

The Imaging Center

Phone 901.312.4033 Fax 844.622.3087 www.wolfriverimaging.com

7600 Wolf River Blvd Suite 100, Germantown, TN 38138 TAX ID: 90-1022012 NPI: 1912395708 OCM: TN85D

Please pre-cert (REQUIRES NOTES & INS CARDS) Stat Report-Fax # _____
 Please call patient to schedule appointment Stat Call-Phone # _____

Order Date: _____ Appointment Date: _____

At Wolf River

PATIENT INFORMATION	PROVIDER INFORMATION
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Patient Name: _____ Date of Birth: _____ Phone Numbers: _____ Insurance: _____ Policy Number: _____ DX/ INDICATIONS: _____	Provider Name: _____ Provider Signature: _____ Provider Phone: _____ Provider Fax: _____ Precert Number/Dates: _____
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STOP: If patient has any implanted electronic devices, please instruct them to bring remote & manufacturers card to appointment.

Wide Bore MRI (Weight Limit: 500)	64 Slice CT (Weight Limit: 450)	Ultrasound	X-ray
Contrast at radiologist's discretion <input type="checkbox"/> W/O <input type="checkbox"/> W/ <input type="checkbox"/> W/WO <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BILATERAL	Contrast at radiologist's discretion <input type="checkbox"/> W/O <input type="checkbox"/> W/ <input type="checkbox"/> W/WO <input type="checkbox"/> 3D <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BILATERAL	<i>*Please see back for ultrasound exam prep*</i>	<input type="checkbox"/> W/ Flex/Ext <input type="checkbox"/> Standing <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BILATERAL
<input type="checkbox"/> Abdomen <input type="checkbox"/> Ankle/ Hindfoot <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Brain <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Facial Bones <input type="checkbox"/> Femur <input type="checkbox"/> Fore Foot <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Humerus <input type="checkbox"/> IAC's <input type="checkbox"/> Knee <input type="checkbox"/> MRCP <input type="checkbox"/> MRA Aorta <input type="checkbox"/> MRA Brain <input type="checkbox"/> MRA Carotid <input type="checkbox"/> MRA Renal <input type="checkbox"/> Orbits <input type="checkbox"/> Pelvis <input type="checkbox"/> Pituitary <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> SC Joints <input type="checkbox"/> Shoulder <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Spine (Cervical) <input type="checkbox"/> Spine (Thoracic) <input type="checkbox"/> Spine (Lumbar) <input type="checkbox"/> Tib/Fib <input type="checkbox"/> Wrist	<input type="checkbox"/> Abdomen <input type="checkbox"/> Liver (mass) <input type="checkbox"/> Pancreas (mass) <input type="checkbox"/> Abdomen / Pelvis <input type="checkbox"/> Renal (Stone Protocol) <input type="checkbox"/> Adrenals <input type="checkbox"/> Ankle <input type="checkbox"/> Calcium Scoring <input type="checkbox"/> Chest <input type="checkbox"/> High Res <input type="checkbox"/> Elbow <input type="checkbox"/> Facial Bones <input type="checkbox"/> Femur <input type="checkbox"/> Foot <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Head / Brain <input type="checkbox"/> Hip <input type="checkbox"/> Humerus <input type="checkbox"/> Knee <input type="checkbox"/> Orbits <input type="checkbox"/> Pelvis <input type="checkbox"/> Shoulder <input type="checkbox"/> Sinus <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Spine (Cervical) <input type="checkbox"/> Spine (Thoracic) <input type="checkbox"/> Spine (Lumbar) <input type="checkbox"/> Temporal Bone <input type="checkbox"/> Tib/Fib <input type="checkbox"/> Wrist CT Angiography <input type="checkbox"/> CTA Chest <input type="checkbox"/> CTA Aorta Runoff <input type="checkbox"/> CTA Brain <input type="checkbox"/> CTA Carotids <input type="checkbox"/> CTA Renal <input type="checkbox"/> CTA Abd/ Pelvis <input type="checkbox"/> CTA PE <input type="checkbox"/> CTA Coronary	<input type="checkbox"/> Abdomen <input type="checkbox"/> Aorta <input type="checkbox"/> Bladder w/PVR <input type="checkbox"/> Carotid <input type="checkbox"/> Gallbladder <input type="checkbox"/> Liver <input type="checkbox"/> Liver Doppler <input type="checkbox"/> OB Trimester 1 w/ TV probe <input type="checkbox"/> Pelvis (Male) <input type="checkbox"/> Pelvis (GYN) w/ TV if needed <input type="checkbox"/> Renal <input type="checkbox"/> Renal Artery Doppler <input type="checkbox"/> SMA/Celiac Doppler <input type="checkbox"/> Scrotal / Testicular <input type="checkbox"/> Soft Tissue: _____ <input type="checkbox"/> Thyroid <input type="checkbox"/> Transvaginal Only Arterial Doppler <input type="checkbox"/> ABI <input type="checkbox"/> Lower Extremity (Right) <input type="checkbox"/> Lower Extremity (Left) <input type="checkbox"/> Upper Extremity (Right) <input type="checkbox"/> Upper Extremity (Left) Venous Doppler <input type="checkbox"/> Lower Extremity (Right) <input type="checkbox"/> Lower Extremity (Left) <input type="checkbox"/> Upper Extremity (Right) <input type="checkbox"/> Upper Extremity (Left)	<input type="checkbox"/> Abdomen (KUB) <input type="checkbox"/> Abdomen <input type="checkbox"/> 2V <input type="checkbox"/> 3V <input type="checkbox"/> AC Joints <input type="checkbox"/> Ankle <input type="checkbox"/> Bone Age <input type="checkbox"/> Chest <input type="checkbox"/> PA <input type="checkbox"/> PA / LAT <input type="checkbox"/> Clavicle <input type="checkbox"/> Elbow <input type="checkbox"/> Facial Bones <input type="checkbox"/> Femur <input type="checkbox"/> Foot <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Humerus <input type="checkbox"/> Knee <input type="checkbox"/> Mandible <input type="checkbox"/> Nasal Bones <input type="checkbox"/> Orbits <input type="checkbox"/> Pelvis <input type="checkbox"/> AP <input type="checkbox"/> 2V <input type="checkbox"/> Ribs <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> SC Joints <input type="checkbox"/> Scapula <input type="checkbox"/> Shoulder <input type="checkbox"/> Sinuses <input type="checkbox"/> Skull <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Spine (Cervical) <input type="checkbox"/> Spine (Thoracic) <input type="checkbox"/> Spine (Lumbar) <input type="checkbox"/> Sternum <input type="checkbox"/> Tib/Fib <input type="checkbox"/> Wrist
OTHER/ SPECIAL INSTRUCTIONS		Fluoroscopy	
_____ _____ _____ _____		<input type="checkbox"/> Esophogus <input type="checkbox"/> Small Bowel Follow-Through <input type="checkbox"/> Upper GI <input type="checkbox"/> w/SBFT <input type="checkbox"/> Injection <input type="checkbox"/> Aspiration <input type="checkbox"/> Arthrogram: _____	

