

**Convenient Piedmont Hospital Locations:**

- Main Hospital Radiology
- Katherine Murphy Riley  
Outpatient Diagnostic Center (ODC)
- Piedmont Outpatient Center at  
Piedmont West Medical Office Park

Scheduling: 404-605-1810 Fax: 404-367-4417  
See back of form for address/maps.

**RADIOLOGY IMAGING SERVICES**



*piedmonthospital.org*

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Appt. Preference: \_\_\_\_\_ **Confirmed Appt:** \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Diagnosis or ICD-9 Code: \_\_\_\_\_  
 Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Policy ID: \_\_\_\_\_ Insured: \_\_\_\_\_  
 Medicare Primary?  Yes  No Precertification (if needed): \_\_\_\_\_  
 Research/Clinical trial:  Yes  No

**SPECIAL REQUEST**

*Check all that apply*

- STAT/Call report
- Send CD with Patient
- Wheelchair Assistance
- Language Services
- Outpatient Fax Scheduling**  
Fax: 404-350-8078

*\*Please give the patient a copy of this order form with instructions to call Piedmont Hospital Scheduling at 404-605-1810 if they have not received a call within 24-hours.*

**ABDOMEN AND GI TRACT**

- Abdomen Film (KUB)  Upper GI Series Contrast
- Barium Enema  Air Contrast Barium Enema
- Small Bowel Series
- Other: Please Specify \_\_\_\_\_

**CHEST**

- Chest PA
- Chest PA and Lateral
- Rib Series Bilateral \_\_\_\_\_ Unilateral \_\_\_\_\_
- Other: \_\_\_\_\_

**EXTREMETIES**

- Specify: \_\_\_\_\_
- Right  Left

**SKULL AND FACE**

- Skull Series  Sinus Series

**SPINE AND PELVIS**

- AP/LAT  Complete
- Cervical Spine  Lumbar Spine
- Thoracic Spine  Pelvis
- Other: \_\_\_\_\_

**MRI  With Contrast  Without Contrast**

- Brain
- C-Spine
- Lumbar Spine
- Abdomen: Please Specify \_\_\_\_\_
- Extremity: Please Specify \_\_\_\_\_  
Right \_\_\_\_\_ Left \_\_\_\_\_
- MRA: Please Specify \_\_\_\_\_
- Other: Please Specify \_\_\_\_\_

**CT SCAN  With Contrast  Without Contrast**

- Head/Brain  Pelvis
- Chest  Soft Tissue Neck
- Abdomen  Sinuses
- Biopsy  Cardiac Calcium Scoring
- Specify \_\_\_\_\_
- CTA: Please Specify \_\_\_\_\_
- Extremities: Please Specify \_\_\_\_\_  
 Right  Left

**NUCLEAR MEDICINE**

- Bone:  Whole body  Limited  3 Phase
- Thyroid Uptake  Gallium
- Lung  Hyperthyroid Therapy
- Renal  I 131 Whole Body Scan
- PET/CT
- Other: Please Specify \_\_\_\_\_

**GU TRACT**

- IVP with Tomograms
- Hysterosalpingogram  Referring To Do  Radiologist To Do
- Other: \_\_\_\_\_

**ULTRASOUND**

- RUQ (GB, pancreas, liver, bile duct, right kidney)  Aorta
- Liver  Pelvic with Endovaginal
- Kidneys (renals)  Testicular
- Fetal  Thyroid
- Thoracentesis/Paracentesis:  Right  Left
- Biopsy: Please Specify \_\_\_\_\_
- Other: Please Specify \_\_\_\_\_

**INTERVENTIONAL (Main Hospital)**

- Myelogram  Venogram
- Arteriogram  Fistulogram with PTA
- Port:  Right  Left
- Nephrostomy:  Right  Left
- Other: Please Specify \_\_\_\_\_

Radiology professional services are provided by Radiology Associates of Atlanta and will be billed separately.  
I certify the need for these services furnished under this plan of treatment while under my care.

**Physician signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

# PREPARATION INSTRUCTIONS FOR ADULT PATIENTS

Bring this form – completed and signed by your physician – and your insurance card with you to the facility registration/testing area.

