

Fax this form and any screening/consent forms to 441-232-0042 or scan and email to: imaging@hmc.bm

Physical Address: 10/12 Burnaby Street, City of Hamilton HM11 Bermuda

Patient Name _____ **DOB (DD/MM/YYYY)** _____ **Date** _____
Cell Phone _____ **Work Phone** _____ **Email** _____
Ordering physician _____ **Copy To:** _____ **Insurance Company** _____
Policy # _____ **Cert #** _____ **Diagnosis & ICD10** _____
History & Symptoms: _____

MRI Date & Value of Last Creatinine (must be within 30 days of scan)

Brain
 Neck
 Chest
 Abdomen
 Pancreas
 Liver
 Prostate
 Pelvis
 IAM's
 IAC's
 TMJ
 Orbits
 Sinuses
 Other _____

MR Spine

Cervical
 Thoracic
 Lumbar

MR Musculoskeletal R L

Shoulder
 Elbow
 Wrist
 Hand
 Finger Digit 1, 2, 3, 4, 5 ?
 Hip
 Knee
 Ankle
 Foot
 Other _____

MR Angiogram

Brain
 Neck
 Thoracic
 Abdomen
 Renal
 Upper Ext. R L
 Lower Ext. w/ Run-off R L
 Other _____

CT Scan Date and value of last Creatinine (must be within 30 days of scan)

Brain
 Orbits
 Sinuses
 Nasal Bones
 Facial Bones
 Soft Tissue Neck
 Chest
 Abdomen
 Pelvis
 Abdo/Pelvis
 Chest/Abdo/Pelvis

CT Spine

Cervical
 Thoracic
 Lumbar
 Sacral
 Other _____

CT Angiography

Head
 Neck
 Chest
 Abdomen
 Aorta (Run -off)
 Upper Extremity R L
 Lower Extremity R L with Run-Off
 Other _____

PROCEDURE INSTRUCTIONS

MRI - Avoid wearing jewelry or hairpins

MRI & CT - All Patients need a current creatine level. Ask your doctor or HMC if you need to fast before your procedure.

Ultrasound - Abdomen - nothing to eat or drink from 8 hours prior. **Obstetric or Pelvic** - Drink 32 ounces of water 1 hour prior and do not empty your bladder.

Mammography - Wear a 2-piece outfit. Do not wear powder, lotion or deodorant near the breast area.

Bone Densitometry - No vitamins or supplement for 24 hours prior

X-Ray

Immigration Chest (PA only)
 Chest AP/PA/Lateral
 Abdomen Supine
 Abdomen Supine & Upright
 Pelvis
 Ribs R L
 Sternum
 Clavicle R L
 Sternoclavicular Joints
 AC Joints

Xray Spine

Cervical
 Thoracic
 Lumbar
 Sacrum/Coccyx

Xray Extremities

Upper Limb R L
 Shoulder
 Scapula
 Humerus
 Elbow
 Forearm
 Wrist
 Hand
 Fingers digit 1 2 3 4 5?

Lower Limb R L

Femur
 Hip
 Knee
 Tibia/Fibula
 Ankle
 Heel
 Foot
 Toe digit 1 2 3 4 5 ?
 Other _____

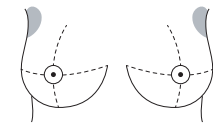
Ultrasound Imaging

Abdomen Complete
 Abdomen Limited
 Aorta
 Thyroid
 Breast R L
 Retroperitoneal (Kidney, Ureter, Bladder)
 Bladder
 Bladder Prostate Transabdominal
 Prostate Transrectal
 Pelvic Transabdominal
 Pelvic Transvaginal
 Groin (hernia?)
 Scrotum
 Soft Tissue _____
 OB Dating
 OB T1, T2, T3
 Other _____

Vascular

Carotid Doppler
 Renal Arterial Doppler
 Aortic Doppler
 Venous Doppler Upper/ Lower/ R L

Mammography



Mammogram Screening 2D/3D
 Mammogram Diagnostic R L 2D/3D

Bone Densitometry

Bone Density (DXA)
 Body Composition Study

Cardiology

ECG
 Exercise ECG
 24 hr Blood Pressure monitor