



SPARTANBURG
Regional Healthcare System

SRMC SHRC VH

Regional Outpatient Services at North Grove
Regional Scheduling: (864) 560-7777 Fax: (864) 560-6613
Registration: (864) 560-9000

Patient Name: _____ Date: _____
Date of Birth: _____ Phone Number: _____
Address: _____
City/State/Zip: _____
Referring Physician(print) _____

Diagnostic Radiology

Chest PA& Lateral Abdomen Flat Spine: Cervical Dorsal Lumbar
 Shoulder _____ Knee _____ Hip _____ Skull
 Other: _____ Diagnosis code(s): _____

Nuclear Medicine

Bone Scan Lung (VQ) Renal HIDA Liver/Spleen
 Other _____ Diagnosis code(s): _____

CT

Head Lung Abdomen Pelvis Neck
Spine: Neck/Cervical Dorsal/Thoracic Lumbar
Other: _____ Diagnosis
code(s): _____

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

BUN results _____ Creatinine results _____ Date labs were performed: _____

LABS for CT

BUN/Creatinine to be performed prior to CT scan

MRI

MRI Head MRI Abdomen MRA Head
MRI Spine: specify level(s) Neck/Cervical Dorsal/Thoracic Lumbar
 Other: _____ Diagnosis code(s) _____

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

BUN results _____ Creatinine results _____ Date labs were performed: _____

LABS for MR

BUN/Creatinine to be performed prior to MR scan

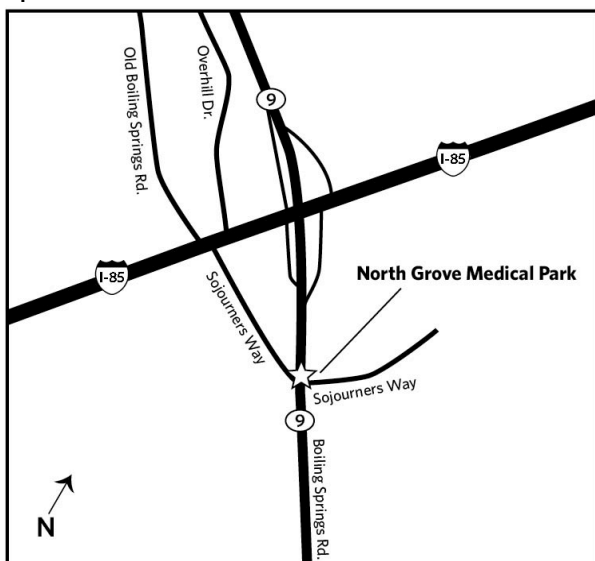
Physician Signature: _____ Date: _____

Patient Label

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 history of contrast allergies and/or require sedation cannot be performed at North Grove.

CT Procedures with Contrast	MR Procedures with Contrast
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 Carotids with and without contrast: visualization of Carotid Arteries
	MRA Abdomen with and without contrast: Visualization for Renal Arteries
CT Brain with contrast: Metastatic disease, Abscess, aneurysm, seizures	MRI Abdomen with and without contrast: Evaluation of renal transplant, liver disease and other abdominal diseases. Patient should be NPO 6 hours prior to exam.
CT Neck with contrast: swelling or mass	MRA Lower Extremity with and without: Visualization of peripheral arteries
CT Lung with contrast: mass, pneumonia, chest pain, abnormal chest x-ray, aneurysm, pneumothorax, Pulmonary Embolism	MRI Spine (specify level of spine) with and without contrast: Questionable spinal disease, Metastases or tumors
CT Extremity with contrast: Abscess or mass	MRI (specify body part) with and without contrast: Tumor Detection
	MRI Musculoskeletal-(specify body part) with and without contrast: questionable infections or mass
CT Procedures without Contrast	MR Procedures without Contrast
CT Abdomen and Pelvis without contrast: Renal Stone, ureteral stone	MRI Chest with and without contrast: Visualization of brachial plexus
CT Brain without contrast: Bleed, CVA, head Injury, hydrocephalus, dementia, shunt failure, headaches	MRI Neck with and without contrast: Soft Tissue Neck for Mass
CT Facial Bones/Sinuses/Orbits without contrast: Fracture	MRI Brain with and without: Head for metastases, seizures, tumor, stroke, Multiple Sclerosis, Bells Palsy, facial nerve palsy, visualization of orbits, visualization of Internal Auditory Canal
CT Coronal Sinuses: sinusitis	MR Procedures without Contrast
CT Spine without contrast: Fracture, metastatic disease, bone or disc disease, HNP	MRI Abdomen without contrast: MRCP Patient should be NPO 6 hours prior to procedure
CT Lung without contrast: High resolution CT for asbestosis or pulmonary fibrosis, follow-up lung nodule, interstitial disease	MRI Spine (specify level) without contrast: Evaluation for HNP, no previous spine surgery or cancer
CT Extremity without contrast: Fracture	MRI Musculoskeletal-(specify body part) without contrast: questionable fracture
	MRA Head to evaluate Circle of Willis

Map



Patient Label