

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) _____ DOB _____ AM _____ PM _____

PRE-AUTHORIZATION # / PRE-NOTIFICATION # _____ APPOINTMENT _____

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

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: _____

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:

MRI / MRA

Orbits X-Ray based on patient history

- With Contrast
BUN _____
CREAT _____
Date of Lab Work _____
- Breast (with 3D Recon/DYNACAD) Breast Implants
 Brain MRI
 MRA Brain & Neck (Carotids)
 MRA Brain Only MRA Neck Only
 TMJs Right Left Bilateral
 Cervical Spine Thoracic Spine Lumbar Spine
 Abdomen
 MRCP (preferred method is with and without contrast)
 Pelvis Female Anatomy Bony Anatomy
 Soft Tissue Neck
(preferred method is with and without contrast)
 MRA _____
 Extremity (MUST SPECIFY) _____

CT/CTA

- With Contrast
BUN _____
CREAT _____
Date of Lab Work _____
- Head
 Orbits
 Sinus
 CT Landmark
 Medtronic Landmark
 Temporal Bones
 Neck
 Chest
 Abdomen/Pelvis Abdomen Only
 Non-contrast
 oral contrast
 IV contrast
 Kidney Stone protocol (CT Abdomen and Pelvis without contrast)
 CT IVP/Urogram (CT Abdomen and Pelvis with and without contrast including 3D reconstruction)
 CT Enterography (CT Abdomen and Pelvis with contrast and 3D reconstruction if indicated)
 CT Colonoscopy
 Pelvis Only
 Extremity _____
 Spine (Specify) _____ with 3D
 CTA _____
 3D CT _____
 Calcium Score (Heart)
 Coronary CTA _____
 Whole Body
 Nerve or Facet Blocks
 Lung Screening

Ultrasound

- Neonatal Brain
 Neonatal Spine
 Abdomen
 RUQ Ultrasound (Gallbladder)
 Kidneys and Bladder
 Aorta
 Breast Right Left Bilateral
 Thyroid / Neck
 Carotid Doppler
 Soft Tissue/Other _____
 Scrotum/Testicle (with Doppler if indicated)
 Pelvic with Transvaginal
 without Transvaginal
 OB
 Venous Duplex (R/O DVT)
 Upper Extremity R, L, Bil (circle one)
 Lower Extremity R, L, Bil (circle one)
 Hip Right Left Bilateral

Mammography

If additional imaging and ultrasound are needed the same day as the appointment, treat and evaluate.

- Yes No
- Screening (asymptomatic)
(Breast Ultrasound if indicated)
 Screening Breast Ultrasound
 Diagnostic (symptomatic)
(Breast Ultrasound if indicated)
 3D (Tomosynthesis)

Breast Biopsy

- Ultrasound guided Left
 Stereotactic Right
 MRI guided Bilateral

Diagnostic X-Ray

Performed on a walk-in basis

- Chest X-Ray PA/Lateral
 Other Exam

DEXA

- Bone Density Scan

Other Examinations Requested

Clinical Dx / Relevant Clinical Findings

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*
 - Metallic Implants in the Body
 - Aneurysm Clips in the brain
 - If you are or you could be pregnant
 - Ear (Cochlear) Implants
 - Spinal Device for Pain
 - If you ever worked with metal
 - If you are Claustrophobic
 - Control
 - If you are older than 60 years
 - If you are diabetic
 - 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/>

You can use MyChart to.....

- Self-schedule your annual screening mammogram 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, powder or deodorant on the day of your exam.

ULTRASOUND

Abdominal Sonogram

Gallbladder, Liver and Pancreas Sonograms

- AM appointment - Fast from twelve midnight until after the examination
 - Patient may take medications with a small amount of water
 - PM appointment - Clear liquid breakfast (no milk) before 9 AM
 - Nothing to eat or drink after breakfast
 - Pelvic Sonogram*
 - Drink 24-36 ounces of fluid at least 1 hour before appointment
 - Do not void until after exam
 - OB (Pregnancy Sonogram)*
 - Drink 24-36 ounces of fluid at least 1 hour before appointment
 - Do not void until after exam
 - Transvaginal Ultrasound ONLY* - No preparation needed
 - Renal Sonogram* - No preparation needed
 - Renal and Bladder or Prostate Ultrasound*
 - Drink 24 ounces of fluid at least 1 hour before appointment
 - Biophysical Profile Study*
 - Patients should eat a meal 1 hour prior to appointment preferably with carbohydrates
- (Patients who are having both Biophysical Profile study in addition to OB Sonogram are required to follow both preparations.)

DEXA

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

Our Locations

Green Spring

10755 & 10753 Falls Rd
Lutherville, MD 21093

10755 Falls Rd – Pavilion I – Suite 130

Phone: 410.583.2700 • Fax: 410.583.2863

CT, MRI

10755 Falls Rd – Pavilion I – Suite 440

Phone: 410.583.2700 • Fax: 410.583.2710

Breast Biopsy, DEXA, Mammography,

Ultrasound

10753 Falls Rd – Pavilion II – Suite 245

Phone: 410.583.2700 • Fax: 410.616.7026

X-Ray

White Marsh

4924 Campbell Blvd. Suite 105

Baltimore, MD 21236

Phone: 443.442.2400 • Fax 443.442.2410

DEXA, CT, Mammography, X-Ray, MRI, Ultrasound,

Virtual CT

BILLING INFORMATION

Johns Hopkins 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 at the time of service.

Our Billing Department will be happy to assist you with any billing questions. They can be reached at 410.933-1200, Monday – Friday, from 9AM-4PM

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