

PATIENT LAST NAME (REQUIRED):		FIRST	M	FAX REPORT TO: ( ) -		TODAY'S DATE (REQUIRED): / /	
PATIENT MAIN PHONE (REQUIRED) ( ) -			ALTERNATE PHONE ( ) -		SEX (REQUIRED) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH (REQUIRED): / /
ORDERING CLINICIAN (REQUIRED)		PHONE ( ) -		FAX ( ) -		PREGNANT? (REQUIRED): <input type="checkbox"/> YES <input type="checkbox"/> NO	
INSURANCE AND SUBSCRIBER# / PA:					CLINICIAN SIGNATURE (REQUIRED-NO STAMPS)		

## CT

- ☐ Contrast at Radiologist Discretion  
☐ IV Contrast
- ☐ No IV Contrast
- ☐ Head  
☐ Sinus  
☐ Temporal Bone (IAC)  
☐ Facial bones  
☐ Neck  
☐ Chest/Thorax  
☐ High Resolution Lung  
☐ Lung Cancer Screening  
☐ Abdomen  
☐ Pelvis  
☐ Abdomen/Pelvis  
☐ Renal Stone Protocol  
☐ Urogram  
☐ Enterography  
☐ Multiphasic Pancreas  
☐ Multiphase Liver  
☐ Multiphase Renal  
☐ Coronary Artery Calcium Screening
- ☐ Spine (Specify Area)  
☐ Extremity (Specify Area)  
☐ Other

### CT Angio

- ☐
- CTA Brain (Circle of Willis)
- 
- ☐
- CTA Carotid
- 
- ☐
- CTA Abdomen/Pelvis
- 
- ☐
- CTA Pulmonary Angio
- 
- ☐
- CTA Chest (Thoracic Aorta)
- 
- ☐
- CTA Renal Angio
- 
- ☐
- CT Abdomen with Runoff
- 
- ☐
- Other

CLINICAL TERMS/HISTORY/SYMPTOMS: INCLUDE SPECIFICITY REQUIREMENTS, I.E. LATERALITY, LOCATION, UNDERLYING DISEASE, ETC. THAT SUPPORT ICD-10 CODES (REQUIRED):

ICD-10 CODES THAT SUPPORT CLINICAL TERMS/HISTORY/SYMPTOMS (REQUIRED):

## MRI

- ☐ Contrast at Radiologist Discretion  
☐ No IV Contrast
- ☐ With & Without IV Contrast

### Neurologic/Spine

- ☐
- Brain
- 
- ☐
- Brain + Perfusion
- 
- ☐
- Brain/IAC
- 
- ☐
- Brain/Seizure
- 
- ☐
- Brain/Pituitary
- 
- ☐
- Brain/Orbit
- 
- ☐
- Brain/Facial Nerve
- 
- ☐
- Brain-Dementia
- 
- ☐
- Soft Tissue Neck
- 
- ☐
- Cervical Spine
- 
- ☐
- Thoracic Spine
- 
- ☐
- Lumbar Spine
- 
- ☐
- Other

### Musculoskeletal

- ☐ Shoulder ☐ RT ☐ LT  
☐ Elbow ☐ RT ☐ LT  
☐ Wrist ☐ RT ☐ LT  
☐ Hand ☐ RT ☐ LT  
☐ Knee ☐ RT ☐ LT  
☐ Ankle ☐ RT ☐ LT  
☐ Hip ☐ RT ☐ LT  
☐ Pelvis (Bony)  
☐ Extremity other

## DIGITAL X-RAY

- ☐
- Chest PA/Lat
- 
- ☐
- Chest PA
- 
- ☐
- Ribs
- ☐
- RT
- ☐
- LT
- 
- ☐
- KUB
- 
- ☐
- Skull
- 
- ☐
- Sinus Series
- 
- ☐
- Facial Bones
- 
- ☐
- Abdomen (Flat/Erect)
- 
- ☐
- Other

### Extremity

- |                                   | #Views | RT                       | LT                       |
|-----------------------------------|--------|--------------------------|--------------------------|
| <input type="checkbox"/> Hand     |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Finger   |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wrist    |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Forearm  |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Elbow    |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Humerus  |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shoulder |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Knee     |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Foot     |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Toes     |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ankle    |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tib-Fib  |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Femur    |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hip      |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pelvis   |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other    |        | <input type="checkbox"/> | <input type="checkbox"/> |

### Spine

- ☐
- C-Spine (2 V) Flexion/Extension
- 
- ☐
- C-Spine (3 V)
- 
- ☐
- C-Spine (5 V)
- 
- ☐
- T-Spine (3)
- 
- ☐
- L-Spine (3 V)
- 
- ☐
- L-Spine (5 V)
- 
- ☐
- L-Spine (2) Flexion/Extension
- 
- ☐
- Sacrum (2V)
- 
- ☐
- Scoliosis
- 
- ☐
- Pediatric AP
- ☐
- Adult AP/LAT
- 
- ☐
- Other

### MR Angio

- ☐
- MRA Brain (Circle of Willis)
- 
- ☐
- MRV Brain
- 
- ☐
- MRA Carotid
- 
- ☐
- MRA Renal
- 
- ☐
- MRA Mesenteric
- 
- ☐
- MRA Upper Ext.
- 
- ☐
- MRA Lower Ext.
- 
- ☐
- MRA Runoff

