



NEUROLOGY IMAGING

PATIENT _____ DATE _____

PATIENT CONTACT _____ DOB _____

DIAGNOSIS _____

LAST BRAIN MRI or CT (Date / Facility) _____

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

[] Radiologist Discretion [] With [] Without

[] No Contrast - Please state the reason for requesting a non-contrast examination: _____

MRI

HEAD AND NECK

- [] MRI Brain (70551 or 70553)
[] MRI Brain with CSF Flow
[] MRI Brain with Seizure Protocol
[] MRI Brain with 3D Volumetric Analysis (76478)
[] MRI Brain (MS Protocol)
[] MRI IAC/Trigeminal Neuralgia
[] MRI Pituitary (70551 or 70553)
[] MRI Soft Tissue Neck (70540)
[] MRI Orbit (70540)
[] MRI TMJ (70336)
[] MRI Other _____

MRI ANGIOGRAPHY

- [] MRA Head (70544) w/o contrast
[] MRV Head (70546) with contrast
[] MRV Head (70546) w/o contrast
[] MRA Neck (70547) w/o contrast
[] MRA Neck (70548) with contrast
[] MRA Chest (71555) with contrast
[] MRA Other _____

SPINE / PELVIS

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

NEUROGRAPHY

- [] Brachial Plexus (72141 & 73221 or 71256 & 73223)
[] Pelvis (72195 & 73721 or 72197 & 73723)
[] Lumbosacral Plexus (72148 & 72195 or 72158 & 72197)
[] Other _____

ULTRASOUND

- [] Carotid (93880)
[] Thyroid (76536)
[] Other _____

CT

- [] CT Brain (70450 or 70470)
[] CT Orbit (70480 or 70482)
[] CT Sinuses (70486 or 70488)
[] CT Temporal Bone (IAC) (70480 or 70482)
[] CT Soft Tissue Neck (70490, 70491, 70492)
[] CT Soft Tissue Neck (4D parathyroid) (70492 and 70498)
[] CTA Brain (70496)
[] CTA Neck (70498)
[] CTA Head & Neck and CT Temporal Bone (tinnitus protocol) (70480, 70498, 70496)
[] CT Cervical (72125 or 72127)
[] CT Thoracic (72128 or 72130)
[] CT Lumbar (72131 or 72133)
[] CT Other _____

PET/CT

- [] FDG Brain PET/CT (Dementia) (78608, 70450, 76377)
Beta-Amyloid Brain PET/CT (78814)
[] Radiologist Discretion
[] Neuraceq (Q9983)
[] Amyvid (A9586)
[] Vizamyil (Q9982)
[] TAU PET/CT (78814) (A9598)

NUCLEAR MEDICINE

- [] I-123 Ioflupane (Dopamine Transport, DAT imaging) (78803) (A9584)

Ordering Physician _____

Symptoms & Diagnosis _____

TEL _____ CELL _____ FAX _____

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

COLUMBIA

10285 LITTLE PATUXENT PKWY
SUITE 450
3T MRI • ULTRASOUND

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)