Goshen Hospital

Imaging Department
200 High Park Avenue
Goshen, Indiana 46526
(574) 364-2711
Appointment Date/Time/Location: _____

Hours of Operation Daily 7 a.m. – 8 p.m.
To Schedule Please Call (574) 364-2400
Fax Order To (574) 364-2410

Patient Name _____
Date of Birth _____ Social Security # _____
Address _____
City _____ State _____ Zip _____
Telephone # _____

Primary Insurance _____
Primary Policy # _____ Group # _____

Secondary Insurance _____
Secondary Policy # _____ Group # _____

Ordering Physician Signature _____
Ordering Physician _____

Primary Care Physician _____
Send Copy To _____
Fax Results To _____

Diagnosis #1 _____ ICD-9 Code _____
Diagnosis #2 _____ ICD-9 Code _____
Diagnosis #3 _____ ICD-9 Code _____
Diagnosis #4 _____ ICD-9 Code _____

Please mark "STAT" and/or "CALL REPORT" as applies:

CLIENT (CLINIC) INFORMATION

Notice: Medicare will only pay for tests that meet the Medicare definition of "Medicare Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is being ordered as a screen, be certain the patient has signed an Advanced Beneficiary Notice (ABN).

IMAGING – Is ABN Attached? ❑ Yes ❑ No **PRE-CERT** ❑ Yes ❑ No

Nuclear Medicine

574-364-2605

All Bone Scans w/xray if indicated

- Spect/CT is performed when applicable, per Radiologist
- Total Bone Scan
- Multiple Bone Scan
- Limited Bone Scan
- 3 Phase Bone Scan
- Hepatobiliary w/Ejection Fraction (CCK)
- Quadramet Series
- Octreoscan Series
- LVEF (MUGA)
- WBC In111 Scan
- Lung Perfusion/Ventilation
- Renal Scan w/Lasix Washout
- Renal Scan/Flow (no washout)
- Gastric Emptying
- Parathyroid
- I-123 Thyroid Uptake/Scan
- I-131 Therapy Hyperthyroid
- I-131 Therapy Cancer
- I-123 WB Scan Pre-TX
- I-131 WB Scan Post TX
- Other:

CT Scan

574-364-2818

- Head
- Facial Bones
- Orbits
- Sinuses
- Mastoids
- Chest
- Chest PE
- HI Res Chest
- Soft Tissue Neck
- Cervical Spine/FX
- Lumbar Spine
- Thoracic Spine
- Abdomen
- Pelvis
- CT Angiogram (specify area)
- Abdomen & Pelvis
- Renal Stone Study
- Urogram
- Cardiac Score
- Enterogram
- Upper Extremity
- Lower Extremity
- Other:

MRI

574-364-2873

Notify MRI if:

- **- HX of Welding or Grinding**
- **- HX of Cancer**
- **-HX of Surgery**
- Brain
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Knee
- Shoulder
- Ankle
- Foot
- Other:

Diagnostic

574-364-2711

- Abdomen
- Abdomen 2 view
- Abdomen Series
- Kub
- Chest PA only
- Chest PA/LAT
- Ribs
- Sternum
- Soft Tissue Neck
- Cervical / Obliques
- Thoracic Spine
- Lumbar Spine
- Sacrum / Coccyx
- S-I Joints
- Scoliosis Series
- Hand
- Finger
- Wrist
- Elbow
- Humerus
- Scapula
- Clavicle
- Shoulder
- AC / JTS / Wt. Bearing
- AC / JTS/ Arthritis
- Foot
- Toe
- Ankle
- Tibia / Fibula
- Knee
- Knee Obliques
- Knee Tunnel view
- Knee Standing view only
- Patella

STAT

Diagnostic (continued)

- Hip
- Heel
- Pelvis
- Bone Age
- Facial Bones / Zygoma
- T-M Joints
- Nasal Bones
- Mandible
- MRI Orbits
- Orbits
- Skull
- Sinuses
- IVP
- VCUG
- Cystogram
- T-Tube Cholangiogram
- Cookie Swallow
- Esophagus
- Upper GI
- UGI w/Small Bowel
- Small Bowel Series
- Barium Enema
- Air Contrast Barium Enema
- Cervical Myelgram
- Lumbar Myelogram
- Hysterogram
- Venogram/1 side
- Venogram/2 sides
- Arthrogram:
- Fistulagram
- Other:

ALL Imaging exams will be done per protocol unless otherwise specified.

