



To schedule call (973) 266-4415

To schedule via fax: (973) 266-8482

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

DX: \_\_\_\_\_

Home #: \_\_\_\_\_ Alt #: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Insurance Type**

PCP: \_\_\_\_\_

Primary Ins: \_\_\_\_\_

Ordering Phys. (print): \_\_\_\_\_ Office Contact

Secondary Ins: \_\_\_\_\_

Ordering Phys. (sig.): \_\_\_\_\_ Name: \_\_\_\_\_

Precert #: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

LAB	SPINE	MRI	ULTRASOUND
( ) Creatine	( ) Cervical Spine	Y / N WITH CONTRAST	( ) Abdominal
( ) PT-PTT	( ) Routine	( ) Head	( ) Gallbladder
( ) HCG / UCG (circle one)	( ) Other	( ) IACs	( ) Renal
( ) Other _____	( ) Thoracic Spine	( ) Orbits	( ) With Doppler
<b>HEAD X-RAY</b>	( ) Lumbar Spine	( ) Spine (specify level)	( ) Pelvic (TV if needed)
( ) Skull	( ) Routine	C T L S	( ) OB (TV if needed)
( ) Sinuses:	( ) Other	( ) TMJ	( ) First Trimester
( ) Complete	( ) Sacrum	( ) Joint - Specify RT, LT or Bilateral	( ) Second Trimester
( ) Waters View Only	( ) Coccyx	( ) Shoulder ( ) Hand	( ) Scrotal
( ) Facial Bones (orbits)	( ) Pelvis	( ) Hip ( ) Foot	( ) Thyroid
( ) Nasal Bones	( ) SI Joints	( ) Ankle ( ) Wrist	( ) Breast
<b>CHEST X-RAY</b>	<b>EXTREMITY</b>	( ) Elbow ( ) Knee	( ) Bilateral
( ) 2 View Routine	Please specify RT, LT or Bilateral	( ) Chest	( ) Unilateral L / R
( ) 1 View	( ) Shoulder	( ) MRCP	( ) Carotid Doppler
( ) Decubitus	( ) Humerus	( ) Abdomen	( ) Arterial Doppler
( ) Ribs	( ) Elbow	( ) Pelvis	( ) Bilateral
( ) Sternum	( ) Forearm	( ) MR Angiography	( ) Unilateral
<b>ABDOMEN X-RAY</b>	( ) Wrist	( ) Head	( ) ABIs
( ) KUB (1 View Abdomen)	( ) Hand	( ) Neck	( ) Venous Doppler
( ) Abdomen 2 view	( ) Finger(s)	( ) Abdomen	( ) Bilateral
( ) Abdomen Series w/Chest	( ) Hip	<b>CT SCAN</b>	( ) Unilateral L / R
<b>GASTROINTESTINAL/GI</b>	( ) Femur	Y / N IV Contrast	( ) Vein Mapping
( ) Esophagus	( ) Knee	( ) Head ( ) Temporal Bones	( ) UE
( ) Swallow Function (Video)	( ) Leg	( ) Sinuses ( ) Orbits	( ) LE
( ) Upper GI Series	( ) Ankle	( ) IACs	( ) MSK (musculoskeletal US)
( ) Small Bowel Series	( ) Foot	( ) Facial Bones	<b>NUCLEAR MEDICINE</b>
( ) Barium Enema (single contrast)	( ) Toe(s)	( ) Neck (Soft Tissue)	( ) Bone Scan
( ) Barium Enema (air contrast)	<b>ARTHROGRAM With MRI</b>	( ) Soft Tissue (Area _____)	( ) 3 Phase
( ) IVP w/o Tomographs	( ) Hip L / R	( ) Chest	( ) Whole Body
( ) Voiding Cystogram	( ) Knee L / R	( ) Abdomen & Pelvis	( ) Gastric Emptying Study
( ) HSG	( ) Shoulder L / R	( ) Aortic Stent Study	( ) GI Bleed Study
<b>BONE DENSITY STUDY</b>	( ) Wrist L / R	( ) Renal Stone Study	( ) Hepatobiliary w/wo EF
( ) Bone Density Study	( ) Other (Specify Joint)	( ) Abdomen Only	( ) Liver Scan Spect Hemangioma
<b>DIGITAL MAMMOGRAPHY</b>		( ) Pelvis Only	( ) Lung Scan
( ) Screening		( ) Extremity (specify)	( ) Perfusion
( ) Diagnostic			( ) Vent
( ) Screening Breast Ultrasound	<b>INTERVENTIONAL PROCEDURES</b>	( ) Spine (Specify Level)	( ) Both
( ) Ultrasound Breast Biopsy R/L	TO SCHEDULE, CALL (973) 266-4415	C T L S	( ) MUGA Single Scan
( ) Stereotactic Breast Biopsy R/L		( ) Areas of Special Attention	( ) Parathyroid Imaging
		( ) Thoracic Aneurysm / Dissection Protocol	( ) Renal Scan MAG 3
		( ) AAA Protocol	( ) Thyroid Uptake and Scan
		( ) CT Liver Protocol	( ) WBC Scan

