ELEMENT medical imaging

❒ **JOHNSON COUNTY**
11717 W 112TH STREET
OVERLAND PARK, KS 66210
913.469.8998

❒ **LEE'S SUMMIT**
3210 NE CARNEGIE DRIVE
LEE'S SUMMIT, MO 64064
816.841.9775

❒ **LIBERTY**
9778 NORTH ASH AVE
KANSAS CITY, MO 64157
816.934.4758

elementimaging.com
F 913.469.5695

Please include: PATIENT INSURANCE, DEMOGRAPHICS and CLINICAL NOTES

Patient Name:_____ Birth Date:_____ Today's Date:_____

Cell Phone:_____ Alt Phone:_____ Clinical Indications/Diagnosis:_____

Primary Insurance:_____ Member ID:_____

PRIOR AUTHORIZATION ❒ Referring Office to pre-cert **attach documentation* ❒ EMI to pre-cert **attach signed clinical notes & copy of insurance card*

_____ _____
Signature of Referring Physician *Referring Practice Name*

_____ _____
Referring Physician Printed Name *Referral Coordinator/Contact Number*

CALL REPORTS ❒ **YES** ❒ **NO**

NUMBER _____

MRI

CONTRAST: ❒ Yes ❒ No ❒ Radiologist Discretion

HEAD / NECK
- ❒ Brain with & without contrast
  - ❒ MS ❒ Orbits
  - ❒ Pituitary ❒ Therapy Planning
  - ❒ IAC's
- ❒ Brain without contrast
- ❒ TMJ
- ❒ Soft Tissue Neck
- ❒ Brachial Plexus

MRA / MRV
- ❒ MRA Head ❒ MRV Head
- ❒ MRA Neck ❒ MRV Neck *(Carotids)*
- ❒ Other:_____
- ❒ Other:_____

SPINE
- ❒ Cervical ❒ Lumbar/Sacrum
- ❒ Thoracic ❒ Sacrum/Coccyx

ORTHOPAEDIC
- ❒ Post Arthrogram? Yes/No
- ❒ Shoulder LT RT Bilat
- ❒ Elbow LT RT Bilat
- ❒ Wrist LT RT Bilat
- ❒ Hip LT RT Bilat
- ❒ Knee LT RT Bilat
- ❒ Ankle LT RT Bilat
- ❒ Foot LT RT Bilat
- ❒ Other:_____

BODY
- ❒ Breast
- ❒ Fast Breast*
- ❒ Breast Implant Rupture Screening
- ❒ Abdomen
- ❒ MRCP
- ❒ Enterography
- ❒ Pelvis
- ❒ Prostate
- ❒ Other:_____

CT

CONTRAST: ❒ Yes ❒ No ❒ With and Without ❒ Radiologist Discretion

- ❒ Arthrogram
- ❒ Head
- ❒ Neck
- ❒ Sella/Temporal/IAC's
- ❒ Sinus Complete
- ❒ Sinus Landmark
- ❒ Denta Scan/Mandible
- ❒ Facial Bones/Maxillofacial
- ❒ Pulmonary Nodule Follow-up
- ❒ Chest
- ❒ Cardiac Score*
- ❒ Lung Cancer Screening
- ❒ Abdomen
- ❒ Pelvis
- ❒ Abdomen & Pelvis
- ❒ Urogram
- ❒ Renal Stone
- ❒ Enterography
- ❒ Cervical
- ❒ Thoracic
- ❒ Lumbar
- ❒ Extremity LT RT _____
- ❒ Scanogram
- ❒ Other:_____

CTA (ANGIOGRAPHY)
- ❒ CTA Brain/Head
- ❒ CTA Carotid/Vertebral (Arch/Neck)
- ❒ CTA Thoracic Aorta (Chest)
- ❒ CTA Chest for PE
- ❒ CTA Renal
- ❒ CTA Abdomen
- ❒ CTA Pelvis
- ❒ CTA Aorta with Runoff
- ❒ CTA Upper Extremity ❒ L ❒ R ❒ B
- ❒ CTA Lower Extremity ❒ L ❒ R ❒ B

ULTRASOUND

- ❒ Abdomen
- ❒ Renal
- ❒ Soft Tissue Neck
- ❒ Thyroid
- ❒ Testes
- ❒ Prostate
- ❒ Hernia
  - ❒ Abdominal Wall
  - ❒ Inguinal
- ❒ Extremity:_____
- ❒ Pelvic Only
- ❒ Pelvic/TV *(if needed)*
- ❒ TV Only
- ❒ Follicular Count - TV Only
- ❒ Breast LT RT B

OBSTETRIC
- ❒ OB < 14 weeks
- ❒ OB > 14 weeks
- ❒ OB TV Only

DOPPLERS
- ❒ Carotid LT RT B
- ❒ Arterial Arm LT RT B
- ❒ Arterial Leg LT RT B
- ❒ Venous Arm LT RT B
- ❒ Venous Leg LT RT B
- ❒ Abd Aorta/Iliac
- ❒ Abdominal
- ❒ Renal Artery