CALL REPORT

Ultrasound

574-364-2819

U/S Exams will take 30-60 minutes

- Abdomen Complete
- Gall Bladder
- Pancreas
- Liver
- Abdomen Aorta Limited-No Doppler
- Abdomen Pylorus
- Abdomen Aorta Medicare Screen

Fat free meal night before exam and nothing by mouth after midnight for the above abdominal exams.

- Renal Bilateral
- Urinary Bladder only

Must have a full bladder for a Renal U/S. Drink 24 oz. of fluid, finishing 30 minutes prior to exam and do not urinate.

- Non-Preg Pelvic w/vaginal if Indicated
- Pregnancy w/ vaginal if indicated

Must have a full bladder for the above Pelvic exams. Drink 32 oz of fluid, finishing 45 minutes prior to exam and do not urinate.

No Prep needed for exams below.

- Extremity Non-Vascular _____
  Right _____ Left
- Soft Tissue Mass-Trunk
- Testicular
- Thyroid
- Spleen
- Paracentesis / Thoracnetesis
  *patient needs labs
- Thyroid FNA
- Liver Biopsy
- Infant Hip

Miscellaneous

- Biopsy _____
  *patient needs labs
- Drainage
- Aspiration_____
- Other:

Echocardiography

- Stress Echo
- Dobutamine Stress Echo
- Echo
  *includes 2D, colorflow and doppler

Request for Vascular/Doppler U/S exams must be on a Vascular requisition. Call U/S Dept. if requisition is needed.

PREPARATIONS FOR IMAGING EXAMS

BARIUM ENEMA & AIR CONTRAST ENEMA

This procedure requires a thorough cleansing of the intestinal track to provide the best results. You will need to purchase LO SO Prep Kit. The complete instructions are enclosed in the kit. Follow each step carefully. A high fluid intake is required for this preparation. The preparation starts the morning before your scheduled exam. Time in the department should be approximately 1-2 hours.

UPPER GI / SMALL BOWEL

Nothing to eat or drink after 10:00 PM the night before your exam. Do not smoke the morning of your exam. If you had a barium enema the day before, you will need to purchase an LO SO Prep Kit and follow the complete instructions enclosed in the kit. This prep starts the morning before your scheduled exam. Time in the department should be approximately 30 minutes for an Upper GI. Times vary for a Small Bowel w/ the shortest amount of time being 45 minutes, but be prepared to stay several hours.

INTRAVENOUS PYELOGRAM (IVP)

Your physician is preparing you for an x-ray examination that requires thorough cleansing of the intestinal tract. You will need to purchase an LO SO Prep Kit. Follow the complete instructions enclosed in the kit. A high fluid intake is required for this preparation. The preparation starts the morning before your scheduled exam. Time in the department should be approximately 1 1/2 – 2 hours. If you are 65 years of age or older, diabetic, have istory of kidney disease, heart failure, multiple myeloma, or sickle cell anemia, lab work needs to be done prior to the exam. Lab work will be done upon arrival if necessary.

CT EXAMS

Liquids only two hours prior to exams of IV contrast.
For abdomen/pelvis CT the time in the department will be approximately 2-2 ½ hours. The patient will be drinking oral contrast.
Depending on diagnosis, rectal contrast may be used.
If the patient has lab work to be done, it must be scheduled with lab ½ hour prior to CT scan.
Cardiac Score – No caffeine or stimulants 24 hours prior to exam.
Exams will be done per protocol, unless otherwise specified.

MRI

Please notify MRI of any exposure to grinding or welding of metal and any personal history of surgery or cancer when scheduling.
Exams will be done per protocol, unless otherwise specified.

NUCLEAR MEDICINE

STRESS TEST
No caffeine or decaf 24 hours prior to exam.
Nothing to eat or drink after midnight unless patient is diabetic.
HEPATOBILIARY SCAN
NOTHING BY MOUTH (including water, gum, mints, ect.) 6 hours prior to exam. No narcotic pain medicines 6 hours prior to exam.
THYROID SCAN
Must be off thyroid medications, multi-vitamins, and any other foods which are iron fortified, such as iodinated salt, for 6 weeks prior to exam.
Also, when scheduling, let the department know when the last IV contrast exam was done.

IF PATIENT IS DIABETIC, LET THE IMAGING DEPARTMENT KNOW WHEN SCHEDULING THE EXAM.

ULTRASOUND: PATIENT NEEDSLABS OF PT, INR, PTT, AND PLT ONE (1) HOUR TO SEVEN (SEVEN) DAYS BEFORE EXAM FOR THORACENTESIS / PARACENTESIS AND LIVER BX. ANY QUESTIONS PLEASE CALL 574/364-2711.

If you have not pre-registered, please report to Registration 15 minutes before your exam time.