

RADIOLOGY PROCEDURE ORDER FORM

**** ATTENTION PATIENT: PLEASE BRING THIS FORM TO YOUR APPOINTMENT****

<input type="checkbox"/> UIMC Hospital 1740 W. Taylor St., Rm 2400 Chicago, IL 60612 CT, IR, Nuclear Medicine, X-Ray, Ultrasound, Fluoroscopy	<input type="checkbox"/> UIMC Outpatient Care Center (OCC) 1801 W. Taylor St. Chicago, IL 60612 Suite 1A - MRI Suite 2C - CT, Mammography, X-Ray	<input type="checkbox"/> UIMC Advanced Imaging Center (AIC) 2242 W. Harrison St. Chicago, IL 60612 Suite 103 – MRI, PET/CT, Ultrasound
Patient Name		Date of Birth
Patient Phone #		Alternate Phone #
Appointment Date/Time		Insurance

Procedure Requested	
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<input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> IR/Angiography <input type="checkbox"/> X-Ray <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> PET/CT Mammography <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic* <small>*Breast ultrasound may be done at the discretion of the radiologist</small> Ultrasound <input type="checkbox"/> Scrotum with Doppler <input type="checkbox"/> Pelvis – Trans Abdominal, Transvaginal, Doppler <input type="checkbox"/> Vascular <input type="checkbox"/> Other : _____	<p style="text-align: center;">Contrast</p> Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Claustrophobic? Yes <input type="checkbox"/> No <input type="checkbox"/> Do we have permission to give IV or PO contrast? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, stop here. If yes, continue with questions below.</i> Does the patient have any of the following risk factors? Hypertension, diabetes, kidney disease, family history of kidney failure, recent kidney surgery, or age > 60 years <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, must have SCr and GFR: <ul style="list-style-type: none"> • Within 6 weeks of study for MRI • Within 30 days of study for CT / IR / Angiography Serum creatinine _____ GFR _____ Date _____ Patient on dialysis? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what kind? Hemodialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> MRI / MRA: For GFR <30 or dialysis, informed consent required. Please consult the radiologist prior to scheduling. <hr/> Does patient have contrast allergy ? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what kind of contrast is the patient allergic to? MRI <input type="checkbox"/> Iodine <input type="checkbox"/> <i>If patient has contrast allergy, contact Radiology at number listed below.</i> Does patient have asthma? Yes <input type="checkbox"/> No <input type="checkbox"/> List other allergies: Patient weight: _____ height: _____
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ICD-9 Code / Clinical History

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Ordering Clinic	Attending Physician Name (please print)	Pager or Contact Number
Ordering Physician Signature	Pager or Contact Number	Date/Time

Radiology Scheduling 312-413-4900 or 1-877-456-UIMC (8462)

Angiography or Interventional Radiology Scheduling: 312-413-3737 or 312-996-0241

Fax 312-996-8154 www.uillinoismedcenter.org/imaging

Please refer to the other side for directions and instructions

UI-3335 (01/11)





Mass Transit

UIMC is served by the CTA trains (the "El") Pink Line train (Polk stop), connecting the campus with downtown, O'Hare International Airport, northwest and west side neighborhoods of Chicago, and the western suburbs of Oak Park, Forest Park, and Cicero.

Instructions for patients:

Please arrive 30 minutes before the appointment time to complete paperwork and/or registration. You **MUST** bring all orders and referrals.

Discounted parking is available at garages near the Hospital and Outpatient Care Center (OCC). Tickets can be validated at radiology desks.

Mammography: If you have had mammograms at other facilities you must bring your films. Please do not wear deodorant, lotion or perfume on the day of the exam.

MRI: Please try to wear comfortable clothes without zippers or snaps.

Ultrasound: Do not eat or drink for 8 hours prior to abdominal ultrasounds. You should have a full bladder for pelvic ultrasounds.

IR procedure: If you have questions, contact 312-996-0241.

CT: Do not eat or drink for 4 hours prior to CT abdomen and pelvis procedures except medications with a sip of water.

Sedation: An adult must accompany you home. You may not take a cab or public transportation alone. You may not drive for 24 hours after sedation. Do not eat or drink for 6 hours prior to the procedure, except for medications with a sip of water.

Instructions for Physicians:

MRI: We can accommodate patients up to 350 lbs depending on the size and shape of the patient. We can not perform MRI's on patient with a cardiac pacemaker. Please inform us if the patient has any metal implants (aneurysm clips, surgical clips, stents, etc), is claustrophobic, or has worked as a metal worker or construction worker.

CT: We can accommodate patients up to 450 lbs.

Mammography: Patients who have had mammograms at other facilities must bring their films. Please inform us if the patient has a history of breast cancer.

CT or IR Contrast Study: Metformin and its derivatives (eg: Glucophage) should be withheld the day of the study and for 48 hours afterwards. The physician should obtain serum creatinine and GFR 48 hours after the study and compare to baseline levels to evaluate possible change in kidney function prior to restarting metformin.

Contrast Allergies: Patients who have had minor allergic reactions to contrast media should be pre-medicated at least 12 hours prior to the study. Please contact our scheduling department for pre-medication instructions, 312-413-4900. If the patient has a history of moderate to severe reaction to contrast, contact the radiologist at the same number.