Centro PRINT SOLUTIONS (541) 382-3534

CENTRAL OREGON
MAGNETIC RESONANCE IMAGING

1460 NE Medical Center Drive
Bend, Oregon 97701
541-382-6633 Main • 541-382-9383 Scheduling

CASCADE
MEDICAL IMAGING

SCHEDULE APPOINTMENT AT: (541) 382-9383

Please Fax This Order To: (541) 382-6635

Patient Name _____ DOB ____/____/____ Referring Physician _____

Appointment Date ____/____/____ Appointment Time _____ am / pm (circle one) Patient has return visit on ____/____/____

Clinical Hx / Note to Radiologist / Tech: _____

_____

_____ **Physician's Signature (required)** X _____

CT

BRAIN OR HEAD
❑ COMPLETE ❑ TEMP. BONE ❑ ORBIT
❑ Without IV Contrast
❑ Without & With IV Contrast
❑ With IV Contrast

MAXILLOFACIAL
❑ Without IV Contrast
❑ With IV Contrast
❑ Without & With IV Contrast

NASAL SINUSES
❑ Landmarx Medtronic Sinus
❑ Complete, Axial & Coronal

SOFT TISSUE NECK
❑ With IV Contrast
❑ Without & With IV Contrast

CHEST - THORAX
❑ With IV Contrast
❑ Without & With IV Contrast
❑ Without IV Contrast
❑ High Resolution / Interstital Disease
❑ Heart Calcium Scoring
❑ Screening for Pulmonary Nodule
❑ Pulmonary Arteries
❑ Other:

CERVICAL SPINE
❑ LEVELS OF INTEREST: _____
❑ Without IV Contrast
❑ With Myelogram
❑ With IV Contrast
❑ Stealth

THORACIC SPINE
❑ LEVELS OF INTEREST: _____
❑ Without IV Contrast
❑ With Myelogram
❑ With IV Contrast
❑ Stealth

LUMBAR SPINE
❑ LEVELS OF INTEREST: _____
❑ Without IV Contrast
❑ With Myelogram
❑ With IV Contrast
❑ Stealth

CT. ANGIOGRAPHY
❑ Angio Abdomen (AAA, SMA, Renal, etc)
❑ Angio Abdomen Aorta & Runoff
❑ Angio Chest (TAA)
❑ Angio Head (Circle Of Willis etc)
❑ Angio Neck (Carotid)
❑ Angio Pelvis ❑ Angio Abdomen Pelvis
❑ Angio Lower Extremity
❑ Angio Upper Extremity
❑ Angio Chest / Abdomen / Pelvis & Runoff

ABDOMEN - PELVIC AREAS
UPPER ABDOMEN (Diaphragm to Iliac Crest)
❑ ABDOMEN & PELVIS ❑ ABDOMEN ONLY
❑ With IV Contrast
❑ Without IV Contrast
❑ Adrenal Mass
❑ Renal Mass
❑ Pancreatic Mass
❑ Liver
❑ CT Colonography
❑ CT Enterography
❑ CT Urinary Tract (Without IV Contrast)
❑ CT Urogram With IV Contrast
❑ CT Appendix
PELVIS (Iliac Crest through Symphisis)
❑ With IV Contrast
❑ Without IV Contrast

UPPER EXTREMITY
❑ Without IV Contrast
❑ With IV Contrast
❑ 3D Reconstructions
❑ Joint Injected (Post Arthrogram): _____

LOWER EXTREMITY
❑ Without IV Contrast
❑ With IV Contrast
❑ 3D Reconstructions
❑ Joint Injected (Post Arthrogram): _____

MRI / MRA

BRAIN OR HEAD
❑ IAC ❑ ORBIT ❑ CRANIAL NERVES ❑ P. FOSSA ❑ PITUITARY
❑ Contrast / Radiologist Discretion ❑ TMJ
❑ Without Contrast
❑ Without & With Contrast
❑ Spectroscopy
❑ Stealth Protocol
❑ Brain With Head / Neck Angio (stroke protocol)
❑ Angio Head Only Without Contrast
❑ Angio Neck Only Without Contrast
❑ Angio Neck Only With and Without Contrast

