



ST. VINCENT CHARITY  
 MEDICAL CENTER  
 2351 EAST 22ND STREET  
 CLEVELAND, OH 44115  
 stvincentcharity.com  
 A Ministry of the Sisters of Charity Health System

Radiology Department  
 Phone Number  
 216-363-2592

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ APPOINTMENT TIME: \_\_\_\_\_

PHYSICIAN'S REQUEST FOR OUTPATIENT SERVICES: \_\_\_\_\_  
 PHYSICIAN'S SIGNATURE

REASON FOR THE STUDY (ICD-9 CODE): \_\_\_\_\_

**– PLEASE SEE REVERSE SIDE FOR SPECIAL DIET INSTRUCTIONS –**

ALL MAMMOGRAPHY, BONE DENSITY, C.T. SCAN, ULTRASOUND, MRI & NUCLEAR MEDICINE EXAMS REQUIRE AN APPOINTMENT				
APPOINTMENT <u>NOT</u> NEEDED		APPOINTMENT NEEDED CT SCAN(S) 216-363-2535		APPOINTMENT NEEDED MRI SCAN 1-800-559-7226
Chest PA & Lateral	Abdomen/KUB	Abdomen w/Contrast * Diet		Brain wo/w Contrast
Chest 1 View	Abdomen 3 Views	Abdomen wo Cont.		Angio Head wo Contrast
Other:	Other:	Pelvis		Cervical Sp. wo Contrast
Ankle Complete - LT or RT	Forearm - LT or RT	Head wo Contrast		Cervical Sp. wo/w Contrast
Foot Complete - LT or RT	Hand Comp. - LT or RT	Head wo/w Contrast * Diet		Lumbar Sp. wo Contrast
Knee Comp. 4+ - LT or RT	Shoulder 2 Vws - LT or Rt	Sinuses/Facial Bones wo Cont		Lumbar Sp. wo/w Contrast
Knee Bilat. Wt. Bearing	Wrist Comp. - LT or RT	Neck Soft Tissue w/Cont * Diet		Lower Ext. any Jt. wo - LT
Hip Complete - LT or RT	Other Extremity Specify:	Cervical Sp. wo Contrast		Lower Ext any Jt. wo - RT
Tibia/Fibula - LT or RT		Lumbar Sp. wo Contrast		Other:
Cervical Spine w/Obls	Lumbar Spine 3 Views	Thorax w Contrast * Diet		
Thoracic Spine	Pelvis 1 or 2 Views	Other:		
Other:				
APPOINTMENT NEEDED FOR THE FOLLOWING STUDIES - CALL 216-363-2592				
RADIOLOGY (x-ray)	ULTRASOUND	NUCLEAR MEDICINE	MAMMOGRAPHY/BONE DENSITY	
Upper GI * Diet	U.S. Liver / GB	Bone Scan 3 Phase		Screening Mammography
GI & Small Bowel * Diet	U.S. Liver / GB / Pancreas Spleen	Bone Scan Whole Body		Diagnostic Mam. Bilateral Unilateral - LT or RT
Small Bowel * Diet	U.S. Breast Imaging LT or RT	Gastric Emptying - Solid/Liq.		Follow Up Films
Ba Enema / Air * Diet	U.S. Kidney	Hida with CCK		
IVP * Diet	U.S. Pelvis	Pharmacological Stress Test		Bone Density Study
Gall Bladder * Diet	U.S. Transvaginal	Thallium Spect		
Other:	U.S. Thyroid	Thyroid Uptake/Multi		
	U.S. Aorta	Other:		
	U.S. Testicles			

**\* PLEASE SEE REVERSE SIDE FOR DIET INSTRUCTIONS**

**IF AN ASTERISK (\*) APPEARS BESIDE THE PROCEDURE SELECTED TO BE PERFORMED ON THE REVERSE SIDE, THE APPROPRIATE INSTRUCTION MUST BE FOLLOWED.**

**RADIOLOGY - X-RAY, NUCLEAR MEDICINE, C.T. SCAN, ULTRASOUND AND MRI**



\_\_\_\_\_ **MAMMOGRAM**

The day of your exam, no powder, deodorant, lotion or perfume.

\_\_\_\_\_ **BONE DENSITY STUDY**

Do not take any calcium pills the day of your study.

Prior to your study No Nuclear Medicine Studies within 1 week of your bone density study.

\_\_\_\_\_ **GALL BLADDER (TWO DAY)**

Take 6 pills at 6:00 pm, 2 nights prior to the exam. Take 6 pills at 6:00 pm the evening before x-ray exam. Follow instructions on the package.

\_\_\_\_\_ **G.I. SERIES (STOMACH)**

Nothing to eat or drink after midnight the night before the exam.



\_\_\_\_\_ **SMALL BOWEL**

Nothing to eat or drink after midnight the night before the exam.

\_\_\_\_\_ **ESOPHAGUS**

Nothing to eat or drink after midnight the night before the exam.



\_\_\_\_\_ **BARIUM ENEMA WITH AIR**

Two days prior to the exam on liquid diet.

The evening before the exam, take Evac-U-Kwik (follow the directions on the kit). (You can obtain the kit from any pharmacy). If the pharmacy does not have the Evac-U-Kit you may substitute with one of the following: Evac-U-Mag or Mag Citrate and suppositories and/or Ducolax pills.

Nothing to eat or drink after midnight.



\_\_\_\_\_ **IV PYELOGRAM (KIDNEY)**

The evening before the exam, take Evac-U-Kwik (follow the directions on the kit). (You can obtain the kit from any pharmacy). If the pharmacy does not have the Evac-U-Kit you may substitute with one of the following: Evac-U-Mag or Mag Citrate and suppositories and/or Ducolax pills.

Nothing to eat or drink after midnight.

\_\_\_\_\_ **C.T. SCAN - A.M.**

Nothing to eat or drink after midnight the night before the exam.

\_\_\_\_\_ **C.T. SCAN - P.M.**

Nothing to eat or drink 4 hours prior to the procedure.

\_\_\_\_\_ **ULTRASOUND**

Nothing to eat or drink 4 hours prior to the procedure.

