NORTHGATE OPEN MRI

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scheduling@northgateopenmri.com

Patient's Name _____ Date of Birth _____ Today's Date _____
*Clinical Diagnosis / Symptoms (Required): _____
Appt. Date: _____ Time: _____ Patient Phone #: _____
Physician's Name (Print) _____ Physician's Signature _____
Office Phone# _____ Office Fax: _____ Office Email: _____

☐ CALL PATIENT TO SCHEDULE ☐ TRANSPORTATION ☐ STAT REPORT ☐ ROUTINE REPORT

DTI

___ MRI brain with DTI (Diffusion Tensor Image)

MRI

☐ Without Contrast ☐ With Contrast
☐ With and Without Contrast

___ Abdomen
___ Abdomen (MRCP)
___ Brain
___ Brain with DTI
___ Breast
☐ Bilateral ☐ Unilateral Left Right
___ Chest
___ Face
___ IAC's
___ Mandible
___ Neck
___ Orbit
___ Pelvis
___ Pituitary Gland
___ Sacro-iliac Joint
___ Sacrum/Coccyx
___ Spine
☐ Cervical ☐ Thoracic ☐ Lumbar
___ Temporomandibular Joints
___ Upper Extremity (joint) Left Right
☐ Elbow ☐ Shoulder ☐ Wrist
___ Upper Extremity (non joint) Left Right
☐ Hand ☐ Forearm ☐ Humerus
___ Lower Extremity (joint) Left Right
☐ Ankle ☐ Hip ☐ Knee
___ Lower Extremity (non joint) Left Right
☐ Femur ☐ Foot ☐ Tibia/Fibula

MRA

___ Carotids (w/reconstruction w/o contrast)
___ Cerebrals (w/reconstruction w/o contrast)

TBI/VNG

___ VR TBI Assessment

CT SCAN

☐ Without Contrast
☐ With and Without Contrast
☐ With 3D Reconstruction
(Musculoskeletal only)

___ Abdomen
___ Abdomen/Pelvis
___ Abdomen/Pelvis (Kidney Stone Protocol)
___ Brain
___ Chest
___ IAC's
___ Mandible
___ Orbit
___ Pelvis
___ Pituitary Gland/ Sella
___ Sacro-iliac Joint
___ Sinus (Maxiofacial)
___ Soft Tissue Neck
___ Spine
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Post Discogram/Myelogram
___ Temporal Bones
___ Upper Extremity Left Right
☐ Elbow ☐ Forearm ☐ Hand
☐ Humerus ☐ Shoulder ☐ Wrist
___ Lower Extremity Left Right
☐ Ankle ☐ Femur ☐ Foot
☐ Hip ☐ Knee ☐ Tibia/Fibula

X-RAY

☐ Flex/Ext
☐ With Weights
Exam Requested: _____
_____

ULTRASOUND

___Abdomen, Single Organ/Quadrant
___Abdomen Total
___Aorta Duplex
___Arterial Lower Extremity Duplex
☐ Bilateral ☐ Unilateral Left Right
___Arterial Upper Extremity Duplex
☐ Bilateral ☐ Unilateral Left Right
___Bladder (Pre & Post Void)
___Breast
☐ Bilateral ☐ Unilateral Left Right
___Carotid Duplex
___Complete Extremity Non-Vascular
☐ Upper ☐ Lower Left Right
___ Liver
___Pelvic – Transabdominal
___Retroperitoneal
☐ Limited (Renal) ☐ Complete (Renal & Bladder)
___Renal Arteries (Abdomen Aorta, IVC)
___Scrotum (Testicular) Duplex
___Thyroid
___Venous Upper Extremity
☐ Bilateral ☐ Unilateral Left Right
___Venous Lower Extremity
☐ Bilateral ☐ Unilateral Left Right
___Other _____

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MRI CONTRAINDICATIONS

If you have any of the following devices implanted in your body you will not be able to have an MRI exam.

- Pacemaker
- Brain Aneurysm Clip
- Battery Operated Pumps (Insulin, Pain meds, etc.)

MRI OF ABDOMEN

- Need to be fasting 3-4 hours before exam.

MRI SUGGESTIONS

- Do not wear jewelry (necklaces, bracelets, earrings, etc.)
- Wear comfortable loose clothing
- Do not wear clothing with metal buttons or zippers
- For Females, do not wear mascara

NOTE
The exam requires you to lay still for approximately 30 to 40 minutes. If you are in severe pain, we suggest that you take pain medication 1 hour prior to appointment time.
You may eat prior to the exam.

ULTRASOUND PREPARATIONS

- ABDOMEN / GALLBLADER
  NPO (Nothing to eat or drink after midnight)
- RENAL
  NPO (nothing to ear or drink after midnight)
- PELVIC
  Must have full bladder. Drink 32oz (about 6 full glasses of water or liquid 1 hour prior to appointment time) DO NOT empty bladder until exam is completed.
- BREAST
  If mammogram was done prior, please bring film and reports to appointment

PREPARATION FOR CT SCAN WITH CONTRAST

- BUN and Creatinine Lab Levels to be drawn within 30 days before exam
- You may take Glucophage or Glucovance the evening before the procedure. No Glucophage or Glucovance is to be taken the morning before the scan.

After the CT scan, no more Glucophage or Glucovance may be taken for 48 hours after the test. Please check with your ordering physician before resuming your next dosage.

- If you are using insulin, you need to have the first morning appointment. Do not take your morning insulin injection and do not eat before the test. Bring your insulin along for injection after the procedure.

- CT PELVIS
  1. Nothing to eat or drink after midnight the night before the exam
  2. Need to stop by office to pick up two bottles of Readi-CAT
  3. Need to drink one bottle of Readi-CAT the night before and the second bottle one hour before exam.

- CT ABDOMEN
  1. Nothing to eat or drink after midnight the night before the exam
  2. Need to stop by office to pick up bottle of Readi-CAT
  3. Need to drink bottle of Readi-CAT 1 hour before exam

- CT CHEST
  Please bring chest x-ray film with you at time of appointment

*PLEASE BRING LIST OF MEDICATIONS

8801 N. 10th, Ste 150