US GUIDED BIOPSY
- ❒ Cyst Aspiration
- ❒ Axillary Node
- ❒ Breast ❒ L ❒ R ❒ B
- ❒ Thyroid
- ❒ Soft Tissue Mass

BREAST IMAGING

- ❒ Screening Mammogram
  - ❒ *Ultrasound and/or Diagnostic MM if needed*
- ❒ Diagnostic MM LT RT Bilat
  - ❒ *Ultrasound if needed*
- ❒ Breast Ultrasound LT RT Bilat
- ❒ Breast MRI
- ❒ Fast Breast MRI*
- ❒ Breast Implant Rupture Screening MRI
- ❒ Breast Biopsy LT RT Bilat

X-RAY

- ❒ Skull (4v)
- ❒ Mandible (4v)
- ❒ Facial Bones (3v)
- ❒ Sinus (3v)
- ❒ Waters view only
- ❒ Orbits (4v)
- ❒ SC Joints (2v both)
- ❒ Cervical Spine (3v)
- ❒ Chest (2v)
- ❒ Sternum (2v)
- ❒ Abdomen Series (3v)
- ❒ KUB
- ❒ Pelvis
- ❒ SI Joints (3v both)
- ❒ AC Joints (2v)
- ❒ Scoliosis
- ❒ Sacrum/Coccyx (3v)
- ❒ Lumbar (3v)
- ❒ Lumbar (5v)
- ❒ Other:_____

Select Laterality: ❒ L ❒ R ❒ B
- ❒ Ribs (4v)
- ❒ Shoulder (3v)
- ❒ Clavicle (2v)
- ❒ Scapula (2v)
- ❒ Humerus (2v)
- ❒ Elbow (3v)
- ❒ Forearm (2v)
- ❒ Wrist (3v)
- ❒ Hand (3v)
- ❒ Finger (3v)
- ❒ Thumb (3v)
- ❒ Hip (3v)
- ❒ Femur (2v)
- ❒ Knee (4v)
- ❒ Tib/Fib (2v)
- ❒ Ankle (3v)
- ❒ Foot (3v)
- ❒ Toes (3v)
- ❒ Bone Age

**The number of views listed in parentheses are the default unless otherwise indicated*

FLUOROSCOPY

- ❒ Esophagram/Barium Swallow
- ❒ Upper GI
- ❒ Small Bowel Series
- ❒ Other:_____
- ❒ Barium Enema w/ Air
- ❒ Voiding Cystogram
- ❒ Hysterosalpingogram*

ARTHROGRAM
- ❒ Shoulder LT RT Bilat
- ❒ Elbow LT RT Bilat
- ❒ Wrist LT RT Bilat
- ❒ Hip LT RT Bilat
- ❒ Knee LT RT Bilat
- ❒ Ankle LT RT Bilat

JOINT INJECTION
- ❒ Shoulder LT RT Bilat
- ❒ Elbow LT RT Bilat
- ❒ Wrist LT RT Bilat
- ❒ Hip LT RT Bilat
- ❒ Knee LT RT Bilat
- ❒ Ankle LT RT Bilat

MYELOGRAM W/CT
- ❒ Cervical
- ❒ Thoracic
- ❒ Lumbar

NUCLEAR MEDICINE

- ❒ Bone Scan Limited
- ❒ Total Body Bone Scan
- ❒ Triple Phase Bone Scan
- ❒ Thyroid Scan
- ❒ Thyroid Uptake/Scan
- ❒ Parathyroid (sestamibi)
- ❒ Renal Scan
  - ❒ Lasix ❒ Without Lasix
- ❒ Hepatobiliary Scan
  - ❒ With EF ❒ Without EF

**Nuc Med Studies performed only at Overland Park location*

DEXA/BONE DENSITY

- ❒ Hip/Spine (Routine)
- ❒ Body Compositoin Analysis (BMI)*

**BMI performed at Lee's Summit and LIberty Locations*

**SELF-PAY ONLY*

GENERAL INFORMATION

- If you might be pregnant, please call our office before your scheduled appointment.
- If your physician gave you prior exams, please bring them.
- If you have had asthma or any previous reaction to X-ray contrast agents, please call this office at least 2-3 days prior to your scheduled appointment.
- If you have a question regarding your exam or the preparation for the exam, please do not hesitate to call us. A technologist will be available should you need them.
- If for any reason you are unable to keep your appointment, please call 913.469.8998 to notify and reschedule.

PATIENT INSTRUCTIONS

MAMMOGRAM: Do not use deodorants, powders, sprays, or ointments under the arms or on the breast the morning of your exam.

