

Imaging Services Order Form

Radiology Scheduling Call 864-675-4875

Routine Orders: Fax 877-470-1269

STAT orders: Fax 833-813-8919



☐ **STAT** Call STAT report to: ()

Patient name: _____ DOB: _____ Phone: _____

Patient Address: _____

Ordering practice: _____ Practice phone: _____ Practice Fax: _____

Physician signature: _____ Print physician name: _____

Reason for exam: (Diagnosis) Appointment date/time: _____

☐ Stat creatinine as indicated for contrast procedure

DIAGNOSTIC RADIOLOGY

- | | | |
|--|---|--|
| ☐ Chest 2V (PA & Lat) | ☐ Abdomen (2 view) | ☐ Acute abd series |
| ☐ KUB | ☐ Barium swallow | ☐ Modified w/speech |
| ☐ Upper GI | ☐ Small bowel | ☐ Barium enema |
| ☐ Cervical spine | ☐ Thoracic spine | ☐ Lumbar spine |
| ☐ Extremity: (L ☐ R ☐) _____ | | |
| ☐ Other: (L ☐ R ☐) _____ | | |

NUCLEAR MEDICINE

- | | | |
|---------------------------------------|--|--------------------------------|
| ☐ Bone scan | ☐ Cardiac (rest/stress) | ☐ PET |
| ☐ Liver (HIDA) | ☐ Thyroid (uptake/scan) | ☐ Renal |
| ☐ Lung (V/Q) | ☐ MUGA | |

☐ SPECT CT - Fusion of CT and Nuclear Medicine scans

☐ Other: _____

CT (ROUTINE)

- | | WITH CONTRAST | WITHOUT CONTRAST |
|--|--|--|
| ☐ Head | ☐ | ☐ |
| ☐ Maxillofacial | ☐ | ☐ |
| ☐ Sinuses | ☐ | ☐ |
| ☐ Landmark sinuses | ☐ | ☐ |
| ☐ Temporal bone | ☐ | ☐ |
| ☐ Neck/soft tissue | ☐ | ☐ |
| ☐ Chest | ☐ | ☐ |
| ☐ Chest PE protocol | ☐ | ☐ |
| ☐ Abdomen | ☐ | ☐ |
| ☐ Pelvic | ☐ | ☐ |
| ☐ Cervical spine | ☐ Thoracic spine | ☐ Lumbar spine |
| ☐ CT colonography | ☐ CT enterography | ☐ CT renal stone protocol |
| ☐ Extremity (L ☐ R ☐): _____ | | |
| ☐ Other _____ | | |
| Specify location _____ | | |

CT ANGIOGRAPHY/OTHER

All require contrast except for coronary calcium scoring per protocol.

- | | |
|--|--|
| ☐ Coronary calcium scoring | ☐ CTA coronary arteries |
| ☐ CTA neck | ☐ CTA head |
| ☐ CTA chest | ☐ CTA abdomen |
| ☐ CTA aortogram w/runoff _____ | |
| ☐ CTA abd/pelvis stent graft protocol | |
| ☐ CTA chest/abd dissection protocol | |
| ☐ CT cardiac; preop ablation for atrial fibrillation, pulm vein isolation | |

ULTRASOUND

- | | |
|---|---|
| ☐ Upper arterial (Bilat ☐ L ☐ R ☐) (With WBI ☐ Without WBI ☐) | |
| ☐ Lower arterial (Bilat ☐ L ☐ R ☐) (With WBI ☐ Without WBI ☐) | |
| ☐ Ankle Brachial Index | |
| ☐ Venous (DVT) (Upper ☐ Lower ☐) (Bilat ☐ L ☐ R ☐) | |
| ☐ Vein Mapping (Upper ☐ Lower ☐) (Bilat ☐ L ☐ R ☐) | |
| ☐ Non Vascular Extremity (Upper ☐ Lower ☐) (L ☐ R ☐) | |
| ☐ Pseudoaneurysm check (Upper ☐ Lower ☐) (L ☐ R ☐) | |
| ☐ Pelvic (OB ☐ Non-OB ☐) (With TV ☐ Without TV ☐) | |
| ☐ Abdomen Limited (LUQ ☐ RUQ ☐ LLQ ☐ RLQ ☐) | |
| ☐ Abdomen Complete | ☐ Abdomen (AAA protocol) |
| ☐ Mesenteric vessels | ☐ Carotid |
| ☐ Renal | ☐ Testicular |
| ☐ Renal Artery | ☐ Thyroid |

☐ Other _____

☐ Without Contrast ☐ With & Without Contrast

☐ Brain ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Pelvis

☐ Breast

☐ Cardiac

☐ Prostate

☐ Abdomen attn: _____

☐ Extremity (L ☐ R ☐) _____

☐ Other (L ☐ R ☐) _____

Specify location _____

MR ANGIOGRAPHY/OTHER

- | | |
|---|--|
| ☐ MRA brain w/o (COW) | ☐ MRV brain w/o |
| ☐ MRA Chest/Abdomen w/wo | |
| ☐ MRA carotid (☐ without contrast -OR- ☐ with contrast) | |

