



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: _____

LUMBAR PUNCTURE

MRI/CT Brain Imaging is Required Prior to LP Procedure

- [] Diagnostic and/or Therapeutic (62328 / 62329)
[] Epidural Blood Patch (62273, 77003)
[] Opening / closing Pressure (if high, perform therapeutic drainage)
[] Cells Protein and Glucose (LC 005256, 002048, 002055)
[] Cytology (LC 009159)
[] Flow Cytometry (LC 480260)
[] Gram Stain, Culture and Sensitivity (LC 183473)
[] PAS/AFB Fungal Culture and Sensitivity (LC183764)
[] Mycobacterial Culture and Stain (LC 008482)
[] Cryptococcal AG (LC 183016)
[] Angiotensin Converting Enzyme (LC 123231)
[] Borrelia Burgdorfen (LC 823509)
[] Lyme Antibody Analysis by IMUGEN (LC 160457)
[] Lyme by PCR (LC 138685)
[] Cytomegalovirus (CMV) by PCR (LC 138693)
[] Epstein Barr Virus (EBV) by PCR (LC 138289)
[] HSV 1/2 PCR, CSF (LC 139800)
[] Toxoplasma Gondii by PCR (LC 138602)
[] Adenovirus "wild to quest" (LC 816467)
[] Enterovirus RNA (LC 138636)
[] West Nile Virus RNA by PCR (LC 140010)
[] VDRL (LC 006445)
[] FTA-ABS Treponemal Antibody (LC 828472)
[] Arbovirus Antibodies (LC 820442)
[] 14-3-3 Protein Tau/Theta w/ reflex to RT-QuIC Analysis (ARUP 2008095)
[] AdMark Phospho Tau/Tot-Tau/Ab42, CSF (CBL 91925)
[] Multiple Sclerosis Panel (LC 123390)
[] Oligoclonal Bands IgG (LC 019216)
[] Myelin Basic Protein (LC 123377)
[] HIV-1 RNA QUAL, PCR (LC 550410)
[] RBC Blood (LC 005033)
[] Aquaporin 4 Receptor IgG (NMO) "wild to mayo" (LC 821273)
[] Paraneoplastic Autoantibody Evaluation (CBL MAYO PNEOE)
[] GD65C Glutamic Acid Decarboxylase / GAD65 Ab Spinal Fluid (CBL 86341)
[] ENC2 Encephalopathy Autoimmune Evaluation Spinal Fluid (CBL 86255, 86341)
[] Lab Beta-Amyloid 42/40 (LC 505560)

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 _____

LUMBAR PUNCTURE TESTS

Arbovirus Antibodies, IgG and IgM

TEST CODE: **ARUP 2001597**

INCLUDES TESTS:

West Nile Virus Ab, IgG
 West Nile Virus Ab, IgM
 Eastern Equine Encephalitis Ab, IgM
 Western Equine Encephalitis Ab, IgM
 California Equine Encephalitis Ab, IgG
 St. Louis Equine Encephalitis Ab, IgM
 Eastern Equine Encephalitis Ab, IgG
 Western Equine Encephalitis Ab, IgG
 California Encephalitis Ab, IgM
 St. Louis Encephalitis Ab, IgM

Multiple Sclerosis Panel

TEST CODE: **44009**

INCLUDES TESTS:

Oligoclonal Bands
 CSF Index
 CSF IgG Index
 CSF IgG
 CSF Albumin
 Serum IgG
 Serum Albumin
 CSF IgG/Albumin
 Serum IgG/Albumin
 CSF IgG synthesis rate

Paraneoplastic Autoantibody Evaluation

TEST CODE: **MAYO PNEOE**

INCLUDES TESTS:

Anti-Neuronal Nuclear Ab; Type 1
 Anti-Neuronal Nuclear Ab; Type 2
 Anti-Neuronal Nuclear Ab; Type 3
 Anti-Glial Nuclear Ab, Type 1
 Purkinje Cell Cytoplasmic Ab, Type 1
 Purkinje Cell Cytoplasmic Ab, Type 2
 Purkinje Cell Cytoplasmic Ab, Type Tr
 Amphiphysin Ab
 CRMP-5-IgG

REFLEX TESTS:

Paraneoplastic Autoantibody WBlot
 CRMP-5-IgG Western Blot
 GAD65 Ab Assay
 Amphiphysin Western Blot
 NMO/AQP4-IgG CBA
 NMDA-R Ab CBA
 AMPA-R Ab CBA
 GABA-B-R Ab CBA
 NMDA-R Ab IF Titer Assay
 AMPA-R Ab IF Titer Assay
 GABA-B-R Ab IF Titer Assay
 VGKC-Complex Ab IPA

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)