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Email or fax referrals to:  
**Scheduling@radrad.com | (224) 238-3237**

### General Imaging Referral Form

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_  
 Clinical History / Reason for Exam: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ Physician Signature: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cc: \_\_\_\_\_

**OPEN MRI COMING SOON. WE OFFER THE STATE-OF-THE-ART 128 SLICE SIEMENS PET/CT SCANNER.**

#### MRI

- 3D Rendering as indicated**  
 w/o contrast  w/o & w/ contrast  
 **BRAIN:**  
 Routine  w/Neuroquant  
 attn IAC  attn Sella  
 attn Temporal Lobe  
 attn Pituitary  
 **ORBITS**  
 **TMJ**  
 **SOFT TISSUE NECK**  
 **SPINE:**  
 Cervical  Thoracic  
 Lumbar  
 **BREAST:**  
 Cancer Screening  
 Implant Protocol  
 **CHEST:**  
 Cardiac  Pectoralis  
 **ABDOMEN:**  
 Liver  MRCP  Kidney  
 Adrenal  MR Enterography  
 MR Elastography  
 Liver Lab  Liver w/Eovist  
 **PELVIS:**  
 Routine  Bony  
 Rectal Fistula  Prostate  
 MR Urography  
 Rectal Cancer  
 MR Defecography  
 **OTHER:** \_\_\_\_\_

#### MRI - MSK

- UPPER EXTREMITY:**  R  L  
 Shoulder  Humerus  
 Elbow  Forearm  Wrist  
 Hand  Thumb  
 **LOWER EXTREMITY:**  R  L  
 Hip  Femur / Thigh  
 Knee  Tibia / Fibula  
 Foot  Ankle/Hind Foot  
 **MR ARTHROGRAM:**  R  L  
 Shoulder  Elbow  Wrist  
 Hip  Knee  
 **MRI PELVIS:** Athletic  
 Pubalgia, Sports Hernia  
 **OTHER:** \_\_\_\_\_

#### MRA

- 3D Rendering as indicated**  
 w/o contrast  w/o & w/ contrast  
 **BRAIN**  
 **NECK**  
 **ABDOMEN**  
 Renal  
 w/ contrast  w/o contrast  
 **CHEST**  
 **AORTA RUN-OFF**  
 w/ contrast  w/o contrast  
 **EXTREMITY:**  R  L  
 Upper  Lower  
 **OTHER:** \_\_\_\_\_

#### CT 128 SLICE

- 3D Rendering as indicated**  
 w/o contrast  w/ contrast  
 **HEAD:**  
 Orbits  Temporal Bones/IAC  
 Sinus  
 **SOFT TISSUE NECK**  
 **SPINE:**  
 Cervical  Thoracic  
 Lumbar  
 **CHEST/CARDIAC:**  
 Routine  High Resolution  
 Calcium Score  
 Low Dose Screening  
 **ABDOMEN:**  
 Dual Phase  Tri-Phase  
 Renal/Adrenal  Pancreas  
 **ABDOMEN/PELVIS:**  
 Routine  Enterography  
 Urogram  
 Kidney Stone (Dual Energy)  
 **PELVIS:**  
 Soft Tissue  Bony  
 **OTHER:** \_\_\_\_\_

#### CT MSK

- UPPER EXTREMITY:**  R  L  
 **SPECIFY:** \_\_\_\_\_  
 **LOWER EXTREMITY:**  R  L  
 **SPECIFY:** \_\_\_\_\_  
 Conformis  BIOMET  
 DePuy  
 **CT ARTHROGRAM:**  R  L  
 Shoulder  Elbow  Wrist  
 Hip  Knee  
 **GOUT EXTREMITY:** \_\_\_\_\_

#### CT ANGIOGRAM

- 3D Rendering as indicated**  
 w/o contrast  w/ contrast  
 **HEAD:**  
 **NECK**  
 **CHEST/CARDIAC:**  
 PE Protocol  
 Coronary Artery  
 **ABDOMEN**  
 **PELVIS**  
 **AORTIC RUN-OFF**  
 **EXTREMITY:**  R  L  
 Upper  Lower  
 **CLEERLY CARDIAC CTA**  
 **OTHER:** \_\_\_\_\_

#### PET/CT

- FDG ONCOLOGY:**  
 Skull Base to Thighs  
 Whole Body  
 **FDG BRAIN (METABOLIC EVAL.)**  
 **GALLIUM DOTATATE (NEUROENDOCRINE)**  
 **BETA AMYLOID BRAIN**  
 **PSMA PET/CT**

#### ULTRASOUND

- ABDOMEN COMPLETE**  
 **ABDOMEN LIMITED**  
 **BI-CAROTID DOP-EXTRACRANIAL ARTERY**  
 **BLADDER**  
 **BREAST:**  
 Limited  
 **SOFT TISSUE LIMITED**  
 **EXTREMITY ARTERIES:**  
 Bilateral  Unilateral  
 **EXTREMITY VEINS:**  
 Bilateral  Unilateral  
 **NECK, THYROID/ PARATHYROID**  
 **OB:**  
 Additional Gestation  
 >14 Weeks 1st Trim.  
 Transvaginal  
 **PELVIC**  
 **PLEURAL EFFUSION CHEST**  
 **RETROPERITONEAL:**  
 Compl. (Renal and Bladder)  
 Ltd. (Aorta or Renal)  
 **SCROTUM AND CONTENTS**  
 **TRANSVAGINAL**  
 **ELASTOGRAPHY**  
 **AORTA**  
 **ARTERIAL DOPPLER/ DUPLEX:**  
 Carotids  
 RUE (Right Upper Extremity)  
 LUE (Left Upper Extremity)  
 LE (Lower Extremity - Bilateral)  
 **VENOUS DOPPLER - LOWER EXTREMITY:**  
 Right  Left  Bilateral  
 **VENOUS DOPPLER - UPPER EXTREMITY:**  
 Right  Left  Bilateral  
 **RENAL DOPPLER**  
 **OTHER:** \_\_\_\_\_

