

medcrossimagingpc.com

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Pre-Cert # \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_ SS #: \_\_\_\_\_ Primary Ph: \_\_\_\_\_ Secondary Ph: \_\_\_\_\_

Mobile  Home  Work

Mobile  Home  Work

Patient Email: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI # \_\_\_\_\_

Diagnosis & Dx Code: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

Self Read  Y  N

Dr. Contact Name: \_\_\_\_\_

Dr. Ph: \_\_\_\_\_ Dr. Fax: \_\_\_\_\_

STAT-Call with Report Cell #: \_\_\_\_\_

Fax Report  Send CD with Patient

**MR-MAGNETIC RESONANCE**

**HEAD / SPINE**

Brain  
 IAC's  
 Pituitary  
 Orbits  
 Cervical  
 Thoracic  
 Lumbar  
 Other: \_\_\_\_\_

**BODY / SOFT TISSUE**


Neck  
 Brachial Plexus  
 Chest  
 Breast  
 Abdomen  
 Pelvis  
 MRCP  
 Other: \_\_\_\_\_

**MUSCULOSKELETAL**

TMJ  Left  Right  
 Elbow  Left  Right  
 Hand  Left  Right  
 Femur  Left  Right  
 Lower Leg  Left  Right  
 Foot  Left  Right  
 Shoulder  Left  Right  
 Wrist  Left  Right  
 Hip  Left  Right  
 Knee  Left  Right  
 Ankle  Left  Right  
 Other: \_\_\_\_\_

**COMPUTED TOMOGRAPHY**

**BODY**

Chest   
 Abdomen  
 Pelvis  
 Extremity \_\_\_\_\_

**HEAD**


Brain  
 Sinuses  
 IAC's  
 Orbits  
 Neck  
 Face

**SPINE**


Cervical  
 Dorsal/Thoracic  
 Lumbar  
 3D Recon

**MR-ANGIOGRAPHY**

**ANGIOGRAPHY**


Head/COW   
 Neck Carotids  
 Abdominal Renals

**NUCLEAR MEDICINE**

Myocardial Scan  
 Treadmill   
 Adenoscan  
 Lexiscan  
 Bone Scan  
 Thyroid Uptake Scan  
 Renal  Lasix  Captopril  
 HIDA Scan  
 Parathyroid Scan  
 Gastric Emptying Scan  
 Liver/Spleen Scan  
 MUGA Scan  
 Other \_\_\_\_\_

**ULTRASOUND**

**GENERAL**

Abdominal   
 Aorta  
 Breast  
 Left  Right  
 Gallbladder/RUQ  
 Renal  Renal ART  
 Scrotal/Testicular  
 Thyroid  
 Soft Tissue  
Area of mass: \_\_\_\_\_

**CARDIAC & VASCULAR**

Echo (w/ Doppler)  
 Stress Echo  
 Carotid  
 Venous r/o DVT  
 Lower Extremity R / L  
 Upper Extremity R / L  
 Arterial  
 Lower Extremity R / L  
 Upper Extremity R / L  
 Arterial with ABI  
 ABI Only


**GYN**

Pelvic/Trans-vaginal

**X-RAY**

**EXTREMITY**

RT / LT / BIL

Body Part   
 AP/LAT  
 Oblique  
 Other \_\_\_\_\_

**SPINE**

Body Part  
 AP/LAT  
 Obliques  
 Flexion/Extension  
 Swimmers  
 Odontoid  
 Fuchs  
 Spot (LS/S1)

**CHEST**

PA/LAT

**RIB SERIES**

RT / LT / BIL

PA Chest/AP/Obliques

**ABDOMEN**

Abdomen Series  
 KUB

**PELVIS**

Pelvis

**HIPS**

RT / LT / BIL

AP/LAT  
 Other \_\_\_\_\_

**SKULL/SINUS/ORBITS**

PA/LAT  
 Other (3 View) \_\_\_\_\_

**OTHER**

\_\_\_\_\_

**CONTRAST**  With  Without  With and Without  Radiologist Discretion

Is patient pregnant?  Yes  No

Is patient diabetic?  Yes  No If yes, current Rx medications: \_\_\_\_\_

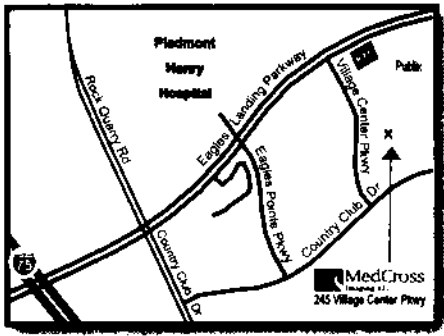
Does patient have history of kidney disease?  Yes  No If yes, please evaluate Renal Function for a high risk patient

Is patient allergic to Iodine contrast or has had prior reaction?  Yes  No If patient is having contrast, please fax over Bun/Creatinine and Clinical Notes

Clear patient for MRI:  Aneurysm Clip  Pacemaker

If patient is claustrophobic, have them bring/take light sedation medications and we require that the patient be accompanied by a driver.

**Stockbridge:**



**From I-75 Southbound:**  
Take Exit 224 to left onto Eagles Landing Parkway, travel through 3 traffic lights, to right on Village Center Parkway. We are on the left at 245 Village Center Parkway.

**From I-75 Northbound:**  
Take Exit 224 to right onto Eagles Landing Parkway, travel through 2 traffic lights, to right on Village Center Parkway. We are on the left at 245 Village Center Parkway.

