



CHESAPEAKE MEDICAL IMAGING

PLEASE PRESENT THIS FORM AT THE TIME OF SCHEDULING

PATIENT'S NAME (Last / First)

PATIENT'S PHONE #

DOB

REFERRING PHYSICIAN'S NAME (Printed and Signature Required)

DATE

REFERRING PHYSICIAN'S PHONE #

FAX #

TO REPORT CRITICAL FINDINGS AFTER HOURS CALL #

REASON FOR EXAM

STAT PHONE REPORT NEEDED

STAT FAX REPORT NEEDED

SEND CD WITH PATIENT

Order may be modified according to department written protocol. This includes the administration of contrast.

No Contrast – state reason for requesting a non-contrast examination

MRI / MRA

HEAD AND NECK

- Brain (70551 or 70553)
 IAC/Posterior Fossa
 Pituitary
 Brain with Motion Compensation
 Brain with Seizure Protocol
 Brain with Neuroquant (76377)
 Brain (MS Protocol)
 Soft Tissue Neck (70540 or 70543)
 Orbits (70540 or 70543)
 TMJ (70336)
 Face (70540 or 70543)

SPINE

- Cervical (72141 or 72156)
 Thoracic (72146 or 72157)
 Lumbar (72148 or 72158)
 Complete Spine (C-T-L) (72141, 72146, 72148)
 Sacrum (72195 or 72197)

BODY

- Chest (71550 or 71552)
 Abdomen (74181 or 74183)  MRCP
 Pelvis (72195 or 72197)
 Enterography (74183 or 72197)
 Urography (74183 or 72197)
 Prostate (72195 or 72197)

EXTREMITY

- Lower Extremity; Non-joint (73718 or 73720)
 Tib/Fib  Femur
 Forefoot/toes
 Lower Extremity; Joint (73721 or 73723)
 Knee  Ankle-hindfoot
 Hip  Mid-forefoot

Upper Extremity; Non-joint (73218 or 73220)

- Brachial Plexus  Forearm
 Scapula  Hand
 Humerus

Upper Extremity; Joint (73221 or 73223)

- Shoulder  Wrist
 Elbow

ARTHROGRAM SPECIFY JOINT

Other SPECIFY:

MRA ANGIOGRAPHY

- Head (70544)  Neck (70547 or 70548)
 Chest (71555)  Renal (74185)
 Pelvis (72198)  Runoff (74185 or 73725 x2)
 Upper Extremity (73225)
 Lower Extremity (73725)

ULTRASOUND

- Abdomen (76700)
 RUQ U/S [Gallbladder] (76705)
 Kidneys and Bladder (76770)
 Aorta (76775)
 Thyroid/Neck (76536)
 FNA Biopsy (10005) SPECIFY
 Carotid Doppler (93880)
 Soft Tissue/Other
 Scrotum/Testicle [w/ Doppler if indicated] (76870)
 Pelvic w/ transvaginal (76856 and 76830)
 Transvaginal only (76830)
 Venous Doppler [R/O DVT]
 Unilateral (93971)  Bilateral (93970)
 Upper Extremity  RIGHT  LEFT
 Lower Extremity  RIGHT  LEFT
 Arterial Lower Extremity
 Unilateral (93926)  Bilateral (93925)
 RIGHT  LEFT
 Neonatal Brain (76506) [site specific]
 Neonatal Spine (76800) [site specific]
 Pyloric Stenosis (76705) [site specific]
 Other SPECIFY:

OB

- First Trimester (76801) with Transvaginal [if indicated] (76817)
 Nuchal Translucency (76813)
 OB Anatomy (76805)
 Second or Third Trimester (76816)
 OB Limited (76815)

BREAST IMAGING

- Screening Mammogram (77063)
 Diagnostic Mammogram [w/ ultrasound if indicated] (77062)
 Breast Ultrasound (76642)

MRI

- Breast with and without contrast (77049)
 Breast Implants (77047)

- BREAST BIOPSY  RIGHT  LEFT  BILATERAL
 Ultrasound Guided (19083)  Stereotactic (19081)

HSG (HYSTEOSALPINOGOGRAM)

- HSG (74740)

DEXA

- Bone Density Scan (77080)

XRAY

Performed on a walk-in basis

CT

- Abdomen and Pelvis
 Stone Protocol (74176)
 Urogram (74178)
 Enterography (74177)
 Colonoscopy (74261)
 Abdomen Only (74150, 74160)
 Pelvis Only (72192, 72193)
 Brain (70450, 70470)
 Orbits (70480, 70482)
 Sinus (70486, 70488)  w/Brain Lab
 Temporal Bone (IAC) (70480 or 70482)
 Chest (71250, 71260, 71270)
 Soft Tissue Neck (70490, 70491, 70492)
 Calcium Score [Heart] (75571)
 Lung Screening [Low dose] (G0297)
 Upper Extremity (73200, 73201, 73202)
 SPECIFY  RIGHT  LEFT  BILATERAL
 Lower Extremity (73700, 73701, 73702)
 SPECIFY  RIGHT  LEFT  BILATERAL
 Spine SPECIFY:
 Other
3D RENDERING AS INDICATED

PET/CT (may include diagnostic CT when needed)

- Oncology (78815, 78816, 71260, 74177)

