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COPY OF STUDY REQUEST: CD/DVD
YOUR APPOINTMENT IS: 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	* BUN +Creatinine Required for Patients Over 60 Years of Age.		
SMALL BOWEL	ARTHROGRAM				

COMPUTED TOMOGRAPHY (CT)

		R		L		CONTRAST USE	
HEAD	L-SPINE	CTA CHEST (PE/TAA)	CTA ABDOMEN PELVIS /AAA			WITHOUT	
SINUS	ABDOMEN/PELVIS	CTA AORTA/RUNOFF	CTA CHEST & ABD (DISSECTION) WITH CONTRAST			WITH *	
FACIAL	PELVIS	CTA BRAIN (CIR. OF WILLIS)	VIRTUAL COLONOSCOPY WITHOUT CONTRAST			BOTH *	
I.A.C.	ABDOMEN	CTA CORONARY	FLANK PROTOCOL (STONES)			RAD. DISCRETION	
CHEST	SOFT TISSUE NECK	CTA NECK (CAROTIDS)	CT ENTEROGRAPHY			* BUN +Creatinine Required for Patients Over 60 Years of Age.	
C-SPINE	UROGRAM	EXTREMITY/OTHER (SPECIFICY)					
T-SPINE	3-D RECONSTRUCTIONS						

MAGNETIC RESONANCE IMAGING (MRI)

		R		L		CONTRAST USE	
BRAIN	C-SPINE	ABDOMEN	MRA HEAD (CIR. OF WILLIS)		3-T MRI (Must be scheduled)		WITHOUT
ORBIT	T-SPINE	ADRENALS	MRA NECK (CAROTIDS)				WITH *
FACIAL	L-SPINE	KIDNEYS	MRA CHEST (ARCH/SUBCLAV.)		SPECTROSCOPY		BOTH *
I.A.C.	SOFT TISS. NECK	LIVER	MRA ABD (RENAL/AORTA)		BREAST BILATERAL		RAD DISCRETION
PITUITARY	PELVIS	MRCP	MRA BILAT LOW. EXT. RUNOFF		OTHER (SPECIFY)		
TMJ	(MALE/FEMALE)	PANCREAS	EXTREMITY (SPECIFY BELOW)				
BRACHIAL PLEXUS	PROSTATE w/3D	HEART					

3D MAMMOGRAPHY (Tomosynthesis)

		R		L		BONE DENSITY DEXA	
SCREENING MAMMOGRAM	BIOPSY IF NEEDED	LUMP LOCATION/COMMENTS:			BONE DENSITY		
DIAGNOSTIC MAMMOGRAM	MRI IF NEEDED				VERTEBRAL FRACTURE ASSESSMENT		
ULTRASOUND IF NEEDED	ADDITIONAL VIEWS	SURGEON:			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 COMP	RUQ WITH LIVER FIBROSCAN		LOWER EXT. VEN (SPECIFY)	
	SOFT TISSUE (SPECIFY)	ABD LTD (SPECIFY)			UPPER EXT. VEN (SPECIFY)	RENAL ARTERY DUPLEX
		SCROTUM			MSK EXT. COMP. (SPECIFY)	

PET/CT (CHECK ABOVE FOR DIAGNOSTIC CT SCAN)

BRAIN IMAGING	LUNG CANCER	HEAD/NECK CANCER	OVARIAN CANCER	PROSTATE (PYLARIFY-F18)
VIABILITY IMAGING	THYROID CANCER	ESOPHAGEAL CANCER	PANCREATIC CANCER	LUNG NODULE
BREAST CANCER	MELANOMA	COLORECTAL CANCER	LYMPHOMA	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):

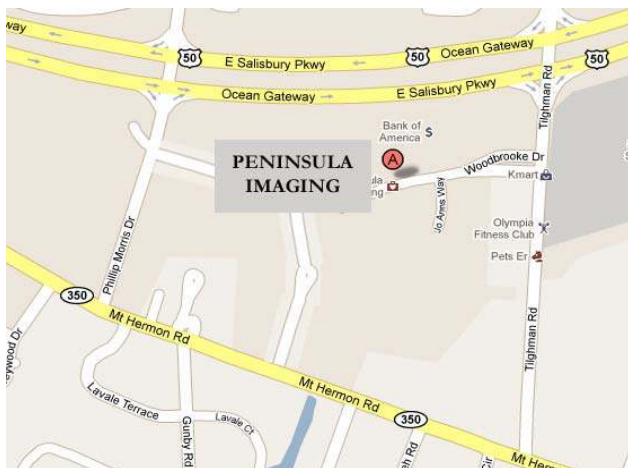
Please do not wear any jewelry as you will have to remove it prior to your MRI. If you are having an imaging exam of your face, please do not wear makeup.

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.