Centro PRINT SOLUTIONS (541) 382-3534

CORA
CENTRAL OREGON RADIOLOGY ASSOCIATES

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 _____

X-RAY

PLEASE MARK EXAM(S) & EXAM TYPES

ABDOMEN
- ❑ Abdomen 1V (KUB)
- ❑ Abdomen 2V
- ❑ Abdomen 3V (W/Decubs)
- ❑ Abdomen 2V W/PA Chest

G.I. TRACT
- ❑ Upper GI
- ❑ Upper GI With Small Bowel
- ❑ Esophagram
- ❑ Small Bowel Follow Through
- ❑ Barium Enema (Non Air Contrast)
- ❑ Barium Enema (With Air Contrast)
- ❑ T-Tube Cholangiogram

CHEST
- ❑ Chest 1V (PA)
- ❑ Chest 2V (PA / Lateral)
- ❑ Chest (Apical Lordotic & PA / Lateral)
- ❑ Chest (PA / Lateral & Obliques)
- ❑ Fluoroscopy, Sniff Test
- ❑ Ribs Unilateral
- ❑ Ribs Bilateral
- ❑ Sternum ❑ Ribs w / 1V Chest PA

HEAD & NECK
- ❑ Eye (Detection Of Foreign Body)
- ❑ Mandible Complete (PA & Oblique)
- ❑ Facial 2V (PA / Lateral)
- ❑ Facial Complete (PA / Waters / Lateral)
- ❑ Nasal Bones
- ❑ Orbits (PA / Waters)
- ❑ Waters View 1V
- ❑ Sinus Series (PA / Waters / Lateral)
- ❑ Skull 2V (AP / Lateral)
- ❑ Skull Complete
- ❑ Neck For Soft Tissue (AP / Lateral)
- ❑ TMJ's

UPPER EXTREMITIES
- ❑ Scapula (AP / Lateral)
- ❑ Clavicle (AP / Angle)
- ❑ Shoulder (Int / Ext / Y)
- ❑ AC Joint (With & Without Weights)
- ❑ SC Joint (PA / Obliques)
- ❑ Humerus (AP / Lateral)
- ❑ Elbow 2V (AP / Lateral)
- ❑ Elbow 3+ V (AP / Lateral & Oblique)
- ❑ Forearm (AP / Lateral)
- ❑ Wrist 2V (PA / Lateral)
- ❑ Wrist 3+ V (PA / Lateral & Oblique)
- ❑ Hand 2V (PA / Lateral)
- ❑ Hand 3V (PA / Lateral & Oblique)
- ❑ Finger (PA / Lateral & Oblique) Digit_____

MYELOGRAMS
- ❑ Cervical With CT To Follow
- ❑ Lumbosacral With CT To Follow
- ❑ Thoracic With CT To Follow

MISCELLANEOUS
- ❑ Skeletal Survey
- ❑ Bone Age
- ❑ Facet Injection - Level: _____
- ❑ Epidural Injection
- ❑ Hysterosalpingogram
- ❑ Hip Injection ❑ RT ❑ LT
- ❑ Other: _____

PLEASE MARK EXAM(S) & EXAM TYPES

LOWER EXTREMITIES
- ❑ Unilateral Hip 2V
- ❑ Bilateral Hip 2V (Including AP Pelvis)
- ❑ Femur 2V (AP / Lateral)
- ❑ Knees Bilateral AP Standing
- ❑ Knee 2V (AP / Lateral)
- ❑ Knee 3+ V
- ❑ Knee 4+ V
- ❑ Tibia & Fibula (AP / Lateral)
- ❑ Ankle 2V (AP / Lateral)
- ❑ Ankle 3+ V (AP / Lateral & Oblique)
- ❑ Foot 2V (AP / Lateral)
- ❑ Foot 3+ V (AP / Lateral & Oblique)
- ❑ Calcaneus (Angle / Lateral)
- ❑ Toe (AP / Lateral & Oblique) Digit_____