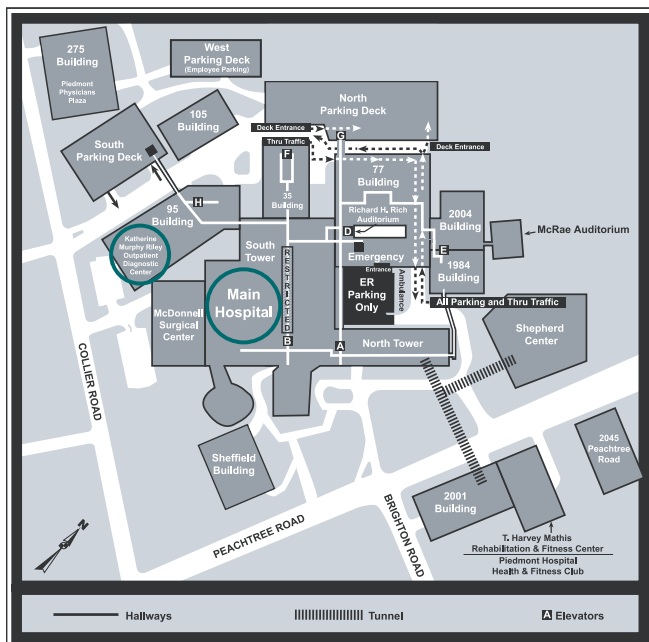
Your insurance plan may consider your test/procedure a screening or a non-covered service. Please call your insurance company prior to your scheduled test date to check coverage and see if you need a referral.

- Barium Swallow Only:** No special preparation.
- Upper GI Series, Small Bowel Series:** Do not eat or drink anything after midnight the night before your exam. If you are having a small bowel series, be prepared for the test to take two to six hours.
- Barium Enema and IVP:** Day before exam: Use a cleansing preparation kit and nothing to eat or drink after midnight. The kit can be obtained from the doctor's office or purchased at a pharmacy.
- Ultrasound Pelvic:** Drink 32 oz. of water 90 minutes before your appointment time and **DO NOT USE THE RESTROOM.** The bladder must be full for this exam.
- Ultrasound Abdomen (gallbladder, liver, pancreas, aorta):** Do not eat or drink anything 12 hours before the exam.
- Ultrasound Kidney (Renal):** No special preparation.
- MRI Cholangiogram (MRCP):** Do not eat or drink anything 4 hours prior to the exam.
- CT without Contrast:** No special prep.
- CT with Contrast:** No solid food five hours prior to exam. If having CT abdomen or pelvis, drink oral contrast using the instructions given at the time the exam was scheduled. Increase oral hydration 3-4 hours prior to exam.
- Nuclear Medicine Gallbladder Scan:** Do not eat or drink anything at least 4 hours prior to the exam.
- Nuclear Medicine Gastric Emptying Scan:** Do not eat or drink anything at least 4 hours prior to the exam. Call 404-605-2170 if you take ANY stomach medicines.
- Nuclear Medicine Thyroid Scan:** Follow a low-iodine diet for one week prior to the exam. Call 404-605-2170 if you take ANY thyroid medications. No IV contrast exams in the previous 2 months.
- Nuclear Medicine Bone Scan:** Drink a lot of liquids the morning of the exam.
- Interventional:** Nothing to eat/drink after midnight the night before the procedure. You may take medications with a sip of water the morning of the procedure. If on insulin, take only half your normal dose. Stop blood-thinners (e.g., aspirin, Plavix, Coumadin) five days prior to procedure.

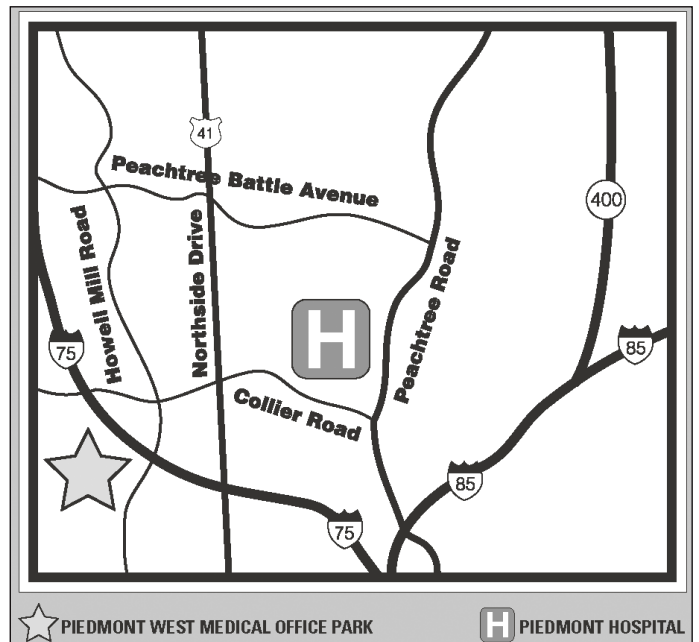
**PATIENTS:** If you do not have a scheduled appointment time within 24 hours of receiving this information sheet, please call 404-605-1810.

## LAB VALUES

BUN and Creatinine values are needed before any procedure requiring IV contrast for patients over 55, those with renal disease, diabetes, heart disease, multiple myeloma and proteinuria. Lab values up to 90 days prior to the procedure are acceptable.



Piedmont Hospital • 1968 Peachtree Road, N.W.  
Atlanta, Georgia 30309



Piedmont West Medical Office Park • 1800 Howell Mill Road  
Suite 100 • Atlanta, Georgia 30318