



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

*Please select a location below*

**Hartselle Health Park Imaging Center**  
 1549 US-31 • Hartselle, AL 35640  
**NPI: 1710640305**  
 Hartselle Scheduling: 256-737-2248  
 Hartselle Scheduling Fax: 732-440-3912

Pre-Authorization: 256-737-2175

Pre-Authorization Fax: 256-737-2176

# 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 Any Quadrant \_\_\_\_\_  
 Abdomen Complete  
 Aorta  
 Thoracacentesis  
 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**  
*Please specify*  
 Brain  Abdomen \_\_\_\_\_  
 Spine \_\_\_\_\_  Extremities \_\_\_\_\_  
 Pelvis \_\_\_\_\_  MRA \_\_\_\_\_  
 Other \_\_\_\_\_

## 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

## 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 \_\_\_\_\_  
 Biopsy of: \_\_\_\_\_  
 Drainage of: \_\_\_\_\_  
 Aspiration of: \_\_\_\_\_

**ICD10 Code** \_\_\_\_\_

**Legible Descriptive Diagnosis (required)** \_\_\_\_\_

**Provider Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Appt. Date and Time \_\_\_\_\_

# 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

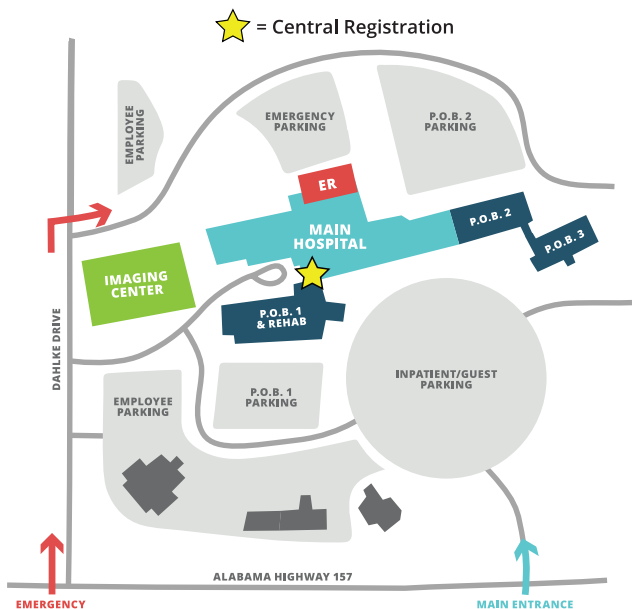
Please notify the department or your physician if you have known allergies to contrast.

#### Nuclear Medicine Studies

Call 256-737-2799 for specific instructions.

### Cullman Regional Imaging Center

256-737-2667



### Hartselle Health Park Imaging Center

256-737-2248