JOINT INJECTIONS
- ❑ RT ❑ LT
- ❑ Shoulder With CT To Follow
- ❑ Shoulder With MRI To Follow
- ❑ Elbow With CT To Follow
- ❑ Elbow With MRI To Follow
- ❑ Wrist With CT To Follow
- ❑ Wrist With MRI To Follow
- ❑ Knee With CT To Follow
- ❑ Knee With MRI To Follow
- ❑ Other: _____

SPINE & PELVIS
- ❑ Spine 1V ❑ Cervical ❑ Thoracic ❑ Lumbar
  Which View: _____
- ❑ Cervical 2V / 3V (AP / Lateral)
- ❑ Cervical Complete (AP / Lateral / OM / Obliques)
- ❑ Thoracic / Swimmers (AP / Lateral / Swimmers)
- ❑ Thoracic / Lumbar Junction (AP / Lateral)
- ❑ Lumbar 2V / 3V (AP / Lateral)
- ❑ Lumbar Complete (AP / Lateral / Obliques / L5-S1 Spots)
- ❑ Pelvis 1V (AP)
- ❑ SI Joints
- ❑ Sacrum & Coccyx (AP / Lateral)
- ❑ Scoliosis 1V
- ❑ Lumbar Flex / Ext

NUCLEAR MEDICINE

PLEASE MARK EXAM(S) & EXAM TYPES

- ❑ Bone Scan ❑ Total ❑ Limited
  ❑ With Spect
  ❑ 3 Phase
- ❑ Gallbladder Ejection Fraction (GBEF)
- ❑ Renal Function / Obstruction Scan (DTPA / MAG3)
- ❑ Gastric Emptying Study
- ❑ Myocardia Perfusion Imaging (MPI)
  ❑ Lexiscan ❑ Treadmill
- ❑ Lung Scan (Vent / Perf)
- ❑ Parathyroid Scan (Sestamibi)
- ❑ Lymphoscintigraphy (Sentinel Node)
- ❑ Other: _____

DEXA

- ❑ Dexa (Axial)
- ❑ Dexa with Vertebral Fracture Assessment

ULTRASOUND

PLEASE MARK EXAM(S) & EXAM TYPES

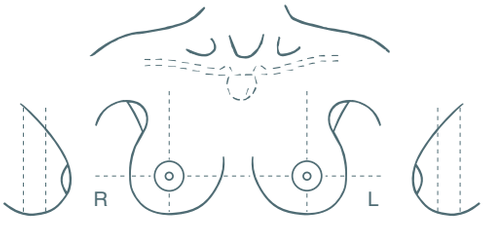
- ❑ Abdomen (Complete)
- ❑ Abdomen (Limited) ❑ RUQ ❑ LUQ
- ❑ Aorta
- ❑ Appendix
- ❑ Renal
- ❑ Obstetrical (1st Trimester)
- ❑ Obstetrical (2nd - 3rd Trimester)
- ❑ Obstetrical (Twins 1st Trimester)
- ❑ Obstetrical (Twins 2nd - 3rd Trimester)
- ❑ Biophysical Profile
- ❑ Nuchal Translucency
- ❑ Fetal Positioning Only
- ❑ Pelvic Complete (TA / TV)
- ❑ Sonohysterogram
- ❑ Arterial Upper Extremities ❑ RT ❑ LT
- ❑ Arterial Lower Extremities ❑ RT ❑ LT
- ❑ Carotid
- ❑ Venous Extremity Unilateral ❑ RT ❑ LT
- ❑ Venous Extremity Bilateral
- ❑ Neo Natal Head
- ❑ Fetal Hips
- ❑ Cyst Aspiration
- ❑ Aspiration - Body Part: _____
- ❑ Extremity (Non Doppler)
- ❑ Soft Tissue - Body Part: _____
- ❑ Thyroid
- ❑ Thyroid Biopsy
- ❑ Scrotal / Testicular
- ❑ Groin
- ❑ MSK - Body Part: _____
- ❑ Other: _____