SOFT TISSUE NECK
❑ Without Contrast
❑ Without & With Contrast

SPINE
❑ CERVICAL ❑ THORACIC ❑ LUMBAR
❑ Without Contrast
❑ Without & With Contrast

BREAST
❑ Silicone Implant Rupture
❑ Breast Bilat Without & With

M.S. WORKUP
❑ Brain - Cervical - Thoracic (Complete With Contrast)
❑ Brain - Cervical - Thoracic (Complete Without Contrast)
❑ Limited to: _____

BRACHIAL PLEXUS
❑ RT ❑ LT ❑ Without Contrast ❑ Without & With Contrast

UPPER EXTREMITY
❑ SHOULDER ❑ ELBOW ❑ WRIST
❑ RT ❑ LT ❑ BILATERAL
❑ Contrast / Radiologist Discretion
❑ Include Joint Injection Under Fluoroscopy
❑ Soft Tissue: _____

LOWER EXTREMITY
❑ HIP ❑ KNEE ❑ ANKLE ❑ FOOT
❑ RT ❑ LT ❑ BILATERAL
❑ Include Joint Injection Under Fluoroscopy
❑ Soft Tissue: _____

ANGIO - MISCELLANEOUS
❑ Angio - Arch / Carotids With Contrast
❑ Angio - Chest Without and With Contrast
❑ Angio - Abdomen With Renal Arteries
❑ Angio - Abdomen With Runoffs

ANGIO - MISCELLANEOUS (cont.)
❑ Other: _____

ABDOMEN - PELVIC AREAS
❑ Without Contrast
❑ Without & With Contrast
❑ MRCP
❑ PELVIS ❑ PROSTATE ❑ UTERUS ❑ LUMBOSACRAL PLEXUS
❑ Contrast / Radiologist Discretion
❑ Without Contrast
❑ Without & With Contrast

CHEST
❑ MEDIASTINUM
❑ Without Contrast
❑ Without & With Contrast

CARDIAC
❑ Cardiac Without Contrast
❑ Cardiac Without & With Contrast
❑ Cardiac Viability

Ply 1 - Fax to (541) 382-6635, keep original **Ply 2 - Patient Copy**

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Patient Name _____ DOB ____/____/____ Referring Physician _____

Appointment Date ____/____/____ Appointment Time _____ am / pm (circle one) Patient has return visit on ____/____/____

PATIENT - If your doctor's office has given you x-rays, please bring them with you to your appointment! See location map on back

REFERRING OFFICE - *Please check the appropriate exam prep for your patient.*

MRI SCANS - IMPORTANT INFORMATION

There is no preparation for most MRI scans unless you are claustrophobic, in which case you need to arrange for someone to drive you home after your scan. If you are scheduled for an MRCP study please have nothing to eat or drink for four hours prior to your exam. If you are pregnant, weigh over 300 pounds, have a pacemaker, aneurysm clip, vascular clip, pumps, stimulators, internal hearing aid, middle ear implant, filters or stents, electronic, mechanical or magnetic implant, have had any injury by metal, shrapnel, or bullet please call our office and ask to speak to an MRI tech. For pediatric patients - call our office for special instructions.

You will be asked to thoroughly complete our MRI pre screening form and change into a gown before entering the exam room. You will not be able to bring any valuables (watch, wallet, credit cards, etc.) into the scan room. After you enter the exam room, the radiographer will position you on a special table. The area to be scanned will be moved into the machine. You will hear some knocking noise during your scan. It is important that you hold very still during your exam. The radiographer will control the scanner and monitor the progress of the exam from an adjacent room where she/he is able to see and hear you.

