



952 Seton Drive
Cumberland, MD 21502
301.777.3522
www.adronline.org
Fax 301.777.1902

Imaging Request

Please bring this form and your insurance card

Appointment Date: _____ Appointment Time: _____ Today's Date: _____

Patient Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

Creatinine if Indicated for Contrast. If Creatinine within 6 weeks of scheduled exam (Please send hard copy). Level _____ Date _____

Referring Physician: _____ Physician Signature: _____

Phone #: _____ Fax #: _____

Patient to bring images to doctor **Hold and call - phone # _____**

MRI

Contrast as indicated
3D Rendering as indicated

MRI

- Brain:
 ___ w/special attention to IAC
 ___ w/special attention to Pituitary
- Orbits
- TMJ
- Neck (soft tissue)
- Spine:
 ___ cervical ___ thoracic ___ lumbar
- Extremity: joint ___ right ___ left
 Specify body part: _____
- Extremity: non-joint ___ right ___ left
 Specify body part: _____
- Breast: ___ CAD
- Chest
- Abdomen
 Specify structure: _____
- Abdomen (MRCP)
- Pelvis
- Other: _____

MR Angiography

- Brain w/o w & w/o
- Carotids w/o w & w/o
- Aorta & runoff vessels
 w/o w & w/o
- Chest w/o w & w/o
- Abdomen/Renal w/o w & w/o
- MRV of _____

MR Arthrography ___ right ___ left

- Shoulder
- Elbow
- Wrist
- Hip
- Ankle
- Knee

Orbit X-Ray as Indicated

OTHER EXAMS: _____

SPECIAL INSTRUCTIONS: _____

CT

Contrast as indicated
3D Rendering as indicated

Diagnostic CT

- Brain
- Orbits
- IAC Middle Ear (temporal bone)
- Sinus (Maxillofacial)
- Neck (soft tissue)
- Spine:
 ___ cervical ___ thoracic ___ lumbar
- Extremity: ___ right ___ left
 Specify body part: _____
- Chest
- Abdomen and Pelvis
- Abdomen (pelvis if indicated)
- Pelvis: ___ bony ___ soft tissue

CT Enterography - 3D

CT Urogram - 3D

Calcium Scoring

CT Lung Screening

CT Angiography

- Head Neck Both
- Extremity: ___ upper ___ lower
- Chest
- Aorta and runoff vessels
- Abdomen/Pelvis
- Abdomen Pelvis
- Coronary Arteries

DIGITAL MAMMOGRAPHY

- Screening: ___ CAD ___ Tomo
 3D Breast Ultrasound (if indicated)
- Diagnostic (comprehensive)
 ___ CAD ___ Tomo
 3D Breast Ultrasound (if indicated)
 ___ unilateral ___ bilateral
- Date of last mammogram: _____
- Breast Implants: ___ Yes ___ No
 POST BX MAMMO _____

ULTRASOUND

- Abdomen: _____
- Kidney's Only: _____
- Kidney's & Bladder: _____
- Aorta: _____
- Pelvis (TV if indicated): _____
- Breast (3D if indicated):
 ___ right ___ left ___ bilateral
- Scrotum w/doppler: _____
- Thyroid: _____
- Carotid: _____
- Lower Extremity-Venous:
 ___ right ___ left
- Lower Extremity-Arterial-Multi Level
- Other: _____
- Echocardiogram

OB Ultrasound

- OB Ultrasound (TV if indicated):

- OB Limited (Viability, Heart Beat,
 Position, Amniotic Fluid Index,
 Placental Location):

- OB Follow-Up: specify documented
 problem: _____
- Biophysical Profile: _____

FLUOROSCOPY

- IVP
- Esophagram
- UGI
- Small bowel
- Barium enema
 ___ w/ air contrast

DEXA

Reason for bone density: _____

Date of last exam: _____

PET/CT

- PET Skull base to mid-thigh
- PET Melanoma (whole body)
- PET Brain
- NaF 18 Prostate Only

NUCLEAR MEDICINE

- Labeled WBC
- Bone:
 ___ whole body
 ___ 3-phase (if indicated)
 ___ Bone SPECT (if indicated)
- Thyroid Scan
- Thyroid Uptake and Scan
- Thyroid Therapy
- Parathyroid
- MUGA (cardiac blood pool)
- Lung Ventilation/Perfusion
- Hemangioma
- Gallbladder (HIDA)
- Gallbladder (Kinevac Hida)
- Gastro Emptying
- Meckels
- Renal: ___ Captopril ___ Lasix
- Tumor Localization
- Gallium
- NM Stress - Exercise
- NM Stress - Pharm