****All orders must be received prior to patient's scheduled appointment OR be presented at the time of service.****

The Imaging Center

At Wolf River

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Please notify us 24 hours in advance if you are unable to keep an appointment

MRI

Monday- Friday 6:00am - 7:00 pm
Saturdays by appointment

CT

Monday- Friday 8:00am - 5:00 pm

ULTRASOUND

Monday- Friday 8:00am - 5:00 pm

X-RAY

Monday- Friday 8:00am - 5:00 pm



EXAM PREPARATION Patient should arrive 15 minutes before the set appointment time to register

MRI

- Patients should wear comfortable clothing with no metal.
- Patients with implanted metal may not be able to undergo MRI scanning.
- Patients with pacemakers or other electronic implanted devices will not be able to undergo MRI scanning.

CT SCAN

- CT exams utilizing IV contrast- Patient should have creatinine lab testing performed within the past 30 days; if unavailable, lab values can be obtained the day of exam at The Imaging Center.
- Abdomen & Pelvis exams- Patient should arrive 1 hour prior to scheduled appointment time to drink oral contrast. Patients must have nothing to eat or drink 2 hours prior to their exam.
- CTA Coronary & Calcium Scoring- Patient should have no caffeine or nicotine products 4 hours prior to exam.

ULTRASOUND

- BOTH Abdomen AND Pelvic scan- Patient should drink 32 oz. of water 1 hour prior to exam. Patient should not empty bladder until exam is completed.
- Abdomen, Gallbladder, Liver, Pancreas, Renal Doppler, SMA/Celiac Doppler exams- Patient should have nothing to eat or drink 8 hours prior to exam.
- Pelvic and Bladder w/PVR exams- Patient should drink 32 oz. of water 2 hours prior to exam to fill bladder. Patient should not empty bladder until exam is completed.
- Renal exams- Patient should be well hydrated and drink plenty of water before the exam. Patient may empty bladder prior to the exam.

FLUOROSCOPY

- Arthrogram, Hip injection, and Shoulder injection exams- Patient should stop taking all anticoagulant (blood thinners) medications for the period of time specified in the Imaging Center Anticoagulant Policy. The number of days will be specific to each type of medication. Call our office for specific instructions for prescribed medications.
- Upper GI- Patient should have nothing to eat or drink 8 hours prior to exam.

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