



PALOS IMAGING & DIAGNOSTICS
ORDER FORM

15300 West Avenue
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708.226.2500
f: 708.226.2509

Patient Name: (please print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Patient Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

History Symptoms Diagnosis: \_\_\_\_\_

Physician Name: (please print) \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Physician Office Number: \_\_\_\_\_

Physician Fax Number: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Authorization #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Authorization #: \_\_\_\_\_

X-RAYS
No Appointment Needed

- Chest PA + Lat
 Abdomen (KUB)
 Spine
 Cervical
 Thoracic
 Lumbar
 Pre-MRI Orbits
 Extremity \_\_\_\_\_  R  L
 Joint \_\_\_\_\_  R  L
 Other \_\_\_\_\_

Ultrasound

- Carotid Doppler
 Thyroid
 Kidneys
 Abdomen
Specify Organs \_\_\_\_\_
 Scrotum/Testes
 Pelvis  TA  TV
 OB \_\_\_\_\_
 Venous Doppler
 Upper  Lower  R  L
 Extremity Non Vascular  R  L
 Other \_\_\_\_\_

PET

- Skull Base to Mid Thigh
 Whole Body
 Head
 Other \_\_\_\_\_

CT

- Head  without & with contrast
 Orbits  with contrast
 Sinuses
 Temporal Bones/Mastoids/IAC's
 Facial Bones/Jaw
 Soft Tissue Neck  with contrast
 Cervical
 Thoracic Levels \_\_\_\_\_
 Lumbar
 Chest:  with contrast
 High Res
 PE
 Abdomen / Pelvis
 Abdomen
 Enterography with
 Pelvis  Oral Contrast
 With IV and Oral contrast
 without & with contrast (Hematuria only)
 Urogram wo/w
 Renal Stone Protocol
 Hips  R  L
 Extremity \_\_\_\_\_  R  L
 Other \_\_\_\_\_

MRI

Head/Neck

- Brain
 Pituitary
 IAC's
 Orbits
 Soft tissue neck
 Brachial Plexus
 Other \_\_\_\_\_

- without contrast
 with contrast
 without & with contrast

MR Angiography

- ICV's Intracranial Vessels
 MRV Slow Flow Venous Brain
 Carotids
 CE Renal arteries with contrast
 CE Aortic Arch with contrast
 Peripheral Vessels with contrast
 Other \_\_\_\_\_

Spine

- Cervical
 Thoracic
 Lumbar
 Levels \_\_\_\_\_

- without contrast
 with contrast
 without & with contrast

Chest /Abdomen/ Pelvis

- Breast MRI with and without Contrast
 Chest specify organ \_\_\_\_\_
 Liver
 Kidney Renal
 Pancreas
 Cholangiography/MRCP
 Pelvis
 Prostate
 Other \_\_\_\_\_

- without contrast
 with contrast
 without & with contrast

Musculoskeletal

- Shoulder  R  L
 Elbow
 Wrist
 Hips
 Knee
 Ankle
 Other \_\_\_\_\_

- without contrast
 without & with contrast

## Ultrasound Prep Instructions

Follow the prep instructions that are provided to you by your physician.

### Fasting Prep

- Please do not drink or eat anything by mouth for at least 6-8 hours prior to the following Ultrasound exams: Aorta, Abdomen Complete and any test including the Gallbladder or Pancreas.

### Full Bladder Prep

- Empty your bladder one hour and 15 minutes before your appointment. Immediately start to drink 32 oz of water. Finish the water at least one hour before your appointment.  
\*Do not empty your bladder until instructed to do so by the sonographer.\*
- You must have a full bladder when you come to your appointment. The following Ultrasound exams that require a full bladder prep are:
  - OB
  - Urinary Bladder
  - Pelvic Ultrasound
- Prior to test eat a good meal to assist with full bladder prep.

### Medication

- All medications including diuretics should be taken as prescribed.

## MRI Prep Instructions

Your comfort during the procedure is one of our highest priorities. We hope to achieve it through your help with the following:

- Please arrive 15 minutes before your appointment time to complete any necessary paperwork.
- Please bring a picture ID, your insurance card and the referral form.
- Please wear comfortable, metal free, loose-fitting clothing. Avoid underwire bras, girdles, metal snaps and pins.
- In most cases you may eat and drink normally prior to your MRI procedure.
- All medications should be taken as prescribed.
- If applicable, bring your implant and/or stent information card with you.
- If available, please bring any imaging CD's or reports related to your current condition. Previous related imaging aids the Radiologist interpreting your results

## CT Prep Instructions

- Some CT procedures require oral contrast, IV injection and fasting. A minimum 4 hour fast is required for oral and/or IV contrast injection.
- If there is any possibility that you may be pregnant, please notify your physician and our staff. A urine sample for pregnancy test may be requested upon your arrival.
- If you are receiving an injection of IV contrast, Metformin (or Metformin containing medications) should not be taken the day of your CT scan. It is recommended that you wait 48 hours after your injection to resume taking your Metformin (or Metformin containing medications). Any questions or concerns regarding these instructions should be directed to your physician.
- If available, please bring any imaging CD's or reports related to your current condition. Previous related imaging aids the Radiologist interpreting your results

## PET Instructions:

- If you have diabetes, limit your sugar and carbohydrate intake the day before your test to ensure your blood sugar level is below 200.
- Avoid strenuous activities the day before your test.
- Do not eat or drink anything including mints or gum 4-6 hours before exam with the exception of plain water in order to hydrate for your IV start.
- Take all medications with plain water with exception of insulin which needs to be withheld at least 4 hours prior to exam. Oral diabetic medications are ok.
- Wear comfortable clothing without metal zippers or buttons. Limit jewelry worn as it will need to be removed for the scan.
- Please arrive on time. The contrast dose is ordered specifically for you and may not be useable if you are late.
- If for any reason you cannot make the exam or an urgent question arises, please call 708.226.2500; after hours you may page the PET tech at 708.399.6344. After the beep enter your call back number and press #. Someone will return your call.
- If available, please bring any imaging CD's or reports related to your current condition. Previous related imaging aids the Radiologist interpreting your results