



Peninsula Imaging L.L.C.

Simmi Chawla, M.D. Peter A. Libby, M.D. Thomas J. Riccio, M.D.
 David Y. Chung, M.D. Michael J. Marks, M.D. Assen Todorov, M.D.
 Robert J. Corcoran, M.D. Marvin E. Nielsen, M.D., F.A.C.R. Mario Todorov, M.D.
 Gerard J. Hogan, M.D. David Nizza, M.D. Andrew D. Vennos, M.D.
 Philip C. Hugo, M.D. William M. Reid, M.D. Alexander J. Zito, M.D.

COPY OF STUDY REQUEST: **YOUR APPOINTMENT IS:**
 CD/DVD
 FILM REQUEST

TOLL FREE: (866) 725-1061 / (410) 749-1123
FAX: (410) 543-1063

NAME:	
D.O.B.:	PHONE:
INDICATIONS:	
PHYSICIAN'S COMMENTS:	
PHYSICIAN'S PRINTED NAME:	
PHYSICIAN'S SIGNATURE:	
C.C. DOCTOR:	

DIAGNOSTIC XRAY

R L R L

SKULL	A.C. JOINTS	HIP	SHOULDER	BONE AGE
SINUSES	STERNUM	FEMUR	CLAVICLE	BONE SURVEY
ORBITS	K.U.B.	KNEE	HUMERUS	R/O FOREIGN BODY (INFANT/CHILD)
FACIAL BONES	PELVIS	LOWER LEG	ELBOW	SHUNT SERIES
NASAL BONES	C-SPINE	ANKLE	FOREARM	SCOLIOSIS SURVEY
MANDIBLE	T-SPINE	FOOT	WRIST	ORBITS (PRE MRI)
TMJS	L-SPINE	HEEL	HAND	OTHER (PLEASE SPECIFY BELOW):
SOFT TISSUE NECK	SACRUM/COCCYX	RIBS (inc PA CXR)	FINGER (SPECIFY)	
CHEST PA & LAT	FLEX/EXT VIEWS	RIBS & PA/LAT/CXR	1 2 3 4 5	

FLUOROSCOPY (Call for appointment)

R L

BARIUM SWALLOW	BARIUM ENEMA	HIP INJECTION	OTHER (PLEASE SPECIFY):	* BUN +Creatinine Required for Patients Over 60 Years of Age.
UPPER G.I.	* IVP (WITHOUT TOMO)	SHOULDER INJECTION		
SMALL BOWEL	ARTHROGRAM			

COMPUTED TOMOGRAPHY (CT) (Call for appointment)

CONTRAST USE

HEAD	T-SPINE	CTA CHEST (PE/TAA)	CTA ABDOMEN PELVIS /AAA	WITHOUT
SINUS	L-SPINE	CTA AORTA/RUNOFF	CTA CHEST & ABD (DISSECTION) WITH CONTRAST	WITH *
FACIAL	ABDOMEN/PELVIS	CTA BRAIN (CIR. OF WILLIS)	VIRTUAL COLONOSCOPY WITHOUT CONTRAST	BOTH *
I.A.C.	PELVIS	CTA CORONARY	FLANK PROTOCOL (STONES)	RAD. DISCRETION
CHEST	ABDOMEN	CTA NECK (CAROTIDS)	CT ENTEROGRAPHY	* BUN +Creatinine Required for Patients Over 40 Years of Age.
C-SPINE	SOFT TISSUE NECK	EXTREMITY/OTHER (SPECIFICITY)		
	3-D RECONSTRUCTIONS			

MAGNETIC RESONANCE IMAGING (MRI) (Call for appointment)

CONTRAST USE

BRAIN	C-SPINE	KIDNEY	MRA HEAD (CIR. OF WILLIS)	3-T MRI	WITHOUT
ORBIT	T-SPINE	ADRENALS	MRA NECK (CAROTIDS)		(Must be scheduled)
FACIAL	L-SPINE	MRCP	MRA CHEST (ARCH/SUBCLAV.)	SPECTROSCOPY	BOTH *
I.A.C.	SOFT TISS. NECK	PELVIS (MALE/FEMALE)	MRA ABD (RENAL/AORTA)	BREAST BILATERAL	RAD DISCRETION
PITUITARY	LIVER		MRA BILAT LOW. EXT. RUNOFF	OTHER (SPECIFY)	* BUN +Creatinine Required for Patients Over 60 Years of Age.
TMJ	PANCREAS	HEART	EXTREMITY (SPECIFY BELOW)		
BRACHIAL PLEXUS				R L	

MAMMOGRAPHY (Call for appointment)

R L R L

BONE DENSITY DEXA

SCREENING MAMMOGRAM	BIOPSY IF NEEDED	LUMP LOCATION/COMMENTS:	BONE DENSITY
DIAGNOSTIC MAMMOGRAM	MRI IF NEEDED		* VERTEBRAL FRACTURE ASSESMENT
ULTRASOUND IF NEEDED	ADDITIONAL VIEWS	SURGEON:	* For Patients over 50

ULTRASOUND (Call for appointment)

