



PLEASE PRESENT THIS FORM AT THE TIME OF SCHEDULING

PATIENT'S NAME (Last / First) _____ DOB _____ PATIENT'S PHONE # _____

REFERRING PHYSICIAN'S NAME (Printed and Signature Required) _____ DATE _____

REFERRING PHYSICIAN'S PHONE # _____ FAX # _____

REASON FOR EXAM _____
 Call Requested # _____
Provide direct office number or after hours number

PATIENT FOLLOW-UP APPOINTMENT DATE W/ REFERRING PROVIDER _____ 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
 - with Seizure Protocol
 - with 3D Volumetric Analysis
 - with MS Protocol
- Orbits (70540 or 70543)
- TMJ (70336)
- Soft Tissue Face (70540 or 70543)
- Soft Tissue Neck (70540 or 70543)

SPINE

- Cervical (72141 or 72156)
- Thoracic (72146 or 72157)
- Lumbar (72148 or 72158)
- Sacrum (72195 or 72197)

BODY

- Chest (71550 or 71552)
- Cardiac (75561)
- Abdomen (74181 or 74183) MRCP
- Pelvis (72195 or 72197)
- Enterography (74181, 72195 or 74183, 72197)
- Prostate (72195 or 72197)

EXTREMITY

- Lower Extremity; Non-joint (73718 or 73720)
- Tib/Fib Femur
 - Forefoot/toes Mid-forefoot

Lower Extremity; Joint (73721 or 73723)

- Knee Ankle-hindfoot
- Hip

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: _____
- Neurography SPECIFY REGION: _____
- Other SPECIFY: _____

MR ANGIOGRAPHY

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

CT

- Brain (70450, 70470)
- Orbits (70480, 70482)
- Sinus (70486, 70488) w/Brain Lab
- Temporal Bone (IAC) (70480 or 70482)
- Soft Tissue Neck (70490, 70491, 70492)
- Soft Tissue Neck (4D Parathyroid) (70492 & 70498)
- Cervical (72126, 72125)
- Thoracic (72129, 72128)
- Lumbar (72132, 72131)
- Chest (71250, 71260, 71270)
- Calcium Score [Heart] (75571)
- Lung Screening [Low dose] (71271)
- Abdomen and Pelvis
 - Stone Protocol (74176)
 - Urogram (74178)
 - Enterography (74177)
 - Colonography (74261)
- Abdomen Only (74150, 74160)
- Pelvis Only (72192, 72193)
- Upper Extremity (73200, 73201, 73202)
 - SPECIFY: RIGHT LEFT BILATERAL
- Lower Extremity (73700, 73701, 73702)
 - SPECIFY: RIGHT LEFT BILATERAL
- Other

- 3D RENDERING AS INDICATED
CTA IV CONTRAST REQUIRED
- Chest CTA R/O PE (71275)
 - Coronary CTA (75574) may include FFR-CT (75580) as medically necessary
 - CT Angiography SPECIFY: _____

PET/CT (may include diagnostic CT when needed)

- Oncology (78815, 78816, 71260, 74177)
 - CANCER TYPE: _____
 - Skull to Mid-thigh Whole Body
- FDG Brain (78608, 70450) (76377)
- Amyloid Brain (78608, 70450) (76377)
- TAU PET/CT (78814) (A9598)
- NEUROENDOCRINE:
 - Ga-68 Dotatate Netspot Cu-64 Dotatate DetectNet
- PROSTATE:
 - F-18 PSMA Pylarify
 - PSMA POSLUMA (R) (Flotufolastat F 18)
 - Ga-68 PSMA-11 Gozetotide Illuuccix or Locametz
 - F-18 Fluciclovine Axumin
- BREAST: (ESTROGEN RECEPTOR) F-18 Fluoroestradiol Cerianna
- BONE: F-18 Fluoride (NaF)
- Other _____

NUCLEAR MEDICINE

- Bone Scan, Whole Body w/ SPECT prn (78306, 78320)
 - 3 Phase (78315) SPECIFY REGION: _____
 - Limited (78300) SPECIFY REGION: _____
- Hepatobiliary Scan (Tc-99m Mebrofenin)
- Gastric Emptying (78264, 78265)
- Parathyroid with SPECT (78070, 78071, 78072)
- Renal MAG 3 WITH OR WITHOUT LASIX (78707, 78708, 78709)
- Liver / Spleen Sulfur Colloid (78216) (78803)
- Dopamine Amino Transferase (DaT) Scan (78803) (76377)
- Other _____

ULTRASOUND

- Abdomen (76700)
- Abdomen Ltd (76705) SPECIFY: _____
- RUQ [Gallbladder] (76705)
- Kidneys and Bladder (76770)
- Aorta (76775)
- Pelvic w/ Transvaginal (76856 and 76830)
 - Transvaginal only (76830)
- Thyroid/Neck (76536)
- Scrotum/Testicle [w/ Doppler if indicated] (76870)
- Carotid Doppler (93880)
- Venous Doppler [R/O DVT] RIGHT LEFT
 - Lower Extremity Upper Extremity
- Arterial Lower Extremity RIGHT LEFT BILATERAL

- SITE SPECIFIC STUDIES:
- FNA Biopsy (10005) SPECIFY: _____
 - Neonatal Brain up to 3 months (76506)
 - Infant Spine 0-6 months (76800)
 - Pyloric Stenosis 0-6 months (76705)
 - Other SPECIFY: _____

OB

- First Trimester w/ Transvaginal (76801 and 76817)
 - OB Transvaginal only (76817)
- Nuchal Translucency (76813)
- OB Anatomy (76805)
- Second or Third Trimester (76816)
- OB Limited (76815)

BREAST IMAGING

- Screening Mammogram (77063)
- Screening Mammogram w/ additional images and US if needed
- Diagnostic Mammogram [w/ ultrasound if indicated] (77062) RIGHT LEFT BILATERAL
- Breast Ultrasound (76642) RIGHT LEFT BILATERAL

MRI

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

BREAST BIOPSY RIGHT LEFT BILATERAL

XRAY

Performed on a walk-in basis

PROCEDURES

- HSG (74740)
- Cortisone Injection SPECIFY JOINT: _____
- Hysterosono (76831)
- Bone Density Scan (DEXA) (77080)

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 or drink 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

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

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

WEEMS CREEK MEDICAL CENTER
600 RIDGELY AVE, SUITE 100
CT

GLEN BURNIE

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

BALTIMORE REGION

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 •
3D MAMMOGRAPHY • XRAY •
HYSTEROSALPINGOGRAPHY (HSG)