BARIUM ENEMA EXAM: Day before exam take 4 Ducolax pills between 2-4 pm. Mix 64oz. of Gatorade with Miralax powder. Start drinking between 5-6 pm the evening prior to exam. Clear liquids until midnight, nothing to eat or drink after midnight.

SMALL BOWEL FOLLOW THROUGH - UGI: Nothing to eat or drink after midnight the evening before your exam and the morning of the exam.

CT CONTRAST STUDY: Nothing to eat or drink 4 hours prior to exam time. (Hydrate well the day before.)

CT NO IV CONTRAST STUDY: No Restrictions. If you have an iodine allergy, call 913.754.4708 before your appointment.

ULTRASOUND PELVIS AND/OR OB: For pelvic area and obstetrical exams drink to be completed an hour before the exam. (A full bladder is needed to visualize pelvic organs). Do not urinate before your exam.

ULTRASOUND/ABDOMEN AND/OR GALLBLADDER: For gallbladder and abdominal studies (kidneys, liver and pancreas), eat a low fat meal the evening before (no butter, cream, etc.) Nothing to eat or drink after midnight the night before the exam.

PROSTATE ULTRASOUND: Administer Fleets emema kit and drink 32 ounces of water to fill bladder one hour before exam.

ULTRASOUND RENAL: Nothing to eat 6 hours prior and drink 20 ounces of water completed 1 hour prior to exam.

DEXA BONE DENSITOMETRY: No preparation.

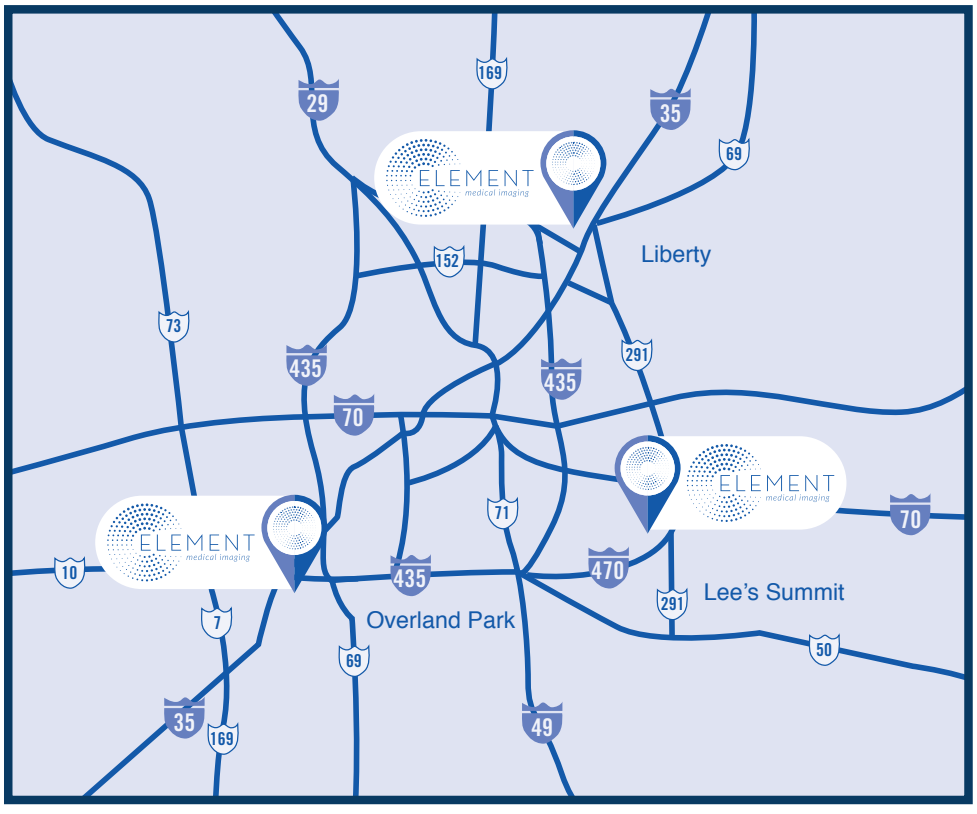
You do not need to discontinue any medication and there are no dietary restrictions for most MRI studies.

MRI STUDIES: Please remove any objects that may be attracted to or damaged by a magnet. This may include jewelry, credit cards, hearing aids, dentures, etc.. Our staff will secure these items in a locker during your examination. Certain individuals with cardiac pacemakers, brain aneurysm clips, a history of metallic fragments in an eye, or certain other implanted devices may not be candidates for MRI due to safety concerns. Please inform the technologist if you believe any of these conditions apply to you.

MRI ABDOMEN AND MRCP: Nothing to eat or drink 8 hours prior.

MRI BREAST: Premenopausal patients scan should be scheduled in the second week of the menstrual cycle (days 7-14) after the first day of the last menstrual period, unless new diagnosis of breast cancer.

ENTEROGRAPHY: Nothing to eat or drink 6 hours prior to exam time. Arrive 2 hours prior to exam time.



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