PREGNANCY COMP.	PELVIC/TRANSVAGINAL	KIDNEYS/BLADDER	BREAST (SPECIFY)	LOWER EXT. ART (SPECIFY)	SPECIFY:
PREGNANCY F/U	SOFT TISSUE (SPECIFY)	SCROTUM		UPPER EXT. ART (SPECIFY)	
BIOPHYS. PROFILE		CAROTID DOPPLER		LOWER EXT. VEN (SPECIFY)	
THYROID	FOLLICLE STUDY	ABD. COMPLETE	AAA SCREENING	UPPER EXT. VEN (SPECIFY)	

PET/CT (CHECK ABOVE FOR DIAGNOSTIC CT SCAN) (Call for appointment)

BRAIN IMAGING	LUNG CANCER	HEAD/NECK CANCER	OVARIAN CANCER	LUNG NODULE
VIABILITY IMAGING	THYROID CANCER	ESOPHAGEAL CANCER	PANCREATIC CANCER	OTHER (SPECIFY)
BREAST CANCER	MELANOMA	COLORECTAL CANCER	LYMPHOMA	

YOU ARE REQUIRED TO BRING THIS FORM AND YOUR INSURANCE INFORMATION WITH YOU WHEN ARRIVING FOR YOUR TESTING.

IF YOUR INSURANCE REQUIRES COPAY, PLEASE BE PREPARED TO PAY ON THE DAY OF YOUR EXAM.

FOR YOUR CONVENIENCE WE ACCEPT CASH, CHECK AND CREDIT CARD.

FOR THEIR SAFETY, CHILDREN ARE NOT PERMITTED IN THE EXAM ROOMS UNLESS THEY ARE HERE FOR AN EXAM.

THANK YOU FOR CHOOSING PENINSULA IMAGING. (MAP TO OUR FACILITY ON BACK)



1655 Woodbrooke Drive, Suite 101

Salisbury, Maryland 21804

TOLL FREE: (866) 725-1061 / (410) 749-1123

FAX: (410) 543-1063



The Most Advanced Imaging Equipment on Delmarva

EXAM PREPARATIONS:

X-Ray:

Upper GI / Swallow / Small Bowel Series (Barium or Gastroview):

- Nothing to eat or drink 6 hours prior to exam, day of exam, no smoking or gum

Barium Enema:

- Please call our office for complete details

Pediatric UGI:

- Under 6 months, nothing to eat or drink 2 hours prior to exam (Please bring a clean bottle)
- 6 months to 2 years, nothing to eat or drink 4 hours prior to exam (Please bring a clean bottle)
- 3 years and over, nothing to eat or drink 6 hours prior to exam

Pediatric Enema:

- Please call our office for complete details

Ultrasound:

Pelvic / Endovaginal / Obstetrical/ Renal:

- Finish drinking one quart (32oz) liquid 60 minutes prior to exam and do not void. Must have full bladder or your exam may be rescheduled.

Gall Bladder / Pancreas / Abdomen:

- Nothing to eat or drink 6 hours prior to exam

Bone Density:

No calcium/multi-vitamin on day of exam

CT Exams:

Chest / Abdomen / Pelvis:

- Nothing to eat or drink 4 hours prior to exam

Head with and without Contrast/Chest Only/Neck:

- Nothing to eat or drink 4 hours prior to exam

Coronary CTA:

- Pickup prep from our office

Virtual Colonoscopy:

- Pickup prep from our office

MRI Exams:

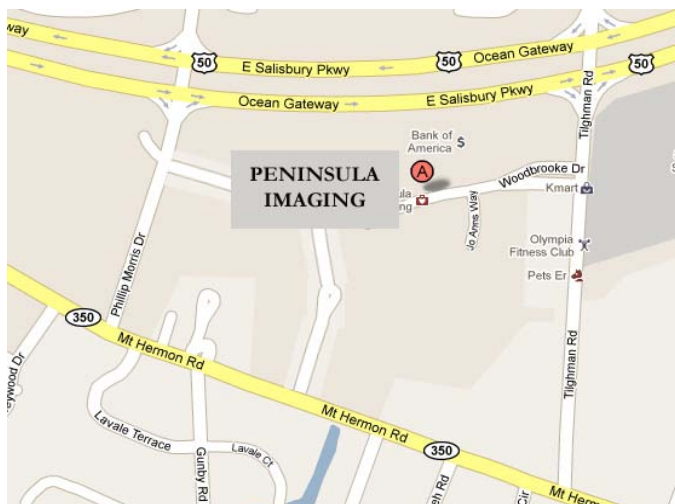
Please do not wear any jewelry as you will have to remove it prior to your MRI. If you are having an imaging exam of your face, please do not wear makeup.

Mammogram:

- Please do not use powder, perfume or deodorant and body sprays on the day of your exam.

PET/CT Exams:

- Nothing to eat or drink 6 hours prior to exam
- Be sure to drink 16oz of water before arriving to your exam
- Hold any oral medications 6 hours prior to your exam however, bring them to your appointment
- Can take pain and anxiety medication



Please visit our website for Google Maps® assistance at:
www.peninsulaimaging.com and click Find Us

We are located in the Woodbrooke Complex just off Route 50, next to Kmart. You may access Woodbrooke from either Tighman Rd or Mt. Hermon Rd or Phillip Morris Dr.