 View
( ) Decubitus
( ) Ribs
( ) Sternum

ABDOMEN X-RAY

( ) KUB (1 View Abdomen)
( ) Abdomen 2 view
( ) Abdomen Series w/Chest

GASTROINTESTINAL/GI

( ) Esophagus
( ) Swallow Function (Video)
( ) Upper GI Series
( ) Small Bowel Series
( ) Barium Enema (single contrast)
( ) Barium Enema (air contrast)
( ) IVP w/o Tomographs
( ) Voiding Cystogram
( ) HSG

BONE DENSITY STUDY

( ) Bone Density Study

DIGITAL MAMMOGRAPHY

( ) Screening
( ) Diagnostic
( ) Screening Breast Ultrasound
( ) Ultrasound Breast Biopsy R/L
( ) Stereotactic Breast Biopsy R/L

SPINE

( ) Cervical Spine
( ) Routine
( ) Other
( ) Thoracic Spine
( ) Lumbar Spine
( ) Routine
( ) Other
( ) Sacrum
( ) Coccyx
( ) Pelvis
( ) SI Joints

EXTREMITY

Please specify RT, LT or Bilateral

( ) Shoulder
( ) Humerus
( ) Elbow
( ) Forearm
( ) Wrist
( ) Hand
( ) Finger(s)
( ) Hip
( ) Femur
( ) Knee
( ) Leg
( ) Ankle
( ) Foot
( ) Toe(s)

ARTHROGRAM With MRI

( ) Hip L / R
( ) Knee L / R
( ) Shoulder L / R
( ) Wrist L / R
( ) Other (Specify Joint)

_____

INTERVENTIONAL PROCEDURES

TO SCHEDULE, CALL (973) 266-4415

MRI

Y / N WITH CONTRAST
( ) Head
( ) IACs
( ) Orbits
( ) Spine (specify level)
C T L S
( ) TMJ
( ) Joint - Specify RT, LT or Bilateral
( ) Shoulder ( ) Hand
( ) Hip ( ) Foot
( ) Ankle ( ) Wrist
( ) Elbow ( ) Knee
( ) Chest
( ) MRCP
( ) Abdomen
( ) Pelvis
( ) MR Angiography
( ) Head
( ) Neck
( ) Abdomen

CT SCAN

Y / N IV Contrast
( ) Head ( ) Temporal Bones
( ) Sinuses ( ) Orbits
( ) IACs
( ) Facial Bones
( ) Neck (Soft Tissue)
( ) Soft Tissue (Area _____)
( ) Chest
( ) Abdomen & Pelvis
( ) Aortic Stent Study
( ) Renal Stone Study
( ) Abdomen Only
( ) Pelvis Only
( ) Extremity (specify)

_____

( ) Spine (Specify Level)
C T L S
( ) Areas of Special Attention

_____

( ) Thoracic Aneurysm / Dissection Protocol
( ) AAA Protocol
( ) CT Liver Protocol

ULTRASOUND

( ) Abdominal
( ) Gallbladder
( ) Renal
( ) With Doppler
( ) Pelvic (TV if needed)
( ) OB (TV if needed)
( ) First Trimester
( ) Second Trimester
( ) Scrotal
( ) Thyroid
( ) Breast
( ) Bilateral
( ) Unilateral L / R
( ) Carotid Doppler
( ) Arterial Doppler
( ) Bilateral
( ) Unilateral
( ) ABIs
( ) Venous Doppler
( ) Bilateral
( ) Unilateral L / R
( ) Vein Mapping
( ) UE
( ) LE
( ) MSK (musculoskeletal US)

NUCLEAR MEDICINE

( ) Bone Scan
( ) 3 Phase
( ) Whole Body
( ) Gastric Emptying Study
( ) GI Bleed Study
( ) Hepatobiliary w/wo EF
( ) Liver Scan Spect Hemangioma
( ) Lung Scan
( ) Perfusion
( ) Vent
( ) Both
( ) MUGA Single Scan
( ) Parathyroid Imaging
( ) Renal Scan MAG 3
( ) Thyroid Uptake and Scan
( ) WBC Scan

FOR SCHEDULERS ONLY:

Appointment Date: _____ Time: _____ Attempts made to contact patient: _____

East Orange General Hospital

Radiology Scheduling

Important Information Regarding Your Examination: • If you are on any medications that are necessary to take on a daily basis, please do not withhold these medications without checking with our technologists. If you take glucophage, metformin, glucovance, metaglip, or advandamet please alert our office at the time of scheduling. • If you have any allergies to iodine, other medications, or have asthma, please contact us prior to your examination. • If there is any possibility you might be pregnant, please let us know when scheduling. • If you have any questions regarding your examination, please contact our office. ***If for any reason you cannot make your scheduled appointment, please call to reschedule at 973-266-4415***

Examination Preparation Instructions:

UPPER GI SERIES: Do not eat or drink anything (not even water) after midnight the day of your examination.
BARIUM ENEMA: Follow the 24-hour prep instructions in the kit ordered by your physician.
IVP: Do not eat or drink anything four hours prior to your test. No dairy products.
SMALL BOWEL: Nothing to eat or drink after midnight.
MAMMOGRAM: No body powder, lotions, or deodorant prior to exam. Please bring prior mammograms with you to your scheduled appointment. If this is not possible, you will need to provide the information needed to obtain these studies for comparison.

ULTRASOUNDS

US ABDOMEN/GALLBLADDER: Do not eat or drink anything after midnight until after your examination is completed.
PELVIS/Obstetrical US: One hour prior to examination time, you need to drink 32 oz. of fluid (water or tea) to fill your bladder. Do not urinate before your examination is completed. Please avoid carbonated beverages.

MRI

ALL MRIs: Please alert scheduler at time of scheduling if you have a pacemaker, any implants, implantable pumps, vena cava filters, or metal in the eyes. Please leave all jewelry and valuables at home.
MRCP: Nothing to eat or drink 12 hours prior to your appointment.
MRI CHILDREN: Children may have nothing to eat or drink four hours prior to the appointment time.

CT SCANS

CT HEAD, NECK IAC: Nothing to eat or drink four hours prior to your appointment.
CT ABDOMEN AND PELVIS: In most cases once you arrive, you will be expected to drink oral contrast over a one or two hour period before the scanning begins, depending upon the area to be examined. Oral contrast can also be picked up prior to your appointment date and drank at home.
a.m. appointments: Nothing to eat or drink after midnight the evening before your examination.
p.m. appointments: Nothing to eat or drink four to six hours prior to your appointment time.
CT ORBITS: Nothing to eat or drink four to six hours prior to your appointment time.
CT CHEST: Nothing to eat or drink four hours prior to appointment time. Be sure to bring any previous chest X-rays with you to your appointment.
CT ANGIOGRAPHY: Do not eat or drink four hours prior.

East Orange General Hospital
Radiology Department
300 Central Avenue
East Orange, NJ 07018