

CYRUS

DIAGNOSTIC IMAGING, INC.

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www.cyrusdiagnosticimaging.com

Patient Name: _____ Date of Birth: _____ Referring Physician: _____

Insurance Co: _____ Appointment Date: _____ At: _____ am/pm

Diagnosis: _____ STAT AUTHORIZATION # _____

MRI

- MR Angiography of:
 - Carotid
 - Circle of Willis
 - Renal
- Brain
- MR IAC's
- MR Pituitary
- MR Cervical Spine
- MR Thoracic Spine
- MR Lumbar Spine
- MR Abdomen
- Attention _____
- MR Upper Extremity (Joint)
- MR Lower Extremity
 - Longbone
 - Joint
- Other: _____

Contrast per Radiologist discretion*
 No Contrast
 With Contrast
 With & Without Contrast

CT SCAN (16 Slice)

- CT Brain
- CT IAC's
- CT Orbits
- CT Soft Tissue Neck
- CT Sinuses
- CT Cervical Spine
- CT Thoracic Spine
- CT Lumbar Spine
- CT Chest PE Protocol
- CT Chest
- CT Abdomen
- CT Pelvis
- Virtual Colonoscopy
- CT Urography
- CT Other: _____

Contrast per Radiologist discretion*
 No Contrast
 With Contrast
 With & Without Contrast

Date Of Labs _____
Bun _____
Creatinine _____

PET / CT SCAN

- Breast
- Lung
- Lymphoma
- Melanoma
- Brain (Alzheimer)
- NaF-18 Bone Scan
- Cardiology PET/CT (Myocardial Perfusion)
- Colorectal
- Head & Neck
- Cervical
- Other _____

NUCLEAR MEDICINE

- Bone Scan, Whole Body
- Bone Scan, 3 Phase
- Hepatobiliary (HIDA) W / EF
- Liver-Spleen Scan
- Gastric Emptying Scan
- WBC Scan Ceretek
- Renal Scan
 - W / Captopril
 - Lasix
- Thyroid I-123 Uptake and Scan
- NM Other: _____

CARDIOLOGY / NUCLEAR

- Myocardial Perfusion Myoview
 - Treadmill
 - Adenosine
- MUGA

CARDIAC

- Holter Monitor
- EKG
- Stress EKG

DIGITAL MAMMOGRAPHY

- Screening
- Diagnostic Left Right
 - W / Ultrasound if needed
 - Implants

BONE DENSITOMETRY

- DEXA L-Spine / Hip
 - Wrist

ULTRASOUND

- Abdomen
- Gallbladder
- Liver
- Aorta
- Renal
- OB
- 3/D Live(4/D Fetal US) Self Pay
- Bio/Physical Profile
- Other: _____
- Thyroid
- Pelvis
- Transvaginal
- Testicular
- Breast
- Prostate

CTA ANGIOGRAM

- CT Coronary Angiogram (Heart)
- Coronary Artery Calcium Scoring
- Head
- Neck / Carotid
- Abdomen
- Extremity
- Other: _____

X-RAY

- Sinuses
- Chest PA/LAT
- Rib Series Left Right
- Abdominal
- Spines
 - Cervical
 - Lumbar
 - Thoracic
- Pelvis
- Sacrum/Coccyx
- Extremity Left Right
- Others: _____

CARDIOLOGY / VASCULAR ULTRASOUND

- Echocardiogram
- Carotid Doppler Transcranial
- Venous Doppler
 - Upper Extremity: R L
 - Lower Extremity: R L
- Arterial Doppler
 - Upper Extremity: R L
 - Lower Extremity: R L
- Other: _____

I hereby authorize Cyrus Diagnostic Imaging, Inc. to act on my behalf to obtain any authorizations needed for any diagnostic testing that I order for the above named patient. I hereby certify that the tests ordered above are medically necessary for the diagnosis and treatment of this patient.

Referring Physician's Signature _____

Accredited by

ACR
AMERICAN COLLEGE OF
RADIOLOGY

SE HABLA ESPAÑOL

TEST PREPARATIONS

MRI SCAN: You can eat or drink anything you like including scheduled medication. You may continue your normal routine before and after your exam. We prefer no makeup or hair spray during brain scans. If you have plain x-rays from another facility, please bring them with you on the day of your exam.

