



East Montgomery Imaging Center
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Patient Tracking

- Hold Patient until report called to office-Back line# _____
- Call report Urgently, directly to physician-Cell # _____
- Return patient to doctor's office Fax preliminary report
- Send CD w/ Patient Send Film w/patient
- Send CD to office Send Film to office

PATIENT INFORMATION

Patient Name _____ DOB _____ Appt Date/Time _____

Referring Physician _____ Office Phone _____

Referring Physician Signature _____ Cell Phone Number _____

Reason for Exam (DIAGNOSIS) _____

CT SCAN (Computerized Tomography)

- Contrast Exams: Please see lab criteria on reverse
- Brain W/O Contrast IAC's
 - Brain W/O & W/ Contrast Orbits
 - Sinus Series Soft Tissue Neck
 - Chest W/O Chest W/
 - Abdomen W/O Abdomen W/O & W/
 - Pelvis W/O Pelvis W/
 - Stone Hunt(Kidney Stone) Bony Pelvis
 - Cervical Spine W/O W/
 - Lumbar Spine W/O W/
 - Thoracic Spine W/O W/
 - RT Extremity LT Extremity
 - Hematuria Protocol Other _____

FLUOROSCOPY

- GI Series BE
- GI w/ Small Bowel BE w/Air Contrast
- Small Bowel IVP
- Barium Swallow Other _____

NUCLEAR MEDICINE

- Whole Body Bone Renal
- Bone with SPECT Imaging Lung
- Thyroid (uptake and scan) Liver/Spleen
- Three Phase Bone Scan Parathyroid
- MUGA Gastric Emptying
- Hepatobiliary Scan (HIDA) Other _____

ULTRASOUND

- Obstetrical
- Pelvic/Transvaginal Scrotum
- Abdomen (Right Upper Quad) Abdomen Complete
- Thyroid
- Renal arteries Renal / Kidney
- Carotid Aorta
- Venus Doppler lower extremity R L Bilat
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- Lower extremity arterial doppler w/segmental pressures
- Infant Spine
- Other _____

CTA (CT Angiography)

- Contrast Exams: Please see lab criteria on reverse
- CTA Brain (COW) CTA Neck
 - CTA Aorta CTA Renals
 - CTA Runoff (Bilateral Lower Extremities)
 - CTA Chest

MRI (Magnetic Resonance Imaging)

- Contrast Exams: Please see lab criteria on reverse
- CONTRAST** **W/O** _____ **W&W/O** _____
- Brain MRCP
 - IAC's Kidney
 - Pituitary Liver
 - Orbits Adrenals
 - Chest Wall Hip R / L / Bilat
 - Brachial Plexus Foot R / L / Bilat
 - Pelvis Knee R / L / Bilat
 - Cervical Spine Ankle R / L / Bilat
 - Lumbar Spine Wrist R / L / Bilat
 - Thoracic Spine Shoulder R / L / Bilat
 - Other _____

ROUTINE X-RAYS

- Chest Cervical Spine
- Abdomen Series Thoracic Spine
- Ribs LT RT Lumbar Spine
- KUB Sinuses
- Skull Pelvis
- Extremity LT RT Other _____

BONE DENSITY

- Bone Dexa Axial Skeleton

MRA ANGIOGRAPHY

- Contrast Exams: Please see lab criteria on reverse
- Intracranial - Circle of Willis
 - Renal Arteries Other _____

PET/CT (Positron Emission Tomography)

- PET/CT Whole Body - Oncology
- EMIC staff will prepare patient for PET procedures

Carotids and Vertebrales

prior to their exam.