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COPY OF STUDY REQUEST:  
CD/DVD

YOUR APPOINTMENT IS:

**PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR EXAM TIME. BRING A PHOTO ID, INSURANCE CARD, & ORDER FROM YOUR PROVIDER.**

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

**DIAGNOSTIC XRAY (NO APPOINTMENT NECESSARY)**

|                  |  | 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 (PRE MRI)                 |
| SOFT TISSUE NECK |  | SACRUM/COCCYX  |  | RIBS (inc PA CXR) |  | FINGER (SPECIFY) |  |   | OTHER (PLEASE SPECIFY BELOW):   |
| CHEST PA & LAT   |  | FLEX/EXT VIEWS |  | RIBS & PA/LAT/CXR |  | 1 2 3 4 5        |  |   |                                 |

**FLUOROSCOPY**

|                |  | R            |  | L                  |  |
|----------------|--|--------------|--|--------------------|--|
| BARIUM SWALLOW |  | BARIUM ENEMA |  | HIP INJECTION      |  |
| UPPER G.I.     |  | ARTHROGRAM   |  | SHOULDER INJECTION |  |
| SMALL BOWEL    |  |              |  | FOOT INJECTION     |  |
|                |  |              |  |                    | OTHER (PLEASE SPECIFY):  |
|                |  |              |  |                    | <b>* BUN +Creatinine Required for Patients Over 60 Years of Age.</b> |

**COMPUTED TOMOGRAPHY (CT)**

|         |  |                    |  |                              |  | CONTRAST USE                     |  |
|---------|--|--------------------|--|------------------------------|--|----------------------------------|--|
| HEAD    |  | L-SPINE            |  | CTA CHEST (PE/TAA)           |  | CTA BRAIN (COW)                  | WITHOUT  |
| SINUS   |  | ABDOMEN/PELVIS     |  | CTA AORTA/RUNOFF             |  | CT PANCREATIC MASS               | WITH *   |
| FACIAL  |  | PELVIS             |  | CTA CHEST & ABD (DISSECTION) |  | VIRTUAL COLONOSCOPY W/O CONTRAST | BOTH *   |
| I.A.C.  |  | ABDOMEN            |  | CTA ABDOMEN PELVIS / AAA     |  | FLANK PROTOCOL (STONES)          | RAD. DISCRETION  |
| CHEST   |  | SOFT TISSUE NECK   |  | CTA NECK (CAROTIDS)          |  | CT ENTEROGRAPHY                  | <b>* BUN +Creatinine Required for Patients Over 60 Years of Age.</b> |
| C-SPINE |  | UROGRAM            |  | CTA CORONARY                 |  | EXTREMITY / OTHER (SPECIFY)      |  |
| T-SPINE |  | 3D RECONSTRUCTIONS |  | CALCIUM SCORE (NO CONTRAST)  |  |                                  |  |

**MAGNETIC RESONANCE IMAGING (MRI)**

|                 |  |                 |   |          |  | CONTRAST USE               |                                 |
|-----------------|--|-----------------|---|----------|--|----------------------------|---------------------------------|
| BRAIN           |  | C-SPINE         |   | ABDOMEN  |  | MRA HEAD (CIR. OF WILLIS)  | WITHOUT                         |
| ORBIT           |  | T-SPINE         |   | ADRENALS |  | MRA NECK (CAROTIDS)        | (Must be scheduled) 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          | M | MRCP     |  | MRA BILAT LOW. EXT. RUNOFF | OTHER (SPECIFY)                 |
| TMJ             |  | (MALE/FEMALE)   | F | 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 |
| WITH ULTRASOUND IF NEEDED |  |   |  | ADDITIONAL VIEWS |  | SURGEON:                |                               |

**ULTRASOUND**

| PREGNANCY COMP<br>(TV if needed) |  | PELVIC/TRANSVAGINAL      |  | THYROID           |  | BREAST/AXILLA<br>(SPECIFY) | R L                                |
|----------------------------------|--|--------------------------|--|-------------------|--|----------------------------|------------------------------------|
|                                  |  | PELVIS LIMITED<br>(MALE) |  | KIDNEY/BLADDER    |  |                            |                                    |
| PREGNANCY LTD.<br>(TV if needed) |  | FOLLICLE STUDY           |  | ABDOMEN COMP      |  | SCROTUM                    |                                    |
| BIOPHYS. PROFILE                 |  | SOFT TISSUE (SPECIFY)    |  | ABD LTD (SPECIFY) |  | RUQ W/ LIVER               |                                    |
|                                  |  |                          |  | CAROTID DOPPLER   |  | FIBROSCAN                  |                                    |
|                                  |  |                          |  |                   |  | LOWER EXT ART (SPECIFY)    | SPECIFY:<br>RENAL ARTERY<br>DUPLEX |
|                                  |  |                          |  |                   |  | UPPER EXT ART (SPECIFY)    |                                    |
|                                  |  |                          |  |                   |  | LOWER EXT VEN (SPECIFY)    |                                    |
|                                  |  |                          |  |                   |  | 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    |  | PROSTATE (PYLARIFY-F18)       |  |
| VIABILITY IMAGING |  | LUNG NODULE |  | ESOPHAGEAL CANCER |  | PANCREATIC CANCER |  | NEUROENDOCRINE CU-64 DOTATATE |  |
| BREAST CANCER     |  | MELANOMA    |  | COLORECTAL CANCER |  | LYMPHOMA          |  | OTHER (SPECIFY IN CT)         |  |

THIS ORDER MAY BE MODIFIED ACCORDING TO DEPARTMENT WRITTEN PROTOCOL INCLUDING THE ADMINISTRATION OF CONTRAST.

[www.peninsulaimaging.com](http://www.peninsulaimaging.com)



**1655 Woodbrooke Drive  
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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

**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 / Renal Artery / Fibroscan

- Nothing to eat or drink 6 hours prior to exam

**Bone Density:**

No calcium/multi-vitamin on day of exam

**Mammogram (Call for appointment):**

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

**CT Exams (Call for appointment):**

CT/CTA exams With Contrast Injections:

Abdomen / Pelvis / Enterography / CTA Coronary:

- Nothing to eat or drink 4 hours prior, except water
- Please arrive one hour prior to the appointment to drink oral contrast

CTA Coronary

- Please arrive one hour prior to the appointment
- Nothing to eat or drink 4 hours prior, except water

Virtual Colonoscopy:

- Pickup prep from our office

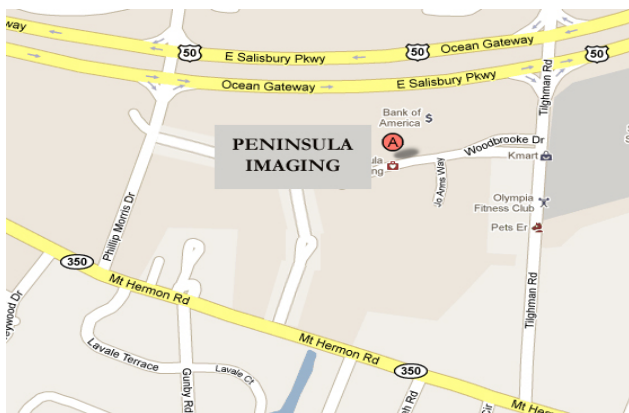
**MRI Exams (Call for appointment):**

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.

**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

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



Please visit our website for Google Maps® assistance at: [www.peninsulaimaging.com](http://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.**