### Body

- ☐
- Dynamic Liver
- 
- ☐
- MRCP
- 
- ☐
- Liver/MRCP
- 
- ☐
- Abdomen (Pancreas)
- 
- ☐
- Abdomen (Kidney)
- 
- ☐
- Enterography
- 
- ☐
- Pelvis (Female)
- 
- ☐
- Pelvis (Rectal CA)
- 
- ☐
- Prostate
- 
- ☐
- Body other

## ULTRASOUND

- ☐ Abdomen  
☐ Abdomen Limited, Single Organ  
☐ Renal  
☐ Pelvic  
☐ OB ☐ <14 weeks ☐ >14 weeks  
☐ Scrotum  
☐ ABI
- ☐ Thyroid  
☐ Soft Tissue Lump (Neck)  
☐ Extremity Non-Vascular  
☐ Carotid  
☐ DVT  
☐ Other

\*we do not perform fetal demise examinations

## CT SCAN PREP INSTRUCTIONS - PLEASE HAND THESE INSTRUCTIONS TO THE PATIENT

*If you are a Diabetic, eat a light breakfast 3 hours prior to your exam.*

*You may also take your daily medications with a small amount of water.*

*Non-Diabetic Patients: For four hours before your appointment, please do not eat or drink anything except for the following:*

- ☐ **CT Abdomen (Pancreas/Liver/Kidney)**  
On the day of your exam, begin drinking 1 quart of water 1 hour before your appointment time. Depending on the examination, you may be asked to drink one bottle of contrast just prior to the examination.
- ☐ **CT Abdomen/Pelvis:**  
The night prior to your examination (or at least 4 hours prior to your exam if on same day), drink one bottle of barium sulfate. One hour prior to your exam, drink the second bottle of barium sulfate.
- ☐ **CT Renal Colic (KUB):**  
On the day of your exam, begin drinking 1 quart of water 1 hour before your appointment time. You should finish the water just when the exam is scheduled to begin. Hold bladder last half hour prior to CT scan.
- ☐ **CT Urogram:**  
On the day of your exam, begin drinking 1 quart of water 1 hour before your appointment time. You should finish the water just when the exam is scheduled to begin, You do not need to hold your bladder
- ☐ **CT Enterography:**  
On the day of your exam, do not eat or drink anything 4 hours before your CT appointment time.  
Upon arrival you will be asked to drink a special oral contrast that allows us to see the digestive system. Your exam will start approximately 1 hour after you start drinking the oral contrast. Please arrive with any necessary pain/nausea medication as needed.

## MRI EXAM PREP INSTRUCTIONS - PLEASE HAND THESE INSTRUCTIONS TO THE PATIENT

*If you are a Diabetic, eat a light breakfast 3 hours prior to your exam.*

*You may also take your daily medications with a small amount of water.*

*Non-Diabetic Patients: For four hours before your appointment, please do not eat or drink anything except for the following:*

- ☐ **MRI Dynamic Liver, MRCP, MRI ABD, MRI PELVIS:**  
On the day of your exam, do not eat or drink anything 4 hours before your appointment time.
- ☐ **MR Enterography:**  
On the day of your exam, do not eat or drink anything 4 hours before your MRI exam.  
Upon arrival you will be asked to drink a special oral contrast that allows us to see the digestive system. Your exam will start approximately 1 hour after you start drinking the oral contrast. Please arrive with any necessary pain/nausea medication as needed.

## ULTRASOUND PREP INSTRUCTIONS - PLEASE HAND THESE INSTRUCTIONS TO THE PATIENT

*If you are a Diabetic, if needed any time prior to your exam, you may have a light snack consisting of clear non-carbonated beverages (such as clear tea, apple juice, or water) and/or regular Jell-O. Please do not eat any butter, dairy or fatty foods.*

- ☐ **Ultrasound Abdomen Elastography**  
Nothing by mouth 8 hours prior and no alcohol 12 hours prior to exam.
- ☐ **Ultrasound of Abdomen**  
Nothing by mouth 8 hours prior to exam.
- ☐ **Ultrasound Mesenteric Doppler**  
Nothing by mouth 12 hours prior to exam. Take Mylanta gas tablets or Gas-X two days prior as directed on label.
- ☐ **Ultrasound Renal (Kidney)**  
MUST drink 32 ounces of water or clear liquid 1 hour prior to exam. Do not empty bladder.
- ☐ **Ultrasound Pelvis/OB with or w/o Transvaginal:**  
MUST drink 32 ounces of water 1 hour prior to exam. Do not empty bladder.
- ☐ **Ultrasound Liver/Hepatoma**  
No prep required

## Our Location

### MID ROGUE IMAGING

1619 NW Hawthorne Suite 102  
Grants Pass, Oregon 97526

Phone: 541.472.5154

Fax: 541.472.5178

### Open Mon-Fri

8:00am to 5:00pm

MRI is open from

8:00AM to 8:00PM

Mon, Tue, Thu, Fri

**Our office is closed from  
11:45AM to 12:45PM Daily**

### From I-5 North or Southbound

- Take exit 58 for OR-99 toward US-199/  
Redwood Hwy/Grants Pass/City Ctr
- Turn right onto NW Morgan Ln
- Turn left onto NW Hawthorne Ave
- Turn left onto NW Hillcrest Dr
- Turn right
- Driveway will be on the left

