



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)

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] (71271)
- 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

CTA IV CONTRAST REQUIRED

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

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)
- I-123 Ioflupane–Dopamine transport, DAT Imaging (78803)
- Other _____

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)

PROCEDURES

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

XRAY

Performed on a walk-in basis

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

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 •
XRAY • HYSTEROSALPINGOGRAPHY (HSG)