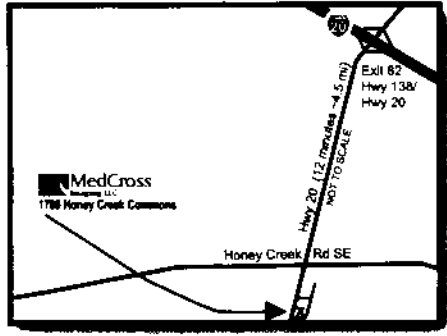
**Lithia Springs**  
900 Thornton Road, Suite A  
Lithia Springs, GA 30122  
Phone: 770-648-7974  
Fax: 770-679-9387

**Woodstock**  
203 Woodpark Place, Suite A-100  
Woodstock, GA 30188  
Phone: 000-000-0000  
Fax: 000-000-0000



**Roswell**  
Northmeadow Medical Center  
1357 Hembree Road  
Roswell, GA 30076  
Phone: 000-000-0000  
Fax: 000-000-0000

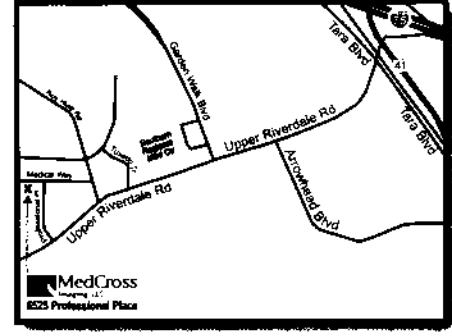
**Conyers:**



**From I-20 Eastbound:**  
Take Exit 82 to right onto Highway 138, travel approximately 4 1/2 miles (road name will change to Hwy 20, just stay straight). After crossing the Honey Creek Road intersection, take the second left onto Honey Creek Commons. Go around the left-hand curve, MedCross imaging is the first building on the left after the curve at 1700 Honey Creek Commons.

**From I-20 Westbound:**  
Take Exit 82 to left onto Highway 138, travel approximately 4 1/2 miles (road name will change to Hwy 20, just stay straight). After crossing the Honey Creek Road intersection, take the second left onto Honey Creek Commons. Go around the left-hand curve, MedCross imaging is the first building on the left after the curve at 1700 Honey Creek Commons.

**Riverdale:**



**From I-75 Southbound:**  
Take Exit 235 to right onto Upper Riverdale Road, travel approximately 4 miles to right on Professional Place. MedCross Imaging is the building on the left at the corner of Professional Place and Medical Way. 6525 Professional Place.

**From I-75 Northbound:**  
Take Exit 235 to left onto Upper Riverdale Road, travel approximately 4 miles to right on Professional Place. MedCross Imaging is the building on the left at the corner of Professional Place and Medical Way. 6525 Professional Place.

**Additional Centers:**

**Johns Creek**  
4375 Johns Creek Parkway  
Suite 300  
Suwanee, GA 30024  
Phone: 770-476-3939  
Fax: 770-476-3997

**Macon**  
1818 Forsyth Street, Suite 100  
Macon, GA 31201  
Phone: 478-738-0099  
Fax: 478-750-9723

**Eastman**  
842 Professional Center Drive  
Eastman, GA 31023  
Phone: 478-374-4305  
Fax: 478-374-1366

**PREPARATION INSTRUCTIONS**

**ULTRASOUND** (Please call for instructions for pediatric patients)

- ENTIRE ABDOMEN:** (gallbladder, liver, pancreas, kidneys, spleen and aorta)  
Nothing to eat or drink after midnight.
- AORTA:** (evaluate for abdominal aortic aneurysm)  
Nothing to eat or drink after midnight. FULL BLADDER-Bladder must be full for the examination.
- RIGHT UPPER QUADRANT:** (liver, gallbladder, right kidney and pancreas)  
Nothing to eat or drink after midnight.
- RENAL/BLADDER:**  
FULL BLADDER-Bladder must be full for the examination.
- PELVIC:**  
FULL BLADDER-Bladder must be full for the examination.
- BREAST**       **ECHO with DOPPLER**       **SOFT TISSUE**
- CAROTID**       **SCROTAL/TESTICULAR**       **THYROID:**

**NUCLEAR MEDICINE** (Please call for instructions for pediatric patients)

- MYOCARDIAL IMAGING:**  
Wear comfortable clothing and walking shoes. Nothing to eat or drink after midnight. Hold blood pressure medicine until after the test and no caffeine 24 hours prior to exam.
- HIDA, GASTRIC EMPTYING STUDY:**  
Nothing to eat or drink after midnight.
- THYROID:**  
No CT IV contrast for 6 weeks prior to procedure. Hold thyroid medication until after test.
- BONE SCAN:**  
No preparation required.

**PREPARATION INSTRUCTIONS**

**COMPUTED TOMOGRAPHY**

- CT WITH ORAL CONTRAST:**  
Take nothing by mouth 4 hours prior to your examination. You will be asked to drink an oral contrast before your appointment. The oral contrast allows visualization of your large and small bowel. Please obtain the contrast from our office, or arrive an hour early to drink here.
- CT WITHOUT CONTRAST:**  
No preparation required.
- MRI WITH CONTRAST**  
Take nothing by mouth 4 hours prior to your examination.
- MRI, ANGIOGRAPHY & X-RAY**  
No preparation is required.