CHESAPEAKE MEDICAL IMAGING

PATIENT SCHEDULING 855.455.8900
SECURE FAX SCHEDULING 855.455.8222

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 _____

STAT REPORTS are faxed to number on file.
☐ 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

CONTRAST | W & W/O | W/O

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)

RIGHT | LEFT

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

CONTRAST | W/O | W & W/O | W

- ☐ 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 Illuccix 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:
- ☐ 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

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)

13MAY2025