It is important to remember that every patient and exam is different. Consequently some scans will take longer or be more involved than others. Allow anywhere from 1 to 2 hours for completion of your scan. A radiologist will interpret your scan and send a report to your physician within 48 hours. Please contact our office and ask to speak with an MRI tech if you have any questions regarding your scan.

CT SCANS - IMPORTANT INFORMATION

After you enter the scan room the radiographer will position you on a special table. The area to be scanned will be moved into the ring, which contains an x-ray tube and computer receptors. The radiographer will control the scanner and monitor the progress of the exam from an adjacent room where she/he is able to see and hear you.

Frequently it is necessary to use an IV medication called contrast to highlight certain structures. This medicine will be given through a vein in your arm. During the injection you may feel warm and flushed and have a metallic taste in your mouth. These are normal side effects, which only last for a few minutes. True allergic reactions are rare but can occur with this material.

It is important to remember that every patient and exam is different. Consequently some scans will take longer or be more involved than others. A radiologist will interpret your scan and send a report to your physician within 48 hours. Please contact our office and ask to speak with a CT radiographer if you have any questions regarding your scan or prep instructions. For pediatric patients - call our office for special instructions.

❑ ***CT SCAN of the SINUS, EXTREMITY, HEART or CT URINARY TRACT***
1. There is no preparation for these exams.
2. Allow approximately 40 minutes for your exam.

❑ ***CT SCAN of the HEAD, CHEST or NECK; HEAD or CHEST WITHOUT CONTRAST ONLY - NO PREP***
1. Nothing to eat or drink for 4 hours prior to your exam.
2. You may take your normal medicines with the exception of Glucophage (metformin) or Glucovance.
3. If you take Glucophage or Glucovance or are allergic to radiologic contrast media, call our office at least the day before your exam for special instructions.
4. Allow approximately 1 hour for your scan.

❑ ***CT ANGIO***
1. Nothing to eat or drink for 4 hours prior to your exam.
2. You may take your normal medicines with the exception of Glucophage (metformin) or Glucovance.
3. If you take Glucophage or Glucovance or are allergic to radiologic contrast media, call our office at least the day before your exam for special instructions
4. For a CT angio of your abdominal aorta - drink 1 gallon of water two hours before your appointment time.
5. Allow approximately 1 hour for your scan.

❑ ***CT COLONOGRAPHY***
1. Pick-up a Prep Kit from CORA.
2. Follow the ***TWO DAY*** prep instructions found inside the box.
3. Allow approximately 1 hour for your scan.

❑ ***CT SPINE***
1. There is no preparation for a routine spine CT.
2. Allow approximately 1 hour for a routine spine scan.
3. If you are scheduled for a myelogram with a CT to follow - ask your physician for a special instruction sheet. You may also pick this sheet up at our office.

❑ ***CT SCAN of the ABDOMEN and/or PELVIS***
1. Pick up 3 oral Hypaque doses at Central Oregon Radiology.
2. Mix any one of the syringes of Hypaque with 12 ounces of clear juice (any type without pulp such as cranberry or apple) and drink at ***8:OO pm THE EVENING BEFORE*** your appointment.
3. Mix another syringe of Hypaque with 12 ounces of juice and drink ***2 HOURS PRIOR*** to your exam time.
4. Mix the last syringe of Hypaque with 12 ounces of juice and drink ***1 HOUR PRIOR*** to your exam time.
5. Do not eat or drink anything else for 4 hours prior to your exam with the exception of medications already prescribed by your physician.
6. If you are diabetic continue your usual diet along with the Hypaque at the appropriate times. DIABETIC PATIENTS TAKING GLUCOPHAGE (metformin) or GLUCOVANCE - contact our office for special instructions about taking your medication.
7. If you have previously had a reaction to x-ray contrast call our office prior to your appointment time.
8. Inform the radiographer if you have asthma, diabetes, heart or renal problems or could possibly be pregnant.
9. You may experience some diarrhea with this oral prep.
10. Allow approximately 1 hour for your scan.