



Chicago Northside MRI and Imaging

Part of the Advocate and Resurrection Health Systems

1460 N. Halsted, Suite 102 • Chicago, IL 60642

Ph 773-525-2818 • Fax 773-525-8589

www.chicagomri.com

PATIENT'S NAME: _____ AGE: _____

PATIENT'S #: _____

PHYSICIAN: _____

CLINICAL HISTORY/INDICATION: _____

cc/NAME: _____ FAX NUMBER: _____

PHYSICIAN'S SIGNATURE: _____

PERTINENT CLINICAL DIAGNOSIS REQUIRED. (DO NOT USE "RULE OUT", "POSSIBLE", "SUSPECTED" OR "FOLLOW-UP" DIAGNOSIS. USE SPECIFIED CODE #'S, SIGNS, SYMPTOMS, PATIENT COMPLAINTS, KNOWN DIAGNOSIS.)

MRI SCREENING

- PACEMAKER
- PREGNANT
- CEREBRAL ANEURYSM CLIPS
- METALLIC FOREIGN BODY IN EYE
- IV SEDATION

- HISTORY OF WORKING WITH METAL
- OCULAR TRAUMA
- OTHER NON-ORTHOPEDIC METAL IMPLANTS

CT CONTRAST SCREENING

- DIABETES
- RENAL DISEASE
- AGE OVER 65

- IODINE / CT CONTRAST ALLERGY (Please call our office)
- PREGNANT
- GLUCOPHAGE/GLUCOVANCE

BUN/CRE Testing

IF ANY OF THE ABOVE ARE CHECKED, BUN/ CREATININE WITHIN 30 DAYS IS REQUIRED. BUN _____ Cr _____ DATE ____/____/____

INTRAVENOUS CONTRAST PER RADIOLOGIST DISCRETION (If you do not select this option, please select a contrast option where applicable.)

X	MAGNETIC RESONANCE (MR)	X	CT SCAN (Multidetector)	X	X-RAY	X	ULTRASOUND
	w/w/o BRAIN		w/w/w BRAIN		ORBITS for MRI		ABDOMEN COMPLETE
	w/w/o IAC'S		w/o SINUSES		CHEST PA & LATERAL		LIVER / GB / PANCREAS (RUQ)
	w/w/o BRAIN & IAC'S		w/o FACIAL BONES		ABDOMEN complete		KIDNEY / BLADDER
	w/w/o ORBITS		w/w/w NECK SOFT TISSUE		ABDOMEN KUB (1 view)		THYROID
	w/w/o PITUITARY		w/o CHEST		3 5 F/E CERVICAL SPINE		SCROTAL / TESTICULAR
	B BREAST		w PE CHEST		THORACIC SPINE		PELVIC TRANSABD & TRANSVAG
	w/w/w CERVICAL SPINE		w/w/w/w ABDOMEN / PELVIS		3 5 F/E LUMBAR SPINE		OBSTETRICAL -1st TRIMESTER
	w/w/w THORACIC SPINE		w/o Renal Stone Study		PELVIS		OBSTETRICAL - 2nd / 3rd TRIMESTER
	w/w/w LUMBAR SPINE		w/w/o CT Urogram		R L B HIP		BIOPHYSICAL PROFILE
	w/w/o *BRACHIAL PLEXUS		CERVICAL SPINE		R L B KNEE		*CAROTID DOPPLER
	w/o *Intracranial MRA		THORACIC SPINE		R L B FOOT		AORTA
	w/w/w *Carotid / Neck MRA		LUMBAR SPINE		R L B ANKLE		R L B LE ARTERIAL DOPPLER
	w *Thoracic Aorta MRA		R L B SHOULDER		R L B SHOULDER		R L B UE LE VENOUS DOPPLER
	w Abdominal Aorta / Renal MRA		R L B ELBOW		R L B HAND		UE LE MUSCULOSKELETAL STUDY
	w *UE/LE Peripheral MRA		R L B WRIST		R L B WRIST		CHILDREN'S MRI/CT CHILD'S AGE: _____ OTHER:
	w/w/w *NECK SOFT TISSUE		R L B HIP		R L FINGER		
	w/w/w *CHEST		R L B KNEE		R L B RIBS		
	w/w/w ABDOMEN		R L B ANKLE		R L B CLAVICLE		
	MRCP		R L B FOOT		R L B HUMERUS		
	w/w/w PELVIS		CT Calcium Score		R L B ELBOW		
	MYELOGRAM		CT ANGIOGRAPHY (CTA)		R L B FOREARM		
	ARTHROGRAM		*CAROTID / NECK CTA		R L B FEMUR		
	R L B SHOULDER		*THORACIC AORTA CTA		R L B TIB - FIB		
	R L B ELBOW		*ABDOMINAL AORTA CTA		R L TOES		
	R L B WRIST		R L B UE LE *PERIPHERAL CTA		OTHER:		
	R L B HIP / OSSEOUS PELVIS		OTHER:				
	R L B KNEE						
	R L B ANKLE						
	R L B FOOT						

NOTE:
 UE = Upper Exterimity
 LE = Lower Exterimity
 w = with contrast
 wo = without contrast
 w/wo = with and without contrast
 * = requires icd-9 code
 R = right
 L = left
 B = bilateral (ie both sides)
 3 = 3 views
 5 = 5 views
 F/E = Flexion/Extension

COMMENTS: _____

PRIORITY READING - Physician must provide a contact name and number. Otherwise, STAT reading will not be provided.



