

Johns Hopkins Medical Imaging

To schedule an exam: 301-897-5656



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

PATIENT'S NAME (LAST, FIRST) _____ DOB _____ AM _____ PM _____

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

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

TO REPORT CRITICAL FINDINGS AFTER HOURS CALL:

STAT PHONE REPORT NEEDED
 Provider's Phone # _____

STAT FAX REPORT NEEDED
 Provider's FAX # _____

SEND CD WITH PATIENT

MRI / MRA

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 Body 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

Fluoroscopy

HSG
 Arthrogram
 Site _____ w/MRI
 Steroid Injection Site _____
 Esophogram*
 Upper GI*
 Small Bowel Follow Through*
 Barium Enema*

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

PET/CT ♦

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

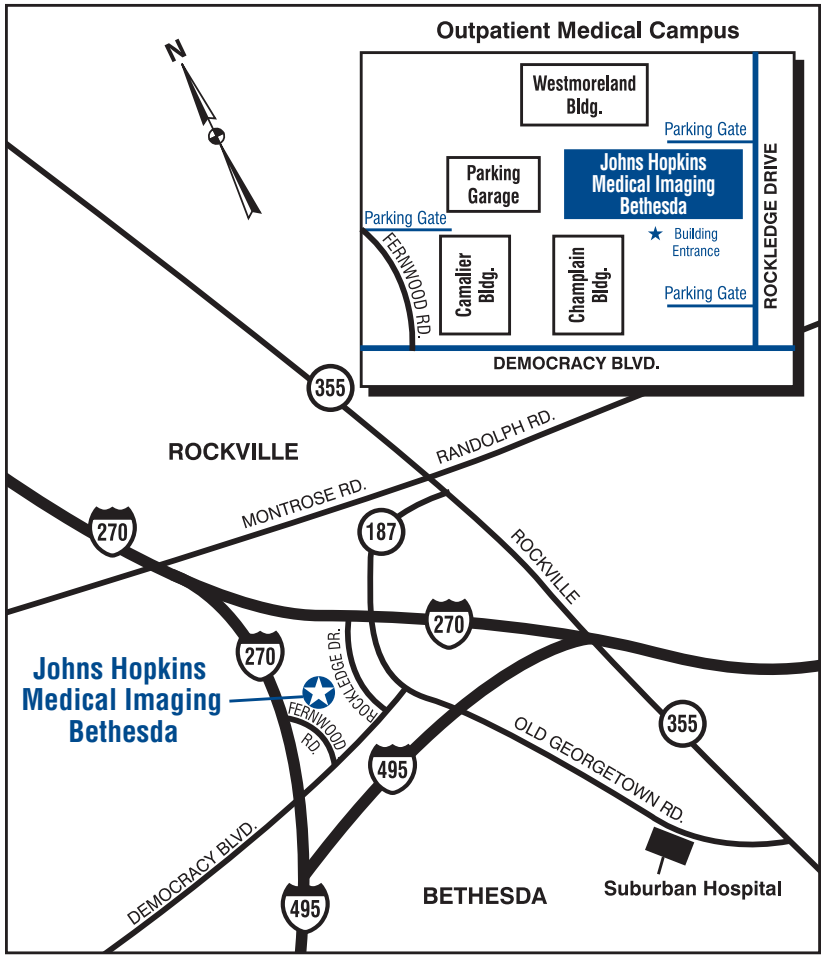
Diagnostic X-Ray

Performed on a walk-in basis

Chest X-Ray PA/Lateral
 Other Exam

DEXA

Bone Density Scan



Johns Hopkins Medical Imaging Bethesda

6420 Rockledge Drive, Suite 3100
 Bethesda, Maryland 20817

Phone: 301-897-5656 • Fax: 301-897-7333

PREPARATION FOR EXAMS

To ensure that radiologic examinations are performed safely and accurately, many require specific preparation. If you are scheduled for one of the following studies, please follow the instructions exactly. If you have questions, or cannot comply with the instructions, be sure to call the office where the exam is scheduled.

Allow 1 hour for each exam, unless otherwise specified.

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

PET/CT

Nothing by mouth (except medications) after midnight

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 Control
- If you ever worked with metal
- If you are Claustrophobic
- 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

DIGITAL MAMMOGRAPHY

Please refrain from using any perfume, powder or deodorant on the day of your exam.

BARIUM ENEMA (BE, LOWER GI SERIES)

Careful preparation is crucial for a barium enema. Please follow the directions carefully to ensure that you have a clean colon.

- On the day before the exam, drink only clear liquids all day (no solid food). Drink at least 32 oz of liquid. Clear liquids include water, clear broth, soda, coffee, tea. Jell-O, strained fruit juices (no pulp). No milk products.
- At noon on the day before the exam, drink an 8-oz bottle of Citrate of Magnesium.
- At 5:00 pm on the day before the exam, swallow 4 tablespoons of castor oil or 4 Dulcolax tablets. These may be taken with juice.
- Two hours before bedtime, use 1 Fleet enema
- Do not eat or drink (except medicines) after midnight before 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

Locations and Services

SITE	X-ray	Mammo	Fluoro	CT	US	MRI	PET/CT	DEXA
Bethesda 6420 Rockledge Drive Suite 3100 Bethesda, MD 20817 301-897-5656	●	●	●	●	●	●	●	●
Green Spring 10755/10753 Falls Rd Pavilion I & II Lutherville, MD 21093 443-997-7237	●	●		●	●	●		●
White Marsh 4924 Campbell Blvd. Suite 105 Nottingham, MD 21236 443-997-7237	●	●		●	●	●		●
Columbia 11055 Little Patuxent Pkwy Suite L9 Columbia, MD 21044 443-997-7237	●	●		●	●	●		●
Sibley Memorial Hospital 5255 Loughboro Road, N.W. Washington, DC 20016 202-537-4795	●	●	●	●	●	●	●	●
Suburban Hospital 8600 Old Georgetown Road Bethesda, MD 20814 301-896-2222	●		●	●	●	●		

***Pre-authorization can be obtained by Johns Hopkins Medical Imaging**

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 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

Find us on 