Johns Hopkins Medical Imaging

To schedule an exam: 443-997-7237

ATTENTION: You must present this form at time of exam.

JOHNS HOPKINS MEDICINE
JOHNS HOPKINS MEDICAL IMAGING

PATIENT'S NAME (LAST, FIRST) (PRINTED) _____ DOB _____ DATE _____

REFERRING PHYSICIAN'S NAME (PRINTED) _____ REFERRING PHYSICIAN'S SIGNATURE (REQUIRED) _____

Order may be modified according to department written protocol including the administration of contrast.

☐ ***Yes*** ☐ ***No***

☐ ***No contrast - Please state the reason for requesting a non-contrast examination:*** _____

☐ ***CC Report to:*** _____

Clinical Dx / Relevant Clinical Findings

☐ STAT PHONE REPORT NEEDED
Provider's Phone # _____
☐ STAT FAX REPORT NEEDED
Provider's FAX # _____
☐ SEND CD WITH PATIENT

TO REPORT CRITICAL FINDINGS AFTER HOURS CALL:

MRI

Orbital X-Ray as indicated.

	Right	Left	W & W/O Contrast	W/O Contrast
☐ Abdomen			☐	☐
☐ Adrenal				
☐ Kidney				
☐ Liver				
☐ MRCP				
☐ Other: _____			☐	☐
☐ Ankle (Hind and Midfoot)	☐	☐	☐	☐
☐ Brachial Plexus	☐	☐	☐	☐
☐ Brain			☐	☐
☐ IACs			☐	☐
☐ Neuroquant®			☐	☐
☐ Pituitary			☐	☐
☐ Orbits			☐	☐
☐ TMJ			☐	☐
☐ Face			☐	☐
☐ Sinuses (Paranasal)			☐	☐
☐ Breast (Bilateral)			☐	☐
☐ cancer screening				☐
☐ eval for implant rupture only			☐	
☐ Chest			☐	☐
☐ Elbow	☐	☐	☐	☐
☐ Finger: _____	☐	☐	☐	☐
☐ Foot (Forefoot)	☐	☐	☐	☐
☐ Hand	☐	☐	☐	☐
☐ Hip	☐	☐	☐	☐
☐ Knee	☐	☐	☐	☐
☐ Neck, Soft Tissue Mass			☐	☐
☐ Pelvis			☐	☐
☐ Female anatomy				
☐ Bony anatomy				
☐ Sacroiliac Joints / Sacrum			☐	☐
☐ Shoulder	☐	☐	☐	☐
☐ Spine			☐	☐
☐ Cervical			☐	☐
☐ Lumbar			☐	☐
☐ Thoracic			☐	☐
☐ Thigh	☐	☐	☐	☐
☐ Tibia and Fibula	☐	☐	☐	☐
☐ Wrist	☐	☐	☐	☐
☐ MRI Enterography _____				
☐ MRI Prostate				☐
☐ Other: _____				

MR Angiography

☐ Aorta ☐ Thoracic ☐ Abdominal
☐ Head
☐ Neck (carotids)
☐ Pelvis ☐ with Lower extremity run-off
☐ Other: _____
☐ MR Venography: _____

CT

3D Rendering as indicated

	W & W/O Contrast	W/O Contrast	With Only
☐ Abdomen (Pelvis if indicated)	☐	☐	
☐ Abdomen and Pelvis	☐	☐	☐
☐ Stone Protocol			☐
☐ Renal Mass/Urogram			☐
☐ _____	☐	☐	☐
☐ Head	☐	☐	☐
☐ IAC / Temporal Bone	☐	☐	
☐ Orbits	☐	☐	
☐ Sinus	☐	☐	
☐ Facial Bones	☐	☐	
☐ Chest	☐	☐	
☐ Neck (Soft Tissue)	☐	☐	☐
☐ Pelvis	☐	☐	
☐ Coronary Calcium Scoring			
☐ Virtual Colonoscopy			
☐ Enterography _____			
☐ Lung Cancer Screening			
☐ Spine			
☐ Cervical ☐ Thoracic ☐ Lumbar			

Extremity:	Right	Left	W & W/O Contrast	W/O Contrast
☐ Joint	☐	☐	☐	☐
(circle) Shoulder Elbow Wrist Hip Knee Ankle				
☐ Non-Joint	☐	☐	☐	☐
(circle) Humerus Radius/Ulna Hand/Finger(s) Thigh Tib/Fib Foot/Toe(s)				

☐ Other: _____

CT Angiography

IV Contrast required

☐ Aorta
☐ Abdomen and Pelvis
☐ Thoracic / Great Vessels
☐ Chest
☐ Heart
☐ Head
☐ Neck
☐ Extremity ☐ Right ☐ Left
Specify:
☐ Pelvis

Mammogram

If additional breast imaging and/or ultrasound is needed, treat and evaluate.
Yes ☐ ***No*** ☐

	Bilateral	Right	Left
☐ Screening (asymptomatic) (Breast Ultrasound if indicated)	☐	☐	☐
☐ Screening Breast Ultrasound	☐	☐	☐
☐ Diagnostic (symptomatic) (Breast Ultrasound if indicated)	☐	☐	☐
☐ 3D (Tomosynthesis)	☐	☐	☐