WOMEN'S IMAGING

PLEASE MARK EXAM(S) & EXAM TYPES

- ❑ Mammography Routine
- ❑ Mammography Diagnostic
- ❑ Mammography Unilateral
- ❑ Breast Ultrasound To Compliment Mammo (unilat.)
- ❑ Breast Ultrasound To Compliment Mammo (bilat.)
- ❑ Breast Ultrasound (Unilat or Bilat W/O Mammogram)
- ❑ Additional Views To Complete Mammogram
- ❑ Needle Localization
- ❑ Cyst Aspiration
- ❑ Ultrasound Guided Core Biopsy
- ❑ Stereotactic Guided Core Biopsy
- ❑ Ductogram

Please mark location below if pain or lump



_____ o'clock
_____ cm from nipple

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

CORA
CENTRAL OREGON RADIOLOGY ASSOCIATES

CASCADE MEDICAL IMAGING

Scheduling: 541-382-9383
Mainline: 541-382-6633

PATIENT - If your doctor's office has given you x-rays, please bring them with you to your appointment! See location map on back. If you have any questions about your exam or prep, please call our scheduling department at the above phone number.

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

X-RAY

❑ ***UPPER GI and/or ESOPHAGRAM and/or SBFT***
1. MORNING APPOINTMENT: DO NOT eat or drink anything after midnight the night before your exam. You may chew antacid tablets if desired, up to 2 hours before exam. Don't chew gum. DO NOT eat breakfast.
2. AFTERNOON APPOINTMENT: You may eat a light liquid breakfast before 8:00 am. No food or fluids after 8:00 am. Don't chew gum.
3. Allow approximately 45 minutes for your exam.
4. If you are also having a small bowel exam - this combination can take as long as 4 hours.

❑ ***BARIUM ENEMA***
1. This exam requires thorough emptying of the intestinal tract before the x-rays are taken.
2. Please obtain a pre-packaged Evac-Q-Kwik laxative prep kit from our office.
3. Carefully follow the ***TWO DAY*** prep instructions found inside the box.
4. Allow approximately 1 hour for your exam.

❑ ***INTRAVENOUS PYELOGRAM***
1. Pick up 3 Dulcolax (Bisadodyl) tablets from our office.
2. The day before your exam, eat a light dinner.
3. Take the 3 Dulcolax tablets at 6:00 pm. Do not take within 1 hour of antacids or milk. Swallow whole. Expect abdominal cramping, pain and diarrhea from this laxative preparation.
4. Drink extra fluids.
5. After each bowel movement, drink at least one-half glass of water, tea or broth.
6. If your exam is scheduled in the MORNING, do not eat or drink anything until after your exam.
7. If your exam is scheduled in the AFTERNOON you may have a light breakfast of toast and coffee, tea or juice. After breakfast, do not eat or drink anything until after your exam.
8. Allow approximately 1 hour for your exam.

❑ ***PEDIATRIC PATIENTS FOR UGI, BE or IVP***
Call our office for special instructions.

❑ ***MYELOGRAM***
Ask your doctor or stop by our office for a special instruction sheet.

❑ ***HYSTEROSALPINGOGRAM***
Take 800mg of ibuprofen 1 hour before your exam. Please ensure there is no chance you could be pregnant. Allow approximately 1 hour for your exam.

❑ ***MAMMOGRAM***
1. Bathe or otherwise carefully cleanse your breasts and underarms before your exam. Be careful to remove all deodorant, perfume, powders or preparation of any sort in the underarm areas of your breasts.
2. You will find it more convenient to wear a blouse with slacks or skirt, rather than a dress.
3. If you have had a mammogram at another facility, please bring it with you or request that it be sent to us.
4. Allow approximately 45 minutes for your exam.

❑ ***ROUTINE X-RAY(S)***
There is no preparation for this exam. Allow approximately 45 minutes for your exam.

ULTRASOUND

❑ ***PELVIS or OB***
Your bladder must be full to obtain a thorough exam. Drink 16 ounces of water approximately 1 hour before your appointment time and ***DO NOT*** empty your bladder. Allow approximately 1 hour for your exam.

