



## CT/MR Referral Form

### Outpatient Imaging Services

Schedule Plus: (864) 560-7777 Fax: (864) 560-6613

**Information for patient:** Please report to Regional Outpatient Center 30 minutes prior to your appointment time for registration.

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
**Referring Physician (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Physician Signature:** \_\_\_\_\_  
**Physician Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
 \_\_\_\_\_

Clinical History and Diagnosis Code(s): \_\_\_\_\_

**CT**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Brain with contrast                    | <input type="checkbox"/> Brain without contrast                    | <input type="checkbox"/> Brain with and without contrast                 |
| <input type="checkbox"/> Abdomen with contrast                  | <input type="checkbox"/> Abdomen without contrast                  | <input type="checkbox"/> Abdomen with and without contrast               |
| <input type="checkbox"/> Pelvis with contrast                   | <input type="checkbox"/> Pelvis without contrast                   | <input type="checkbox"/> Pelvis with and without contrast                |
| <input type="checkbox"/> Lung with contrast                     | <input type="checkbox"/> Lung without contrast                     | <input type="checkbox"/> Lung with and without contrast                  |
| <input type="checkbox"/> Spine with contrast<br>(specify level) | <input type="checkbox"/> Spine without contrast<br>(specify level) | <input type="checkbox"/> Spine with and without contrast (specify level) |
|   |  | <input type="checkbox"/> Other: _____                                    |

**MR**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> MRI head with contrast                            | <input type="checkbox"/> MRI head without contrast                                     | <input type="checkbox"/> MRI head with and without contrast |
| <input type="checkbox"/> MRI chest without contrast                        | <input type="checkbox"/> MRI chest with and without contrast                           |   |
| <input type="checkbox"/> MRA head with contrast                            | <input type="checkbox"/> MRA head without contrast                                     |   |
| <input type="checkbox"/> MRA abdomen with contrast                         | <input type="checkbox"/> MRA abdomen with and without contrast                         |   |
| <input type="checkbox"/> MRI abdomen without contrast                      | <input type="checkbox"/> MRI abdomen with and without contrast                         |   |
| <input type="checkbox"/> MRA carotids with contrast                        | <input type="checkbox"/> MRA carotids with and without contrast                        |   |
| <input type="checkbox"/> MRI spine without contrast (specify level)        | <input type="checkbox"/> MRI spine with and without contrast (specify level)           |   |
| <input type="checkbox"/> MRI upper extremity with contrast (left or right) | <input type="checkbox"/> MRI upper extremity with and without contrast (left or right) |   |
| <input type="checkbox"/> MRI lower extremity with contrast (left or right) | <input type="checkbox"/> MRI lower extremity with and without contrast (left or right) |   |
| <input type="checkbox"/> Other: _____                                      | <input type="checkbox"/> Other: _____  |   |

Please specify if patient requires sedation prior to MR:  Yes  No

**Patient Instructions to Prepare for Procedure**

If you are pregnant or think you might be, notify your physician prior to your scheduled appointment date.

Please follow directions as checked below:

**CT Abdomen/Pelvis with contrast:** Clear liquids four (4) hours prior to exam. Obtain CT oral contrast from physician office or Outpatient Registration. Begin drinking ½ of contrast one (1) hour prior to your exam. Drink another ½ thirty (30) minutes prior to your exam.

**MR:** No preparation needed. Wear comfortable clothing.

**Please fax this form to (864) 560-6613. Patient MUST bring a copy to their scheduled appointment.**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

This is a guide to assist with the ordering process. The ordering physician should specify if contrast is/is not indicated for these procedures based on each patient's history.

Patients with Diabetes, renal insufficiency, cancer and patients over 50 years old must have a recent Creatinine and BUN prior to contrast administration.

Please indicate previous contrast reactions and specify the extent of the reaction. (Hives, swelling, etc.) The type of reaction will determine if pre-medication is required or an alternate procedure should be performed.

<b>CT Procedures with Contrast</b>	<b>MR Procedures with Contrast</b>
CT Abdomen and Pelvis with contrast: Abscess, Diverticulitis, Mass, Cancer, Metastatic disease, Appendicitis, Aneurysm, Abdominal pain from unknown source, Mass, kidney mass or cyst, adrenal gland	MRA Chest with contrast: Visualization of thoracic aorta, aortic arch, aortic dissection
CTA Abdomen and Pelvis: Endograph protocol	MRA Carotids with and without contrast: visualization of Carotid Arteries
CT Brain with contrast: Metastatic disease, Abscess, aneurysm, seizures	MRA Abdomen with and without contrast: Visualization for Renal Arteries, Abdominal Aorta
CT Neck with contrast: swelling or mass	MRI Abdomen with and without contrast: Evaluation of renal transplant, Liver Disease and other abdominal diseases
CT Lung with contrast: mass, pneumonia, chest pain, abnormal chest x-ray, aneurysm, pneumothorax, Pulmonary Embolism	MRA Lower Extremity with and without: Visualization of peripheral arteries
CT Extremity with contrast: Abscess or mass	MRA Carotids with and without or MRA Chest: Visualization of sub-clavian arteries
	MRI Breast: breast
	MRI Spine (specify level of spine) with and without contrast: Questionable spinal disease, Metastases or tumors
	MRI (specify body part) with and without contrast: Tumor Detection
	MRI Musculoskeletal-(specify body part) with and without contrast: questionable infections or mass
	MRI Chest with and without contrast: Visualization of brachial plexus
	MRI Neck with and without contrast: Soft Tissue Neck for Mass
	MRI Brain with and without: Head for metastases, seizures, tumor, stroke, Multiple Sclerosis, Bells Palsy, facial nerve palsey, visualization of orbits, visualization of Internal Auditory Canal
<b>CT Procedures without Contrast</b>	<b>MR Procedures without Contrast</b>
CT Abdomen and Pelvis without contrast: Renal Stone, ureteral stone	MRI Abdomen without contrast: MRCP
CT Brain without contrast: Bleed, CVA, head Injury, hydrocephalus, dementia, shunt failure, headaches	MRI Spine (specify level) without contrast: Evaluation for HNP, no previous spine surgery
CT Facial Bones/Sinuses/Orbits without contrast: Fracture	MRI Musculoskeletal-(specify body part) without contrast: questionable fracture
CT Coronal Sinuses: sinusitis	MRA Head to evaluate Circle of Willis
CT Spine without contrast: Fracture, metastatic disease, bone or disc disease, HNP	
CT Lung without contrast: High resolution CT for asbestosis or pulmonary fibrosis, follow up lung nodule, interstitial disease	
CT Extremity without contrast: Fracture	



**DIRECTIONS TO SPARTANBURG REGIONAL MEDICAL CENTER**

On Business 85, take exit 5A(I-585/Pine Street) toward downtown Spartanburg. Go 1.5 miles, take exit 25B (Hwy.221/Church Street) and turn right at bottom of exit ramp. At the first traffic light, merge left onto North Church Street. At the third traffic light, turn left onto Catawba Street. The Regional Outpatient Center is located on the left side of Catawba Street and parking is located on the right. For handicap parking, please see parking attendant in front of the Regional Outpatient Center.

Patient Label