**FOR SCHEDULERS ONLY:**

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

Attempts made to contact patient: \_\_\_\_\_

## CareWell Health Radiology Scheduling

**Important Information Regarding Your Examination:** • If you are on any medications that are necessary to take on a daily basis, please do not withhold these medications without checking with our technologists. If you take glucophage, metformin, glucovance, metaglip, or advandamet please alert our office at the time of scheduling. • If you have any allergies to iodine, other medications, or have asthma, please contact us prior to your examination. • If there is any possibility you might be pregnant, please let us know when scheduling. • If you have any questions regarding your examination, please contact our office. ***If for any reason you cannot make your scheduled appointment, please call to reschedule at 973-266-4415***

### Examination Preparation Instructions:

**UPPER GI SERIES:** Do not eat or drink anything (not even water) after midnight the day of your examination.

**BARIUM ENEMA:** Follow the 24-hour prep instructions in the kit ordered by your physician.

**IVP:** Do not eat or drink anything four hours prior to your test. No dairy products.

**SMALL BOWEL:** Nothing to eat or drink after midnight.

**MAMMOGRAM:** No body powder, lotions, or deodorant prior to exam. Please bring prior mammograms with you to your scheduled appointment. If this is not possible, you will need to provide the information needed to obtain these studies for comparison.

### ULTRASOUNDS

**US ABDOMEN/GALLBLADDER:** Do not eat or drink anything after midnight until after your examination is completed.

**PELVIS/Obstetrical US:** One hour prior to examination time, you need to drink 32 oz. of fluid (water or tea) to fill your bladder. Do not urinate before your examination is completed. Please avoid carbonated beverages.

### MRI

**ALL MRIs:** Please alert scheduler at time of scheduling if you have a pacemaker, any implants, implantable pumps, vena cava filters, or metal in the eyes. Please leave all jewelry and valuables at home.

**MRCP:** Nothing to eat or drink 12 hours prior to your appointment.

**MRI CHILDREN:** Children may have nothing to eat or drink four hours prior to the appointment time.

### CT SCANS

**CT HEAD, NECK IAC:** Nothing to eat or drink four hours prior to your appointment.

**CT ABDOMEN AND PELVIS:** In most cases once you arrive, you will be expected to drink oral contrast over a one or two hour period before the scanning begins, depending upon the area to be examined. Oral contrast can also be picked up prior to your appointment date and drank at home.

**a.m. appointments:** Nothing to eat or drink after midnight the evening before your examination.

**p.m. appointments:** Nothing to eat or drink four to six hours prior to your appointment time.

**CT ORBITS:** Nothing to eat or drink four to six hours prior to your appointment time.

**CT CHEST:** Nothing to eat or drink four hours prior to appointment time. Be sure to bring any previous chest X-rays with you to your appointment.

**CT ANGIOGRAPHY:** Do not eat or drink four hours prior.

CareWell Health  
Radiology Department  
300 Central Avenue  
East Orange, NJ 07018