



Cullman Regional Imaging Center
 1958 AL Hwy 157 • Cullman, AL 35058
NPI: 1114919339
 Cullman Scheduling: 256-737-2667
 Cullman Scheduling Fax: 256-585-6319

Hartselle Health Park Imaging Center
 1549 US-31 • Hartselle, AL 35640
NPI: 1710640305
 Hartselle Scheduling: 256-737-2667
 Hartselle Scheduling Fax: 732-440-3912

Pre-Authorization: 256-737-2667 Pre-Authorization Fax: 256-585-6319

Please select a location below

IMAGING PATIENT REFERRAL

Patient name _____ **DOB** _____ Daytime phone _____
 Address _____ SSN _____
 Provider Name _____ Phone _____
 Primary Insurance _____ Phone _____
 Policy _____ Group _____
 Clinical Information _____

X-Ray/Fluoroscopy (Fluoroscopy not available in Hartselle)

Body Part _____
 Rt Lt
 Bilateral Ba Swallow
 Barium Enema Upper GI
 Other: _____ Retrograde Urethrogram (RUG)

Ultrasound

Abdomen Limited - Any Organ or Quadrant _____
 Abdomen Complete
 Aorta
 Thoracentesis
 Paracentesis
 Renal
 Testicular
 Biopsy of: _____
 Aspiration of: _____
 Biophysical Profile
 OB Pelvic (1st Tri)
 OB/Pregnancy (2/3 Tri)
 Additional fetus
 Non-OB Pelvic
 Trans-Vaginal Pelvic
 Drainage of: _____
 Other: _____

MRI

Without Contrast **Radiologist Discretion** **With and Without Contrast**
**If patient has impaired renal function, or over age 60 Creatinine results are required for contrast studies.*
 Creatinine Lab Results included with order (see attached)
 Order Creatinine prior to test
 Please specify _____
 Brain Other _____
 Spine _____ Abdomen _____
 Pelvis _____ Extremities _____
 Joint with Contrast (MRI Arthogram) _____ MRA _____

Special Instructions

STAT/Call Report
 Compare to previous results at _____
 Please send disc with patient
 Send to RADConnect
 Fax Results to _____
 Cullman Regional Obtain Authorization
Include completed pre-authorization form with order
 Authorization Obtained by Office
 Authorization # _____
Include printed Web Authorizations sheet, if available

Nuclear Medicine (Not available in Hartselle)

Bone Scan Whole Body LTD 3 phase
 Body Part: _____
 Thyroid scan Uptake
 Parathyroid
 HiDa _____
 WBC CERETEC
 Gastric Emptying
 Myo Cardiac Perfusion
 Renogram
 VQ Lung Scan
 Testicular Scan
 Other: _____

**If patient has impaired renal function, or over age 60 Creatinine results are required for contrast studies.*

Creatinine Lab Results included with order (see attached) Order Creatinine prior to test

**CTA's are done with contrast unless stated otherwise.*

CT SCAN

Without Contrast
 Head
 Chest High Res Low Dose
 Abdomen
 Pelvis
 Sinus
 Cardiac Calcium Scoring

Preferred method of contrast IV Oral

With and Without Contrast
 Soft tissue neck
 C-spine
 L-spine
 T-spine
 C-spine
 Other: _____
 With Contrast
 Radiologist Discretion
 CTA (body part) _____
 Cardiac CTA (with Calcium Score CT if needed)
 Biopsy of: _____
 Drainage of: _____
 Aspiration of: _____

ICD10 Code _____

Legible Descriptive Diagnosis (required) _____

Provider Signature _____

Date _____

IMAGING PATIENT INFORMATION

SCHEDULING YOUR EXAM

If your physician sends your order to us, someone from our staff will call to schedule your test.

If you haven't heard from us, feel free to give us a call so we can get you on the schedule.

Cullman: 256-737-2667 Hartselle: 256-737-2248

PREPARING FOR YOUR EXAM

Please arrive 30 minutes prior to your scheduled appointment to allow for registration.

Always bring old reports or disc of old images if your prior studies were not done at Cullman Regional.

PLEASE FOLLOW SPECIFIC INSTRUCTIONS BELOW FOR YOUR TEST.

UGI/Small Bowel/Barium Swallow Test

Do not eat or drink anything 6 hours prior to your exam.

Barium Enema

Purchase Magnesium Citrate the day before the exam and follow instructions. Do not eat after midnight the night before your exam.

Ultrasound - Pelvic or Obstetrical

Drink at least 32 oz. of water or juice 1 hour before your exam. No carbonated beverages and your bladder must be full for the exam.

Ultrasound - Abdomen

(Kidney, Liver, Spleen, Aorta)

Do not eat or drink anything after midnight or 6 hours prior to exam.

Ultrasonounds – Gallbladder/Pancreas

Eat a fat free dinner the night before the exam. (Do not eat or drink any dairy products). Do not eat or drink 6 hours prior to exam.

MRI

Patients who have a Pacemaker may not be able to have an MRI performed. If a patient has metal in their body, you must let us know prior to scheduling the exam. All hairpins and jewelry must be removed prior to exam.

CT Abdomen/Pelvis

Please notify the department or your physician if you have known allergies to contrast.

Nuclear Medicine Studies

Call 256-737-2799 for specific instructions.

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