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GENERAL PATIENT INSTRUCTIONS

- PLEASE BRING YOUR INSURANCE CARD.
- Plan to arrive 30 MINUTES BEFORE your scheduled appointment.
- BRING previous X-Rays or scans that are related to your current exam.
- Take prescribed medication according to your physicians instructions.
- All patients requiring either IV or oral contrast should fast for at least 4 hours prior to their exam.
- **Diabetic** patients should also fast for 4 hours prior to their exams. Type II diabetics should skip their morning dose of oral medication. Insulin dependent diabetics should consult their physician regarding their insulin dose prior to their exam.
- **Dialysis** patients should plan to be dialyzed within 24 hours following IV contrast.
- Patients receiving sedation should arrange for transportation to and from the center.

CT PATIENTS

- CT patients may require IV and/or oral contrast. Please review with your physician and/or Chicago Northside staff if you have any questions regarding contrast.

Patients requiring IV Contrast:

- Patients with a **history of asthma, diabetes, kidney disease, severe allergies, or a history of prior contrast reaction**, MUST notify the front desk staff and/or technologist prior to their exam.
- Patients with **prior adverse contrast reaction** MUST have their referring physician contact our office about premedication.
- Patients **over 65 years** MUST have lab results for BUN and CREATININE within the previous 30 days.
- Patients with a history of **diabetes or kidney disease** MUST have lab results for BUN and CREATININE within the previous 30 days.
- Patients on **Glucophage or Glucovance** should withhold these medications for 48 hours following IV contrast (Consult your physician before restarting).

Patients requiring oral contrast:

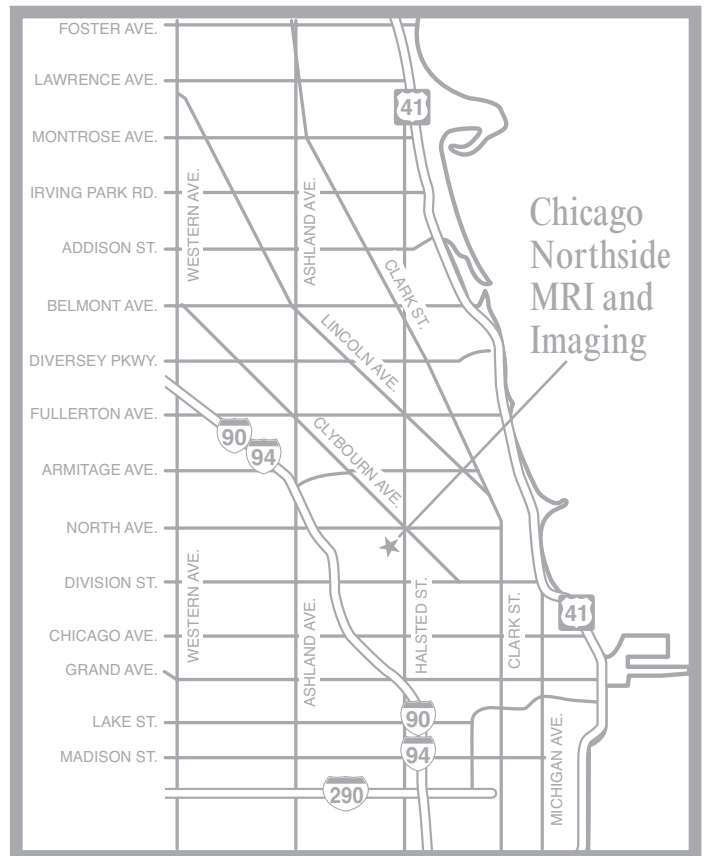
- If your doctor is requesting an abdominal MRI, you may need to drink contrast solution 2 hours prior to the exam. Please review with your doctor and you may pick up a bottle at least two hours prior to your scheduled exam at Chicago Northside. If you are unable to pick up the contrast, please arrive two hours before your appointment to drink the contrast.
- Please call us if you have any questions.

MRI PATIENTS

- Abdominal MRI, Pelvic MRI and MRCP patients should fast for at least 4 hours before the exam.
- Patients receiving IV contrast should fast 4 hours before the exam.
- Patients with **Pacemakers** MUST not have MRI examinations.
- Please contact us AS SOON AS POSSIBLE if you have a history of the following:
 - **Brain aneurysm clips**
 - **Artificial heart valve**
 - **Metal in your eyes**
 - **Cochlear implants or ear tubes**
 - **Other implantable devices**
 - **Vascular Filter or Stent**
- Most surgically placed **orthopedic devices** are MRI compatible
- Please call us if you have any questions about MRI safety.

ULTRASOUND PATIENTS

- Abdominal and gallbladder ultrasound patients should fast at least 6 hours before the exam (no food or drink).
- Diabetic and pregnant patients may eat a light meal prior to their scan.
- Pelvic ultrasound patients may require hydration and a full bladder.
- Please call us if you have any questions.



Conveniently located in Lincoln Park, north of Chicago's loop.

Garage parking in the 1460 N. Halsted building.

If you are coming from an East or West location take the #72 North Avenue bus to Halsted. We are 2 blocks South on Halsted at 1460 North Halsted, Suite 102.

If you are coming from a North or South location take the #72 Clybourn bus to North Avenue and Halsted. Walk 2 blocks South to our center.

If you are coming from the lake front area the #8 Halsted bus will drop you off in front of our center at Halsted Avenue and Blackhawk Street.

The Red Line train can also be taken to the North Avenue and Clybourn stop.