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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

		R		L			
BARIUM SWALLOW		BARIUM ENEMA		HIP INJECTION		OTHER (PLEASE SPECIFY):	
UPPER G.I.		* IVP (WITHOUT TOMO)		SHOULDER INJECTION			
SMALL BOWEL		ARTHROGRAM					

*** BUN +Creatinine Required for Patients Over 60 Years of Age.**

COMPUTED TOMOGRAPHY (CT)

		R		L		CONTRAST USE	
HEAD		L-SPINE		CTA CHEST (PE/TAA)		CTA ABDOMEN PELVIS /AAA	
SINUS		ABDOMEN/PELVIS		CTA AORTA/RUNOFF		CTA CHEST & ABD (DISSECTION) WITH CONTRAST	
FACIAL		PELVIS		CTA BRAIN (CIR. OF WILLIS)		VIRTUAL COLONOSCOPY WITHOUT CONTRAST	
I.A.C.		ABDOMEN		CTA CORONARY		FLANK PROTOCOL (STONES)	
CHEST		SOFT TISSUE NECK		CTA NECK (CAROTIDS)		CT ENTEROGRAPHY	
C-SPINE		UROGRAM		EXTREMITY/OTHER (SPECIFICY)			
T-SPINE		3-D RECONSTRUCTIONS					

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MAGNETIC RESONANCE IMAGING (MRI)

		R		L		CONTRAST USE	
BRAIN		C-SPINE		ABDOMEN		MRA HEAD (CIR. OF WILLIS)	
ORBIT		T-SPINE		ADRENALS		MRA NECK (CAROTIDS)	
FACIAL		L-SPINE		KIDNEYS		MRA CHEST (ARCH/SUBCLAV.)	
I.A.C.		SOFT TISS. NECK		LIVER		MRA ABD (RENAL/AORTA)	
PITUITARY		PELVIS	M	MRCAP		MRA BILAT LOW. EXT. RUNOFF	
TMJ		(MALE/FEMALE)	F	PANCREAS		EXTREMITY (SPECIFY BELOW)	
BRACHIAL PLEXUS		PROSTATE w/3D		HEART			

3-T MRI (Must be scheduled)

WITHOUT
 WITH *
 BOTH *
 RAD DISCRETION

3D MAMMOGRAPHY (Tomosynthesis)

		R		L		BONE DENSITY DEXA	
SCREENING MAMMOGRAM				BIOPSY IF NEEDED		LUMP LOCATION/COMMENTS:	
DIAGNOSTIC MAMMOGRAM				MRI IF NEEDED			
ULTRASOUND IF NEEDED				ADDITIONAL VIEWS		SURGEON:	

BONE DENSITY
 VERTEBRAL FRACTURE ASSESSMENT
 BODY COMPOSTION SCAN

ULTRASOUND

PREGNANCY COMP. (TV if needed)		PELVIC/TRANSVAGINAL		FOLLICLE STUDY		BREAST (SPECIFY)	R	LOWER EXT. ART (SPECIFY)		SPECIFY:
PREGNANCY F/U (TV if needed)		PREGNANCY DATING + VIABILITY (TV if needed)		KIDNEYS/BLADDER		CAROTID DOPPLER	L	UPPER EXT. ART (SPECIFY)		
BIOPHYS. PROFILE		THYROID		ABDOMEN/RETROPERITONEAL		RUQ WITH LIVER		LOWER EXT. VEN (SPECIFY)		
		SOFT TISSUE (SPECIFY)		SCROTUM		FIBROSCAN		UPPER EXT. VEN (SPECIFY)		
								MSK EXT. COMP. (SPECIFY)		

PET/CT (CHECK ABOVE FOR DIAGNOSTIC CT SCAN)

BRAIN IMAGING		LUNG CANCER		HEAD/NECK CANCER		OVARIAN CANCER		XOFIGO (RADIUM 233)	
VIABILITY IMAGING		THYROID CANCER		ESOPHAGEAL CANCER		PANCREATIC CANCER		SODIUM FLUORIDE BONE SCAN	
BREAST CANCER		MELANOMA		COLORECTAL CANCER		LYMPHOMA		LUNG NODULE	
								OTHER (SPECIFY IN CT)	

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

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

CHILDREN ARE NOT PERMITTED IN THE EXAM ROOM. YOUR EXAM MAY BE RESCHEDULED IF BABYSITTING IS REQUIRED.



**1655 Woodbrooke Drive
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 (Call for Fluoroscopy appointment):

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 (Call for appointment):

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 (Call for appointment):

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 (Call for appointment):

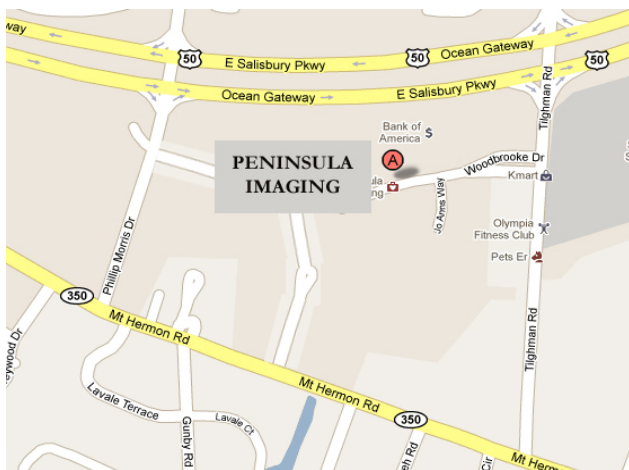
Please do not wear any jewelry as you will have to remove it prior to your MRI. If you are having an imaging exam of your face, please do not wear makeup.

Mammogram (Call for appointment):

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

PET/CT Exams (Call for appointment):

- 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. You may access Woodbrooke from either Tilghman Rd or Mt. Hermon Rd or Phillip Morris Dr.

THANK YOU FOR CHOOSING PENINSULA IMAGING.