



NORTHSIDE HOSPITAL RADIOLOGY SERVICES

CENTRALIZED SCHEDULING →

404 851-6577

Fax orders: 404-851-6188 Website: www.northside.com

PLEASE CHECK CORRECT LOCATION FOR PATIENT

- MAIN HOSPITAL RADIOLOGY – GROUND FLOOR
- OUTPATIENT RADIOLOGY/980 BLDG. – SUITE 300
- BREAST CARE CENTER
- MERIDIAN MARK OUTPATIENT IMAGING – SUITE 450
- NORTHSIDE ALPHARETTA IMAGING/WOMENS IMAGING
- NORTHSIDE JOHNS CREEK IMAGING
- NORTHSIDE HOSPITAL FORSYTH

Patient Name _____
 Day Phone _____ DOB _____
 Registration Time _____ Confirmation # _____
 Appointment Time _____ Appointment Date _____
 Reason/Diagnosis for Exam _____
 Pre-Cert Needed: Yes No ICD-9 Code _____
 Referring Physician _____
 Office _____ Telephone _____

SPECIAL REQUESTS – Please check all that apply.

STAT Call Report # _____ Mail to: _____
 (If different from primary office)

Send Film with patient _____
 Send Film by courier _____
 FAX _____
 (If different than AUTOFAX #) _____

CT W/O Contrast W/ Contrast W/O & W/ Contrast

Head: (Specify) _____ Soft Tissue Neck
 Chest Abdomen W/ Pelvis if Indicated. Pelvis
 Extremities: (Specify) _____
 Biopsy: (Specify) _____
 Cardiac Calcification Scoring (Meridian Mark)
 Port-A-Cath Access (if necessary)

MRI W/O Contrast
 Closed W/ Contrast
 Open W/O & W/ Contrast
 Specific area _____
 Port-A-Cath Access (if necessary)

NUCLEAR MEDICINE

Thyroid Uptake and Scan Hyperthyroid Therapy
 Renal Bone Scan (& Plain Films
 Thyrogen - Scan Whole Body If Indicated)
 I-131 (withdrawal) whole body scan Limited Body 3-Phase
 Other: _____ Lung
 Prostascint

ULTRASOUND

Abdomen: (Specify) _____
 Pelvic _____ Saline Hysterosonogram
 Pelvic with transvaginal Pregnancy
 Gallbladder Thyroid
 Other: _____

ABDOMEN AND GI TRACT

Acute Abdominal Series Flat Abdomen (KUB)
 Upright Abdomen Defogram (Main Radiology)
 Barium Swallow (Esophagus) Transit Study (Sitzmarks)
 Upper GI Series Barium Enema with air contrast
 Small Bowel Series Modified Barium Swallow
 Barium Enema (w/speech)
 Other: _____

CHEST

Chest, PA RT or LT Rib Detail
 Chest, PA & Lateral Chest Fluoroscopy
 RT or LT Lateral Decubitus
 Other: _____

- Bring this form, completed and signed by your physician, and your insurance card with you to the Facility Registration/Testing Area. **Arriving for testing without this form signed by your physician may result in cancellation or delay of your test.**
- Radiology Professional services will be billed separately by Northside Radiology Associates, P.C. (tax id # 58-2244832) in addition to the test performed by a Northside Hospital Facility.
- Your insurance plan may consider your test/procedure a screening or a non-covered service. Please call your insurance company prior to your scheduled test date to check coverage and see if you need a referral.

Physician Signature _____ (Physician Stamp Not Acceptable) Date _____

EXTREMITIES

Left Right
 (Specify) _____

GU TRACT

IV Pyelogram with Post Void Cystogram, Voiding
 IV Pyelogram with Tomograms Hysterosalpingogram
 Other: _____

INTERVENTIONAL RADIOLOGY

Arteriogram Percutaneous Nephrostomy
 Venous Access Device (specify) _____
 Other: _____

MISCELLANEOUS

Tomography (Specify Site) _____
 Venography (Specify Site) _____
 Myelogram (Main Radiology) **Patient must arrive 1 1/2 hr before exam time**
 Arthrogram
 Skeletal Survey (M.M. or METS)
 Other: _____

MAMMOGRAPHY

Screening mammo (change to diagnostic \bar{c} breast u/s if indicated)
 Diagnostic mammo (\bar{c} breast u/s if indicated)
 U/S Biopsy F/U of recent prior study _____
 Other: _____

BONE DENSITY (For Osteoporosis) only at:

1. Breast Care Center
 2. NS Alpha Womens Imaging
 3. Johns Creek
 4. Meridian Mark
 5. NS Hospital Forsyth
- _____

SKULL & FACE

Skull Series Nasal Bones
 Facial Bones Sinus Series
 Other: _____

SPINE & PELVIS

Cervical Spine Thoracic Spine Lumbar Spine
 Pelvis Sacroiliac Joints Sacrum and Coccyx
 Other: _____

PREP INSTRUCTIONS FOR ADULT PATIENTS

(Please call for instructions for pediatric patients)

BARIUM SWALLOW ONLY:

No special preparation.