X-RAY

- Head: ___ skull ___ orbits ___ sinuses
- Spine:
 ___ cervical ___ thoracic ___ lumbar
- Chest: ___ PA/LAT ___ PA
- Ribs w/PA chest: ___ unilateral
 ___ left ___ right ___ bilateral
- Abdomen: ___ KUB ___ two views
- Pelvis
- Hips w/AP pelvis, bilateral
- Extremity:
 ___ right ___ left ___ bilateral
- Specify body part: _____



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INSTRUCTIONS TO PATIENT

1. Arrive 30 minutes prior to your scheduled appointment.
2. Please bring this Prescription with your or your appointment may have to be rescheduled.
3. Bring your insurance card and any other insurance information.
4. Please call, 301-777-3522, at least 24 hours prior to your appointment if you need to reschedule.

PREPARATION INSTRUCTIONS

ULTRASOUND PREPARATION

Pelvis

A full bladder is required for the examination. Drink several glasses of water 1-2 hours prior to the exam. Do not urinate prior to exam.

Abdomen, Retroperitoneum, Aorta

Nothing to eat, drink or chew 8 hours prior to exam.

MRI Preparation

MRI abdomen, nothing to eat, drink or chew 6 hours prior to exam.

CT SCAN PREPARATION

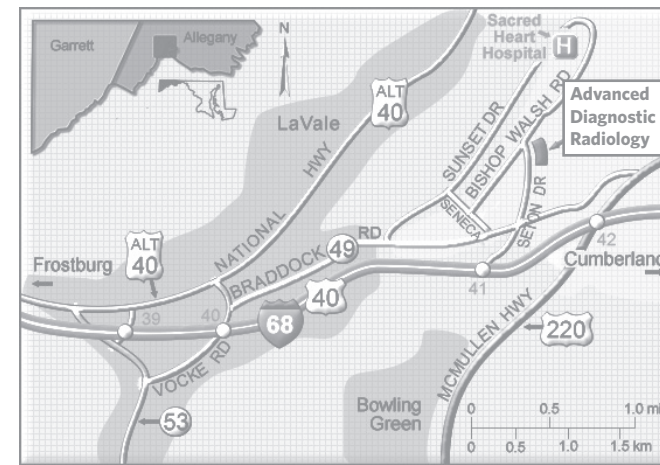
Abdomen/Pelvis Studies

NPO 4 hours prior to exam; arrive minimum of 30 minutes prior to scheduled appointment time to allow for registration and oral prep. Oral prep will consist of water given to the patient in specific amounts and time frame.

Study with Intravenous Contrast

Nothing to eat, drink or chew 3 hours prior to exam.

DRIVING DIRECTIONS



From I-68 West (Heading towards Frostburg traveling from Cumberland)

Traveling from Cumberland and heading west towards Frostburg take Exit 41 West (Exit 41 is a West Only Exit). Proceed straight through the stoplight. Then travel .3 miles, Advanced Diagnostic Radiology is located in the first building on the right. Parking and an elevator are located at the back of the building. The elevator and a staircase are located on the outside of the building. Take the elevator to the second floor.

From I-68 East (Heading towards Cumberland Traveling From Frostburg)

Traveling from Frostburg and heading east towards Cumberland take Exit 40 East. At the first stoplight turn left, go under bridge and immediately take the first right onto Braddock Road (49). Then travel 1.5 mi on Braddock Road to the first stop light and take a left onto Seton Drive. Next, travel .3 miles, Advanced Diagnostic Radiology is located in the first building on the right. Parking and an elevator are located at the back of the building. The elevator and a staircase are located on the outside of the building. Take the elevator to the second floor.

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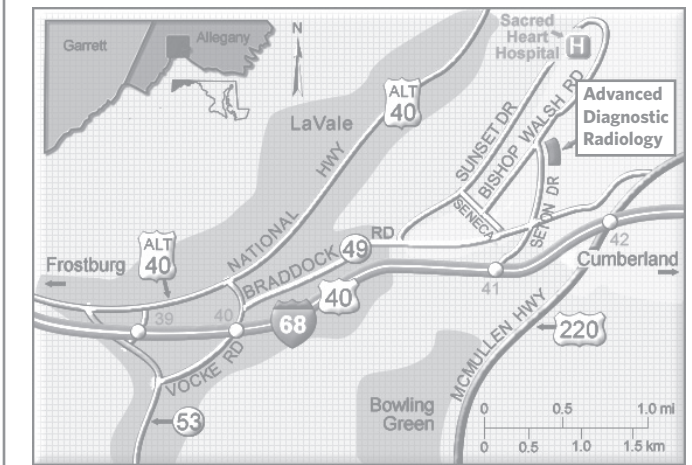
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THANK YOU FOR CHOOSING

Advanced Diagnostic Radiology



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