☐ Other _____

BREAST IMAGING

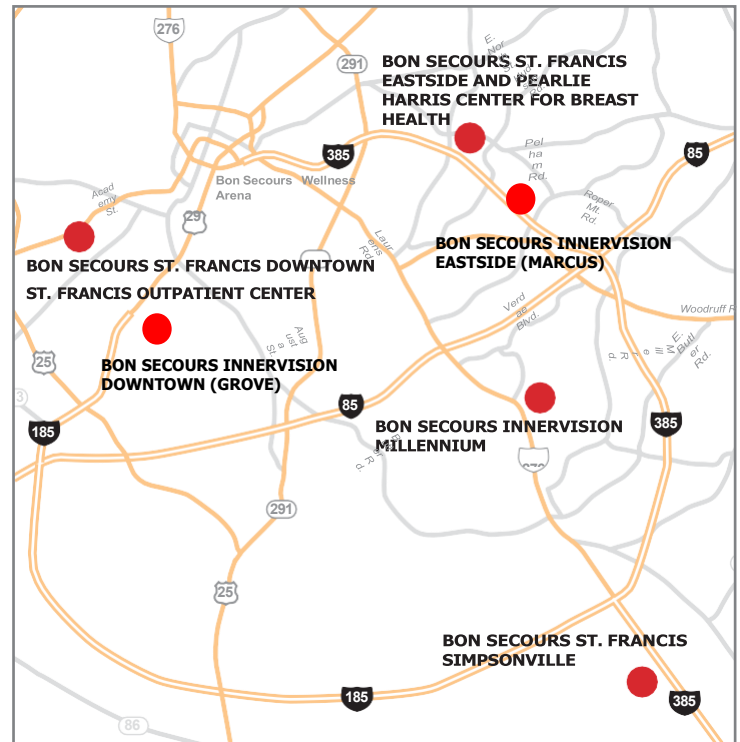
- | | |
|--|---|
| ☐ 3D screening (Bilat ☐ L ☐ R ☐) | ☐ 2D screening (Bilat ☐ L ☐ R ☐) |
| ☐ Diagnostic-bilateral w/additional US imaging if indicated | |
| ☐ Diagnostic unilateral (L ☐ R ☐) w/additional US imaging if indicated | |
| ☐ Contrast Enhanced Mammography ☐ Stat creatinine as indicated for contrast | |
| ☐ US Breast (L ☐ R ☐) | |
| ☐ Bone Density (DEXA) | ☐ Body Composition |
| ☐ Other _____ | |
| Exams below need to be scheduled with navigator 864-675-4320 | |
| ☐ US breast aspiration (L ☐ R ☐) | |
| ☐ US breast biopsy (L ☐ R ☐) | |
| ☐ Stereotactic breast biopsy (L ☐ R ☐) | |

Please arrive 30 minutes prior to appointment for registration.
BRING A COPY OF THIS FORM TO YOUR APPOINTMENT.

Patient instructions to prepare for examinations

- If you are pregnant or think you might be, please notify your physician before your exam.
- Please follow preparation instructions for exams checked below.
- If you have any questions concerning the prep, call 864-675-4875.
- **BRING A COPY OF THIS FORM TO YOUR APPOINTMENT.**

- ☐ Upper GI Series and/or Small Bowel Series: Nothing to eat or drink after midnight on the day before the test.
- ☐ Barium Enema or CT Colongraphy/Virtual Colonoscopy:
On the day before your examination:
 - Drink only clear liquids, no food is allowed.
 - 4 p.m. day prior to exam: Drink one 10 oz. bottle of Magnesium Citrate*. (This can be diluted with clear lemon/lime soda) Drink at least five 8 oz. portions of a clear liquid.
 - 8 p.m. day prior to exam: Repeat the same with another 10 oz. bottle of Magnesium Citrate and take two Bisacodyl tablets. Drink at least five 8 oz. portions of a clear liquid before retiring.
 - You may drink clear liquids up to two hours prior to exam.**Magnesium Citrate and Bisacodyl tablets can be purchased at your local pharmacy without a prescription.*
- ☐ Nuclear Medicine Bone Scan: You will receive an injection and be asked to return for the scan in three hours.
- ☐ HIDA Scan: Nothing to eat or drink after midnight. No pain medications (Morphine and Demerol) six hours before the exam.
- ☐ Ultrasound (Abdomen, Renal Artery, Aorta) Nothing to eat or drink after midnight on the day before the test.
- ☐ Ultrasound (Renal): Drink 24 ounces of water 30 minutes prior to appointment without voiding.
- ☐ Ultrasound (Pelvic): Full bladder is required for exam. Drink 32 ounces of water 1 hour prior to appointment without voiding.
- ☐ Coronary Artery CTA: Avoid caffeine/stimulants. Do not eat 3 hours prior to the exam.
- ☐ Mammogram: Wear a two-piece outfit. Do not use powder, lotion or deodorant under the arms or on the breasts before the exam. Diagnostic Mammograms will require previous images to be on site prior to exam being performed.
- ☐ MRI with sedation: Arrive two hours before exam to front of hospital. Nothing to eat or drink after midnight on the day before the test.
- ☐ MRI Abdomen / MRCP: Nothing to eat or drink 6 hours before exam.



- ☐ **Bon Secours St. Francis Downtown St. Francis Outpatient Center**
3 St. Francis Drive 2nd floor Greenville, SC 29601
- ☐ **Bon Secours St. Francis Eastside**
125 Commonwealth Drive Greenville, SC 29615
- ☐ **Bon Secours St. Francis Pearlle Harris Center for Breast Health**
131 Commonwealth Drive, Ste 220 Greenville, SC 29615
- ☐ **Bon Secours St. Francis Simpsonville**
3970 Grandview Drive Simpsonville, SC 29680
- ☐ **Bon Secours Innervision Downtown (Grove)**
1 Cannon Drive Greenville, SC 29605
- ☐ **Bon Secours Innervision Eastside (Marcus)**
1 Marcus Drive, Ste 100 Greenville, SC 29615
- ☐ **Bon Secours Innervision Millennium**
2 Innovation Drive, Ste 110 Greenville, SC 29607