CANCER TYPE

- Axumin (78815, 78816) Prostate Only
 Brain (78608, 70450)
 Cardiac Viability (78459)
 Dotatate (78815) Neuroendocrine Tumor Only
 Bone (Sodium Fluoride)
 Whole Body (78816, 71250, 74176)
 3 Phase Bone Scan (78814)
SPECIFY REGION

NUCLEAR MEDICINE

- Whole Body Bone Scan (78306)
 SPECT (78320) SPECIFY REGION:
 Bone Scan 3 Phase (78315)
 Limited (78300) SPECIFY REGION:
 Gallbladder / Liver HIDA Scan (78226, 78227)
 Gastric Emptying (78264, 78265)
 Parathyroid (78070, 78071, 78072)
 Renal MAG 3 with or without LASIX (78707, 78708, 78709)
 Liver/Spleen (78216) (78803)
 DaTScan (78803)
 Other

CTA IV CONTRAST REQUIRED

- Chest CTA R/O PE (71275)
 Coronary CTA (75574)
 CT Angiography SPECIFY:

## IMAGING PREP INSTRUCTIONS

Please arrive **30 minutes prior** to your exam time. Please bring:

- Photo ID
- Insurance card
- Script/order from your doctor

### CT (exams requiring IV contrast)

- Nothing to eat 2 hours prior to your exam
- Drink plenty of fluids
- Medication may be taken the day of the exam

### DEXA

- Refrain from calcium supplements 24 hours prior to your exam
- Inform us of any recent barium, nuclear medicine and/or contrast injections

### MAMMOGRAPHY

- Refrain from applying powders, perfumes, lotions or deodorants prior to your exam

### MRI

Please inform us at the time of scheduling if you have any of the following:

- Aneurysm Clips
- Pacemaker/Defibrillator
- Metallic Implants in the body
- Spinal Devices or Pain Pumps
- Ear (Cochlear) Implants
- IUD
- Shunts
- Stents

### NUCLEAR MEDICINE

- These exams require the special order of an isotope prior to your study
- CMI offers speciality scheduling for your specific exam
- Receipt of your CMI Imaging Order either from you or your physician will ensure the accurate scan is scheduled

### PET/CT

- These exams require the special order of an isotope prior to your study
- CMI offers speciality scheduling for your specific exam
- Based on cancer type, oncology exams are conducted for either the Whole Body or Skull-base to Mid-thigh. Receipt of your CMI Imaging Order either from you or your physician will ensure the accurate scan is scheduled
- Whole Body PET/CT – for melanoma, t-cell lymphoma, multiple myeloma and sarcoma of the extremities
- Skull to Mid-thigh PET/CT – for all other cancer types
- **If you have not had a diagnostic CT within the last 90 days please inform our staff**

### ULTRASOUND

- Pelvic/Renal/Obstetric exams, drink 24 oz of water 1 hour prior to exam and refrain from voiding
- Abdominal/Gallbladder exams, nothing to eat 6 hours prior to exam

PATIENT SCHEDULING **855.455.8900**

IMAGING ORDERS — FAX TO **855.455.8222**

For additional resources and prep instructions please visit our website at [cmirad.net](http://cmirad.net)

## CHESAPEAKE MEDICAL IMAGING LOCATIONS

### ANNE ARUNDEL COUNTY

#### ANNAPOLIS

122 DEFENSE HWY, SUITE 102  
3T MRI • 1.5T MRI • OPEN MRI • CT •  
ULTRASOUND • 3D MAMMOGRAPHY •  
DEXA • XRAY • WOMENS IMAGING

WEEMS CREEK MEDICAL CENTER  
600 RIDGELY AVE, SUITE 100  
CT

*coming soon*

810 BESTGATE ROAD, SUITE 100  
CT • PET/CT • ULTRASOUND

#### GLEN BURNIE

7801 ELVATON RD, SUITE 1  
3T MRI • 1.5T MRI • CT • PET/CT •  
ULTRASOUND • XRAY • NUCLEAR MEDICINE

### BALTIMORE REGION

#### BALTIMORE (Wilkins)

4600 WILKENS AVE, SUITE 103  
1.5T MRI

#### CATONSVILLE

910 FREDERICK RD  
3T MRI

#### LUTHERVILLE/TOWSON

1312 BELLONA AVE, SUITE 102  
3T MRI • CT • PET/CT • ULTRASOUND • XRAY

#### WHITE MARSH

8114 SANDPIPER CIR, SUITE 106  
1.5T MRI • XRAY

### EASTERN SHORE REGION

#### CHESTERTOWN

6602 CHURCH HILL RD, SUITE 150  
1.5T MRI • OPEN MRI • ULTRASOUND

#### EASTON

401 PURDY ST, SUITE 104  
3T MRI • CT • PET/CT • ULTRASOUND •  
3D MAMMOGRAPHY • DEXA •  
WOMENS IMAGING

#### STEVENSVILLE

130 LOVE POINT RD, SUITE 105  
1.5T MRI • XRAY • ULTRASOUND

### HOWARD COUNTY

#### FULTON (Maple Lawn)

11810 WEST MARKET PL, SUITE 102  
3T MRI

### PRINCE GEORGE'S COUNTY

#### BOWIE

4201 NORTHVIEW DR, SUITE 105  
1.5T MRI • CT • PET/CT • ULTRASOUND •  
XRAY • HYSTEROSALPINGOGRAPHY (HSG)