IF YOU HAVE A PACEMAKER CALL YOUR ORDERING PHYSICIAN

There is possibility that the MRI cannot be performed if you have:

- certain types of prosthetic devices
- aneurysm clips in the brain
- if you are pregnant
- or any metal fragments in the eye

CT SCAN: (16 Slice) DO NOT EAT or DRINK four (4) hours before exam. Diabetic Patients DO NOT EAT or DRINK for (4) hours before exam. *Exception: Extremities & Spine Studies-No special preparation. For Abdomen & Pelvis studies, please pick up contrast drink at Cyrus Diagnostic Imaging 1 day prior to your exam. If taking glucophage for diabetes, you must be off glucophage 48 hours after exam. (Please check with your physician)

PET/CT (Positron Emission Tomography) ONCOLOGY

DAY PRIOR:

1. No strenuous activity 24 hrs. prior.
2. No caffeine 12 hrs. prior.
3. Drink plenty of water the evening before.

DAY OF THE EXAM:

1. Fast for at least 6 hours prior to the appointment. (Do not even have mints or gum, as these sugars are based and can effect the test)
2. Drink plenty of water prior to test.
3. Do not exercise.
4. Wear warm, comfortable clothing, or a gown will be provided. (Avoid clothing with snaps/zippers or any metal closures.

PET/CT CARDIOLOGY and ALZHEIMER: Please call for prep.

MAMMOGRAPHY: Please bring most recent mammogram if done at another facility. Do not use powders, deodorant perfume on the day of your test. These products contain substances that show up on X-Ray film and can cause an unsatisfactory exam.

NUCLEAR MEDICINE:

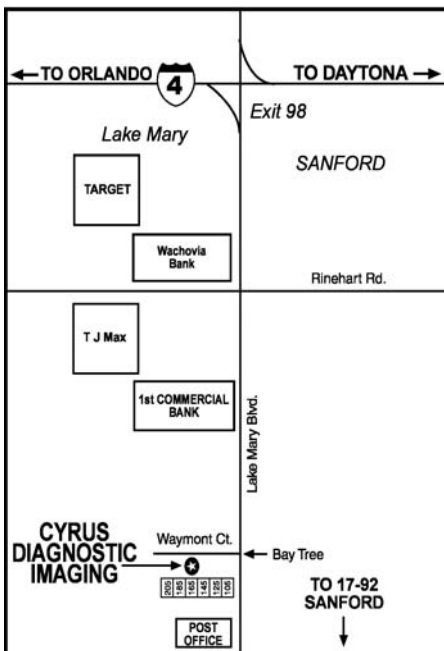
Hepatobiliary Scan: DO NOT EAT or DRINK for four (4) hours before exam.

Bone Scan: Initially, you will receive an injection, after which you may leave for a three (3) hour period and then return for the remainder of your study.

Thyroid Uptake Scan: You will need to be off thyroid medication for a period of 4-8 weeks prior to your test. However, BEFORE discontinuing any medication, please check with your physician. Nothing to eat or drink after midnight before test. No procedures involving iodine contrast 2 months prior to test.

Cardiac Study: Please call for prep.

CANCELLATIONS PLEASE NOTIFY IMAGING CENTER AS SOON AS POSSIBLE



ULTRASOUND STUDIES:

Abdomen, Aorta, Renal: DO NOT EAT or DRINK anything after midnight of the evening prior to the exam.

Pelvic: Drink 36 Oz. of water one hour prior to exam time. DO NOT URINATE until after the exam. Pediatric patients should drink 12 ounces of water one half hour prior to exam.

Abdomen: DO NOT EAT eight (8) hours before exam.

I.V.P.: Day before: Lite meals and DO NOT EAT eight (8) hours before exam. Day of appointment: NO EATING or DRINKING and a Fleet Enema 2 hours prior to exam. Call if you have any questions.

We accept most insurance plans:

(Medicare, HMO, PPO, Traditional, and Worker's Compensation)

- Most major credit cards accepted
- Payment plans available

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