❑ ***UPPER ABDOMEN and GALLBLADDER***
Nothing to eat or drink for at least 10 hours before your exam. Allow approximately 1 hour for your exam.

❑ ***RENAL / KIDNEY***
Your bladder must be full to obtain a thorough exam. Drink 32 ounces of water approximately 1 hour before your appointment time and ***DO NOT*** empty your bladder. Allow approximately 1 hour for your exam.

❑ ***ARTERIAL LEGS***
Nothing to eat or drink for at least 4 hours before your exam. Allow approximately 90 minutes for your exam.

❑ ***US or STEREOTACTIC BREAST CORE BIOPSY***
Please do not take any aspirin or blood thinners for 10 days prior to your appointment. Allow approximately 1 hour for your exam. Plan to take it easy the day of and the day after your biopsy.

❑ ***ALL OTHER ULTRASOUND EXAMS***
There is no preparation. Allow approximately 1 hour for your exam.

NUCLEAR MEDICINE

❑ ***BONE SCAN***
With SPECT W/O SPECT
1. Drink 2 - 3 glasses of water or juice before scheduled injection time. No caffeine.
2. After injection, drink 2 - 3 additional glasses of fluids.
3. Return 2 - 4 hours after injection time for scan. Meds OK.
4. You may eat, drink and empty your bladder after inj.
5. Allow approximately 30 - 60 minutes for your scan.

❑ ***GALLBLADDER EJECTION FRACTION (GBEF)***
1. Eat a fatty snack 8:00 - 10:00 pm the night before your scan. Then nothing to eat or drink after midnight.
2. ***DO NOT*** take any of the following medications within 24 hours of your exam or any other narcotic pain meds:
   Morphine Darvon Demerol
   Dilaudid Percocet Tylenol w/ Codeine
   Vicodin All Codeine drugs
3. Allow approximately 2 hours for your scan.

❑ ***HIDA SCAN (Biliary)***
1. Eat a fatty snack 8:00 - 10:00 pm the night before your scan. Then nothing to eat or drink after midnight.
2. ***DO NOT*** take any of the following medications within 24 hours of your exam or any other narcotic pain meds:
   Morphine Darvon Demerol
   Dilaudid Percocet Tylenol w/ Codeine
   Vicodin All Codeine drugs
3. Allow approximately 2 hours for your scan.

NUCLEAR MEDICINE (cont.)

❑ ***RENAL FUNCTION / OBSTRUCTION SCAN (DTPA/MAG3)***
1. Well hydrated, no coffee.
2. Allow approximately 1 hour for your scan.

❑ ***GASTRIC EMPTYING STUDY***
1. Nothing to eat or drink after midnight.
2. DO NOT take any of the following medications for 3 days prior to your exam:
   Narcotic Analgesics Antidepressants
   Anticholinergics Calcium Channel Blockers
   Octreotide
   Antacids containing Aluminum
3. Allow approximately 4 hours for your scan.

❑ ***LUNG SCAN (Vent/Perf)***
1. No prep.
2. Allow approximately 1.5 hours for your scan.

❑ ***PARATHYROID SCAN (Sestamibi)***
1. No caffeine 4 hours prior.
2. Allow approximately 3 hours for your scan.

❑ ***LYMPHOSCINTIGRAPHY (Sentinel Node)***
1. No prep, follow surgical prep.
2. Allow 20 minutes for injection and 2 hours for scan.

❑ ***CARDIAC SCANS***
1. Myocardial Perfusion Imaging (MPI) - to assess myocardial blood perfusion and function under rest and stress.
   a. No caffeine 24 hours prior to exam.
   b. NPO 6 hour prior to exam.
   c. Beta blockers and calcium channel blockers should be discontinued at physician's discretion.

❑ ***NM CARDIAC ORDERING INSTRUCTIONS***
1. Lexiscan Stress - vasodilatory agent used for patients who cannot complete a treadmill test.
2. Treadmill Stress - preferred method to "stress" patients.