#### X-RAY

- X-RAY:**  
 Skull  Sinus  Orbits  
 **SPINE:**  
 Cervical  
 Routine  
 W/Flexion & Extension  
 Thoracic  
 Lumbar  
 Routine  
 W/Flexion & Extension  
 **CHEST:**  
 PA/Lateral  PA Only  
 Ribs w/PA Chest:  R  L  
 Clavicle:  R  L  
 Sternum  
 **ABDOMEN:**  
 KUB  Supine/Erect  
 **PELVIS:**  
 Routine  Sacrum/Coccyx  
 SI Joints  
 **BONE SURVEY**  
 **SCOLIOSIS**  
 **UPPER EXTREMITY:**  R  L  
 Shoulder  Humerus  
 Elbow  Forearm  Wrist  
 Hand  Finger  
 **BONEAGE**  
 **LOWER EXTREMITY:**  R  L  
 Hip w/AP Pelvis  
 Femur/Thigh  
 Knee  Tibia/Fibula  
 Ankle  Foot  
 Calcaneus/Heel  
 **BONE LENGTH STUDY**  
 **OTHER:** \_\_\_\_\_

#### DEXA

- BONE DENSITY AXIAL**  
 **BONE DENSITY PERIPHERAL**  
 **BONE DENSITY STUDY**  
 **FRACTURE ASSESSMENT VIA DXA**  
 **OTHER:** \_\_\_\_\_

#### NUCLEAR MEDICINE

- THYROID**  
 **BONE SCAN**  
 **CARDIAC MUGA**  
 **OTHER:** \_\_\_\_\_

**Please bring this form, your insurance card and photo ID along with you to your exam. Thank you for choosing RadRad Diagnostic Imaging.**

## MRI PATIENT INSTRUCTIONS/PREPARATIONS

- You will be asked to remove all metal jewelry, hair pins, metallic makeup, elastic or compression items. We will provide scrubs or gown for all MRI patients to change into before the exam.
- For patients who have been injured by metal to the face or eye and/or who have cut, ground or welded metal at any time in the past or currently, orbital X-rays will be required to be done on the same day as their appointment. Indicate this on the requisition.
- Bring implant card if applicable (i.e. stent/shunt/electronic device).

### ABDOMEN:

- Nothing to eat 8 hours prior to procedure. Water only, encouraged.

### PELVIS:

- Nothing to eat 8 hours prior to procedure. Water only, encouraged.
- Patient should use fleet enema 2 hours prior to procedure.

### MR ENTEROGRAPHY:

- Clear liquids ONLY after 2pm the day prior.
- Patient will pick up 8 oz. bottle of Miralax powder from pharmacy. Mix the powder with 64 oz. of sports drink (Diabetic patients may substitute a sugar-free sports drink). Drink 8 oz. every 15 minutes starting at 5pm the night prior to procedure. Drink plenty of clear liquids to re-hydrate.
- Patient will need to bring 1mg dose of Glucagon to be picked up at their pharmacy and bring this at scheduled appointment time.
- Patient will be drinking an oral contrast when they arrive for their test and then the MRI scan will be performed 1 hour later.

### MR ELASTOGRAPHY:

- Patient should be 8 hours NPO (nothing by mouth). Only sips of water for daily prescription medications.

### MR DEFECOGRAPHY:

- Nothing to eat 8 hours prior to procedure. Water only, encouraged.
- Patient should use Fleet enema 2 hours prior to procedure.

## GUIDELINES FOR MRI CONTRAST INJECTIONS

### MRI PATIENTS THAT REQUIRE BLOOD WORK PRIOR TO CONTRAST INJECTION:

- Labs to include creatinine serum must be drawn within 4 weeks of injection.
- We encourage all patients to stay hydrated and to drink plenty of water.
- We offer iSTAT. Blood work done on-site. We check kidney function, with just a few drops of blood, in two minutes.

## CT PATIENT INSTRUCTIONS/PREPARATIONS

### ANY CT PROCEDURE:

- 4 hours fasted. We encourage all patients to stay hydrated and to drink plenty of water.

### CT ENTEROGRAPHY:

- See instructions for MR ENTEROGRAPHY.
- Glucagon will not be used for this exam.

### CT CALCIUM SCORE:

- Patient should be 4 hours clear of caffeine and tobacco products.
- \$99 self-pay.

## GUIDELINES FOR CT CONTRAST INJECTIONS

### CT PATIENTS THAT REQUIRE BLOOD WORK PRIOR TO CONTRAST INJECTION:

- We encourage all patients to stay hydrated and to drink plenty of water.
- We offer iSTAT. Blood work done on-site. We check kidney function, with just a few drops of blood, in two minutes.

**Patients that are prescribed Metformin or drugs containing Metformin should discontinue the medication on the day of the injection and 48 hours after injection. It is recommended, but not required, that the patient get blood drawn prior to resuming the medication.**

## INDICATION GUIDELINES FOR PET/CT

- We encourage all patients to stay hydrated and to drink plenty of water.

### SKULL BASE TO MID-THIGH PET/CT

Breast CA - Cervical CA - Colorectal CA - Esophageal CA - Lung CA - Ovarian CA - Testicular CA - Head/Neck CA - Lymphoma

### WHOLE BODY PET/CT

Melanoma - Sarcoma - Lymphoma (if lower extremities are involved) - Multiple Myeloma

### PET/CT GALLIUM DOTATATE

Neuroendocrine Tumors

### PSMA PET/CT

Prostate Cancer



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