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Midland Memorial Hospital

 Midland, Texas 79701

DEPARTMENT OF RADIOLOGY

Outpatient Services

Scheduling: 432-221-2300

Fax: 432-221-4926

CAT SCAN● DIAGNOSTIC RADIOLOGY● NUCLEAR MEDICINE● ULTRASOUND

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examination Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appropriate Use Score (CT, MRI, Nuc Med, PET, & Spect): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*VALID DIAGNOSIS AND PROVIDER’S SIGNATURE, INCLUDING TIME AND DATE IS REQUIRED BEFORE EXAM CAN BE PERFORMED. “RULE OUT”, “POSSIBLE,” “HISTORY OF,” OR “ROUTINE” MAY NOT BE USED AS A DIAGNOSIS)

Exam Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exam Time: \_\_\_\_\_\_\_\_\_\_

**Provider Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Signed: \_\_\_\_\_\_\_\_\_\_\_\_ Provider Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax Report To #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Report Desired: Fax Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Call Report: \_\_\_\_\_\_\_ Routine: \_\_\_\_\_\_\_ Stat: \_\_\_\_\_\_\_

Check if Labs needed: PT, PTT, INR, PLTS\_\_\_\_\_\_\_\_ CBC\_\_\_\_\_\_\_\_ Creatinine: \_\_\_\_\_\_\_

Date Drawn: \_\_\_\_\_\_\_ Location Drawn: \_\_\_\_\_\_\_\_\_\_ *(MMH Lab Dept. REFERENCE RANGES: CREATININE 0.6-1.3 mg/dL)*

 (Labs must be no older than 30 days. If patient has been given IV contrast since labs have been drawn, new labs must be obtained)

Outside Images and Reports: Please have the patient bring any outside images and reports to their appointment that are relevant to this examination.

**You are scheduled for an examination in the Radiology Department of Midland Memorial Hospital on the date and time shown above. Please report to the Information Desk at the Hospital thirty (30) minutes before the scheduled time of your examination. If you have any questions, please contact your provider or the Radiology Department at 432-221-1580. Please call your provider and the Radiology Department if you are unable to keep your appointment.**

PATIENT INFORMATION

The following requests are being made in order to comply with **State and Federal regulations** and to serve you and your loved ones to the best of our ability. Children are not allowed in the exam rooms unless they are having an examination done. One parent is allowed in the room during the exam for small children. Children may not be left unattended in the lobby area. Please arrange to have someone watch them during your examination. When an older child or adult is having an exam, only that patient is allowed in the exam room, unless there is a special need for assistance. Loved ones are welcome to stay in our lobby during the exam. We ask that you turn off cell phones while you are here.

**Your provider has ordered an exam for you. The following instructions are very important to the exam you are having performed. We respectfully request that you follow these instructions for the exam you are having, in order to expedite your procedure and prevent delays in completing your exam.**

**□ Pelvis / OB Ultrasound:**

1. Drink 32 ounces of water, one hour before your appointment time.

2. Take medications as you normally would.

3. Do not empty your bladder. The bladder MUST be full for the examination.

4. **Prostate Ultrasound**-Fleets Enema 2 hours before exam

**□ Abdomen, Gallbladder Ultrasound:** Nothing to eat or drink after midnight prior to the examination.

**□ Upper GI Series and /or Small Bowel Follow Through:** Nothing to eat or drink after midnight prior to the examination. Be aware that

 small bowel exams may take up to four hours. You may want to bring thick socks to keep your feet warm.

**□ IVP:** Nothing to eat or drink after midnight prior to the examination. An entire bottle of magnesium citrate should be taken at

 approximately 5 or 6 pm the day before the exam.

**□ IVP or Barium Enema for Children over the age of two:** On the day prior to the examination, between 3:00 PM and 5:00 PM, take

 double the amount of Castoria recommended for the child’s age, as listed on the bottle. Nothing to eat or drink for four hours prior

 to exam.

**□ VCUG:** No prep

**□ Barium Swallow:** Nothing to eat or drink 4 hours prior to examination.

**□ Barium Enema:**

Two days before exam:

 Lunch- A light, low residue meal. After this meal, only clear liquids.

Day before exam:

Lunch, – Clear liquids as desired, the more the better.

One glass (8 oz.) water every 2 hours from Noon to Midnight – (MINIMUM)

4:00 PM – Drink one bottle of Magnesium Citrate.

5:00 PM – Clear liquid diet.

10:00 PM – three Dulcolax (Bisacodyl) tablets with 1 glass (8 oz.) water.

 Day of exam:

 7:00 AM – Drink 1 ½ glasses (12 oz.) water.

Nothing else to eat or drink. A Dulcolax suppository should be administered at least one hour before leaving home.

Or 1500cc tap water enema two hours before exam.

Medication may be taken with sips of water.

**□ CT Abdomen and/ or Pelvis:** Nothing to eat or drink, four hours prior to exam.

**□ CT Abdomen and Pelvis for Kidney Stones:** no prep.

**□ CT Head/ or CT Chest:** Nothing to eat or drink two hours prior to exam.

Please arrive thirty minutes early to your appointment to fill out necessary paperwork. If you have medications to take, or if you are diabetic, please call our office to discuss procedures with our friendly staff. Please remember to bring your insurance cards with you, even if you have been here before. If you take any medications, we will need a written list of what you take and when you take it. Thank you for your cooperation! We appreciate your trust!

**□ Any patient having an IVP or CT scan with an IV injection taking Glucophage, Glucovance, Avandamet, Metformin or Metaglip must not take this medication 48 hours after the test. A repeat blood test for a renal profile should be drawn and evaluated by your physician before resuming the medication. Additional information can be found on our web site at** [www.midlandhealth.or](http://www.midlandhealth.or) **Go to our** **services, click on Radiology Department and then select the appropriate modality.**