Breast Biopsy

	Right	Left
☐ Ultrasound guided	☐	☐
☐ Stereotactic	☐	☐
☐ MRI guided	☐	☐

DEXA Scan

☐ Bone Density Scan

Ultrasound

☐ Abdomen
☐ Complete
☐ Limited: _____
☐ Aorta
☐ Arterial Doppler/Duplex
☐ Carotids
☐ LE (Lower Extremity – Bilateral)
☐ Liver Duplex
☐ OB
☐ 1st Trimester (Dating/Viability)
☐ Pelvis (Transvaginal if indicated)
☐ Pelvis (Male)
☐ Kidney/Bladder
☐ Scrotum/Testicles
☐ Doppler if indicated ☐ Right ☐ Left ☐ Bilateral
☐ Soft Tissue: _____
☐ Thyroid
☐ Head/Neck (soft tissue)
☐ Venous Doppler: Lower Extremity
☐ Right ☐ Left ☐ Bilateral
☐ Venous Doppler: Upper Extremity
☐ Right ☐ Left ☐ Bilateral
☐ Other:

Diagnostic X-Ray

Performed on a walk-in basis

☐ Chest X-Ray PA/Lateral
☐ Other Exam: _____

PET/CT ♦ Bethesda

Indication:

☐ Solitary Pulmonary Nodule
☐ Stage Lung Cancer
☐ Colon Cancer
☐ Lymphoma
☐ Melanoma
☐ Head and Neck Cancer
☐ Breast Cancer
☐ Esophageal Cancer
☐ Other _____

♦ Please indicate if **DIAGNOSTIC CT** is needed by checking the appropriate box(es) under CT

IR

☐ _____

Performed at Green Spring, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Sibley Memorial Hospital.

ATTENTION: You must present this form at time of exam. We are unable to provide childcare services in our office.

Patient Preparation Guide

CT (Computerized Tomography)

Cardiac CTA and Virtual Colonoscopies

- Instructions will be given at the time of the appointment

All CT exams that require IV Contrast

- Nothing to eat 3 hours prior to exam, clear liquids are okay
- Medications may be taken the day of the exam

MAGNETIC RESONANCE IMAGING (MRI)

Please remove any metal, jewelry, medication patches, or hair pins prior to scan. Specific preparation information will be given when your appointment is scheduled. Please inform us at the time of scheduling if you have the following:

- Heart Pacemaker*
- Aneurysm Clips in the brain
- Ear (Cochlear) Implants
- Spinal Device for Pain Control
- Metallic Implants in the Body
- If you are or you could be pregnant
- If you ever worked with metal
- If you are Claustrophobic
- If you have known kidney disease

*MRI is available at some sites depending on the type of pacemaker

MyChart - your electronic medical record

MyChart is a secure website that provides the most up-to-date medical information available to you about your Johns Hopkins care and connects you to your health care team. To learn more visit https://mychart.hopkinsmedicine.org/MyChart/ CT or US

You can use MyChart to……

- ➢ Self-schedule your annual mammogram, CT, DEXA, or ultrasound studies online
- ➢ Access your test results
- ➢ Communicate with your doctor's office
- ➢ Request prescription renewals
- ➢ Manage your appointments

Obtain an activation code when you register or check out from your appointment.

Join us on Facebook

http://bit.ly/jhmedicalimaging

Patient Preparation Guide

DIGITAL MAMMOGRAPHY

Please refrain from using any perfume, lotion, powder or deodorant on the day of your exam. Two piece outfits are recommended.

ULTRASOUND

Abdomen, Gallbladder, Liver and Pancreas

- Nothing to eat or drink (NPO) a minimum of 6 hours prior to the appointment time.
- You may take medications with a small amount of water.

Pelvis, OB (Pregnancy), Renal (Kidney), and Bladder

- Must drink 24 ounces of liquids 1 hour prior to appointment time.
- Do NOT empty your bladder

Prostate

- Please perform fleet enema morning of the exam

DEXA

- No calcium supplements the day of the exam
- No recent (within 72 hours) barium or nuclear medicine exams

Our Locations

SITE	CT	DEXA	Mammo	MRI	US	X-Ray	IR	PET/CT
Bethesda 6420 Rockledge Drive Suite 3100 Bethesda, MD 20817 **443-997-7237**	•	•	•	•	•	•		•
Columbia 11055 Little Patuxent Pkway Suite L9 Columbia, MD 21044 **443-997-7237**	•	•	•	•	•	•		
Green Spring 10803 Falls Road Suite 1100 Lutherville, MD 21093 **443-997-7237**	•	•	•	•	•	•	•	
White Marsh 4924 Campbell Blvd. Suite 105 Nottingham, MD 21236 **443-997-7237**	•	•	•	•	•	•		

Additional exams and procedures are offered at
The Johns Hopkins Hospital,
Johns Hopkins Bayview Medical Center,
Howard County General Hospital,
Suburban Hospital and Sibley Memorial Hospital.

BILLING INFORMATION

Johns Hopkins Medical Imaging participates with most insurance companies. If your services are covered, we will submit a claim to your insurance company on your behalf. You will receive a statement for any co-insurance from our Billing Department. If you have a co-payment for radiology services, it will be collected the time of service.

Our Billing Department will be happy to assist you with any billing questions. They can be reached at 1-855-662-3017, Monday – Friday, from 8:30am – 4:30pm

To Schedule an Exam: 443-997-7237 **Fax #: 443-451-6986** **hopkinsmedicine.org/imaging**