



Advanced Medical Imaging

Bozeman Deaconess Hospital & Intercity Radiology
905 Highland Blvd., Suite 4100 - Bozeman, MT 59715
Phone: (406) 556-5200 Fax: (406) 556-5205

Appointment Scheduling
Scheduling (Radiology): (406) 556-5201
Fax (Film Library): (406) 556-5202

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ [ ] Male [ ] Female
Patient Phone #: \_\_\_\_\_
Ref. Physician: \_\_\_\_\_ Ref. Physician Phone#: \_\_\_\_\_
Ref. Physician Signature: \_\_\_\_\_
Requested Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_
Does patient have Contrast Allergies? [ ] Yes [ ] No Previous Pertinent Studies: \_\_\_\_\_
ICD-9 Code: \_\_\_\_\_ Diagnosis/History/Symptoms: \_\_\_\_\_
Reports: [ ] Routine [ ] Call Report (must include phone number): \_\_\_\_\_ [ ] Special Request: \_\_\_\_\_

ATTENTION DOCTOR'S OFFICE STAFF: Pre-Approval may be required for some CT & MRI procedures.
Please call insurance carrier to verify.
[ ] Pre-Approval was required for this procedure. (Please Initial: \_\_\_\_\_) Authorization #: \_\_\_\_\_
[ ] Pre-Approval was not required for this procedure. (Please Initial: \_\_\_\_\_)

MRI [ ] High Field 1.5T MRI [ ] Open MRI
(unless otherwise specified, need for contrast determined by radiologist)
[ ] Contrast per protocol
[ ] No Contrast

CT
(unless otherwise specified, need for contrast & reconstruction determined by radiologist)
[ ] Contrast per protocol [ ] No Contrast
Glucophage [ ] Yes [ ] No
Is patient diabetic? [ ] Yes [ ] No
BUN: \_\_\_\_\_ Creatinine: \_\_\_\_\_
Date Drawn: \_\_\_\_\_

[ ] Brain
[ ] Neck (soft tissue)
[ ] Chest
[ ] Abdomen
[ ] Pelvis
[ ] Soft [ ] Boney
[ ] MRCP
[ ] C-Spine: \_\_\_\_\_
[ ] T-Spine: \_\_\_\_\_
[ ] L-Spine: \_\_\_\_\_
[ ] Hip [ ] R [ ] L
[ ] Knee [ ] R [ ] L
[ ] Shoulder [ ] R [ ] L
[ ] Extremity: \_\_\_\_\_ [ ] R [ ] L
[ ] MR Angiogram: \_\_\_\_\_
[ ] Other MRI: \_\_\_\_\_

[ ] Head
[ ] Neck (soft tissue)
[ ] Paranasal Sinuses [ ] Stereo Sinuses
[ ] Temporal Bones
[ ] Chest
[ ] Abdomen
[ ] Pelvis
[ ] CT IVP (Abd/Pelvis with and without contrast)
[ ] Stone Survey (Abd/Pelvis without contrast)
[ ] C-Spine: \_\_\_\_\_
[ ] T-Spine: \_\_\_\_\_
[ ] L-Spine: \_\_\_\_\_
[ ] Extremity: \_\_\_\_\_ [ ] R [ ] L
[ ] CT Angiogram: \_\_\_\_\_
[ ] Other CT: \_\_\_\_\_

## GENERAL INSTRUCTIONS/SUGGESTIONS

- Please arrive fifteen minutes before your scheduled appointment.
- Please bring insurance information, referral request, and insurance authorization with you.

### CT SCAN:

**CT exams with oral contrast:** Nothing to **EAT** or **DRINK** after midnight. If you must take medication, take it with a small drink of water or a small drink of contrast. Drink the entire first bottle 45 minutes prior to bedtime the night before the exam, ½ of the 2<sup>nd</sup> bottle 2 hours prior to the exam and the last ½ of contrast 1 hour prior to the exam. The contrast may be picked up at Advanced Medical Imaging or at Bozeman Deaconess Hospital Radiology.

**CT exams with IV contrast only:** No solid food 2 hours prior to the exam.

**BUN/Creatinine lab test requirements:** BUN and Creatinine tests are required when IV contrast is used in patients with the following:

1. 50 years of age and over
2. Single kidney
3. Diabetic
4. History of Renal insufficiency
5. Lab results must be within the last 4 weeks

### OPEN MRI or MRI:

Preparation is not required for most MRI exams. Please inquire when scheduling your appointment. Notify office immediately if you have a cardiac pacemaker, implanted device of any kind, if you've ever had any metal in your eye or any surgery in the last six to eight weeks.