UPPER GI SERIES:

1. Day before examination: Nothing by mouth after midnight.
2. Day of examination: Omit breakfast. Do not eat or drink (no water, etc.).

DEFOGRAM:

Administer a cleansing enema at 9:00 pm the night before the exam. Do not eat or drink after midnight. Administer another cleansing enema the morning of the exam.

BARIUM ENEMA WITH AIR CONTRAST:

(Follow Bowel Prep Kit Instructions) *must follow 48 hour prep

BARIUM ENEMA AND/OR SMALL BOWEL SERIES:

(Follow Bowel Prep Kit Instructions) *must follow 24 hour prep

IVP (INTRAVENOUS PYELOGRAM):

(Follow Bowel Prep Kit Instructions) *must follow 24 hour prep

MAMMOGRAM:

No powder or deodorant or cream the day of the exam.

ULTRASOUND - PELVIC OR OBSTETRICALS:

Female patients should drink 32oz. of water. Finish drinking 32 oz. one hour before the examination and should not void. The bladder must be full for the examination.

ULTRASOUND - ABDOMEN: (KIDNEY, LIVER, SPLEEN, AND AORTA)

Do not eat or drink anything after midnight the night before your exam.

ULTRASOUND - GALLBLADDER: (PANCREAS)

The day before the examination: Eat a "fat-free" dinner (lean meat, fresh vegetables, toast or bread with jelly and coffee or tea. No eggs, butter, fried or fatty foods).

The day of the examination: Do not eat or drink anything until after the examination. Diabetic patients and others with special problems should call for instructions.

CT ABDOMEN:

Do not eat or drink anything for four (4) hours prior to your examination. Patients will need to pick up oral contrast. If examination is scheduled

before 2pm, drink contents of oral contrast between 10 - 11pm the evening before the examination. Examinations scheduled after 2pm, drink oral contrast approximately (6 - 8) hours prior to appointment time.

MRI:

Patients who have a PACEMAKER may NOT have an MRI performed. If a patient has metal in their body, or if they are claustrophobic, you must contact the MRI department prior to scheduling the exam.

NUCLEAR MEDICINE -

A. THYROID, Thyrogen, or I-131 Whole Body Scan:

Low iodine diet for three (3) days prior to examination. As follows: No seafood, no extra salt for 5 days. Must be off thyroid medication for six (6) weeks prior to exam.

I. Thyroid uptake & scan: Two trips first day: First trip: 15 minute appointment in am. Second trip: 5 to 7 hours later - 45 minutes in the pm. Possible 2nd day in am - 10 minutes.

B. BONE SCAN: TWO TRIPS:

First - injection in am / approximately 15 min.
Second - approximately three hours later / 1 hour

C. GALLBLADDER - HIDA:

Nothing to eat or drink 6 hours prior to exam.
Total procedure time is 2 hours.

D. GASTRIC EMPTY:

Nothing to eat or drink 6 hours prior to exam.
Total procedure time is 2 ½ hours.

I.V. CONTRAST MATERIALS:

If allergic to iodine notify technologist and physician. If Breastfeeding: We recommend that all nursing mothers who receive Gadolinium administration as part of an MR examination should be advised to pump and discard their breast milk for 24 hours following the Gadolinium administration before resuming breast feeding.

MYELOGRAM:

NPO after midnight. Drink plenty of water 24 hours before exam. Take any current medications. Please call Radiology if you are taking aspirin or any blood thinning medications, for directions.

If, for medical reasons, these instructions are not advisable, please call for alternative preparation.

*These may be obtained at your doctor's office or from Northside Radiology.

FOR DIRECTIONS, CALL (404) 303-3900 (Main Campus Area Only)

- **Main Radiology**
1000 Johnson Ferry NE
Atlanta, GA 30342
Phone: (404) 851-8820
- **Outpatient Radiology**
980 Johnson Ferry NE
Suite 300
Atlanta, GA 30342
Phone: (404) 851-6363
Fax: (404) 303-3403
- **Breast Care Center/
Women's Center**
1000 Johnson Ferry Rd.
Atlanta, GA 30342
Phone: (404) 845-5700
Fax: (404) 845-5732
- **Meridian Mark OP Imaging**
5445 Meridian Mark
Suite 450
Atlanta, GA 30342
Phone: (404) 459-1875
Fax: (404) 459-1880
- **Northside
Johns Creek Imaging**
3890 Johns Creek Pkwy
Suite 100
Suwanee, GA 30024
Phone: (678) 475-6595
Fax: (678) 475-6601

- **Northside
Alpharetta Imaging, Suite 110**
Ph: (770) 667-4089
Fax: (770) 667-4039
- **Women's Imaging, Suite 145**
Ph: (770) 667-4280
Fax: (770) 667-4281
3400-C Old Milton Pkwy.
Alpharetta, GA 30005
- **Northside Forsyth Radiology**
1200 Northside Forsyth Drive
Cumming, GA 30041
Ph: (770) 844-3230
Fax: (770) 844-3395

