LOURDES IMAGING NETWORK

GREEN PAPER

☐ **ST. MARY'S IMAGING CENTER**

411 St. Landry Street • Lafayette, LA • *(next to Our Lady of Lourdes)*
Fax 337-289-2782 • Phone 337-289-2024

MR-High Field (including Breast), CT,
Nuclear Medicine, Ultrasound, X-ray, Fluoroscopy

Patient Name ______________________ *Appt. Date:* ______________ *Time:* ________ ☐ *AM* ☐ *PM*

Ordering Physician ______________________ Diagnosis ______________________

Allergic to Iodine? ☐ YES ☐ NO Prior Exams done? ☐ YES ☐ NO Where? ______________________

Diabetic? ☐ YES ☐ NO *If Yes, need BUN/Creatinine results faxed over with orders* ______________________

*If your patient has had surgery on the area being scanned or a history of cancer, please notify us.

NOTE: PATIENTS' PREVIOUS TEST FILMS ARE NECESSARY FOR COMPARISON TO GET THE MOST ACCURATE RESULTS.

Comments ______________________

MRI

MRI				w/o	with
☐ Brachial Plexus	☐ RT	☐ LT		☐	☐
☐ MR Arthrogram (specify)__________					
☐ Abdomen				☐	☐
☐ Brain				☐	☐
☐ Breast				☐	☐
☐ Cervical				☐	☐
☐ Chest				☐	☐
☐ Cholangiogram (MRCP)				☐	☐
☐ Female Pelvis				☐	☐
☐ Hip/Hips	☐ RT	☐ LT		☐	☐
☐ IAC's				☐	☐
☐ Knee	☐ RT	☐ LT		☐	☐
☐ Lumbar				☐	☐
☐ Orbit				☐	☐
☐ Pelvis				☐	☐
☐ Shoulder	☐ RT	☐ LT		☐	☐
☐ Soft Tissue Neck				☐	☐
☐ Thoracic Spine				☐	☐
☐ Pituitary/Sella				☐	☐
☐ Upper Ext	☐ RT	☐ LT	☐ Bilat	☐	☐
Specify location__________					
☐ Lower Ext	☐ RT	☐ LT	☐ Bilat	☐	☐
Specify location__________					
☐ Other: __________					

MRA

MRA	w/o	with
☐ Abdomen	☐	☐
☐ Brain	☐	☐
☐ Chest	☐	☐
☐ Neck	☐	☐
☐ Renals	☐	☐
☐ MRV Brain (Venous Flow)	☐	☐

ULTRASOUND

- ☐ Abdomen-Complete
- ☐ Arterial Lower Ext ☐ RT ☐ LT ☐ Bilat
- ☐ Arterial Upper Ext ☐ RT ☐ LT ☐ Bilat
- ☐ Carotid
- ☐ Extremity ☐ RT ☐ LT ☐ Bilat
- ☐ Gallbladder
- ☐ Groin
- ☐ Hysterosonogram
- ☐ Kidneys
- ☐ Liver
- ☐ Neck
- ☐ OB Complete
- ☐ Pelvis (also with Endovaginal if needed)
- ☐ Renal Doppler
- ☐ Testes/Scrotum
- ☐ Thyroid/Parathyroid
- ☐ Venous Lower Ext ☐ RT ☐ LT ☐ Bilat
- ☐ Venous Upper Ext ☐ RT ☐ LT ☐ Bilat
- ☐ Other:__________

NUC MED

- ☐ Bone Scan
- ☐ Bone/3 Phase
  Specific location__________
- ☐ Brain/Spect
- ☐ Brain with flow
- ☐ Gastric Emptying
  ☐ Solids ☐ Liquids ☐ Both
- ☐ GI Bleed (RBC)
- ☐ Hida
- ☐ Hida E/F
- ☐ Liver/Spleen
- ☐ Meckels
- ☐ Muga
- ☐ Octreoscan
- ☐ Parathyroid
- ☐ Renal ☐ Quantitative ☐ Vasotec
  ☐ w/Lasix ☐ Renal GFR
- ☐ SPECT
  Specific Location__________
- ☐ Tagged RBC Liver
- ☐ Tagged WBC
  ☐ Ceretec ☐ IN III ☐ GA-67
- ☐ Thyroid-TCO4+
- ☐ Thyroid-I-123-Uptake
- ☐ Whole Body Thyroid
- ☐ Other: __________
- ☐ Other: __________

FLUOROSCOPY

- ☐ BE
- ☐ BE w/Air
- ☐ Esophogram
- ☐ Esophogram w/13mm tablet
- ☐ SBS
- ☐ UGI
- ☐ IVP
- ☐ Arthrogram
  Specific Location__________
- ☐ Other: __________
- ☐ Other: __________

CT

CT			w/o	with
☐ Abdomen			☐	☐
☐ Cervical Spine			☐	☐
☐ Chest			☐	☐
☐ Extremity Lower	☐ RT	☐ LT	☐	☐
Specify Location__________				
☐ Extremity Upper	☐ RT	☐ LT	☐	☐
Specify Location__________				
☐ Head/Brain			☐	☐
☐ Lumbar Spine			☐	☐
☐ Pelvis			☐	☐
☐ Sinus			☐	☐
☐ Soft Tissue Neck			☐	☐
☐ Temporal Bones			☐	☐
☐ Thoracic Spine			☐	☐
☐ Hips			☐	☐
☐ Abdomen/Pelvis *Renal Stone Survey*			☐	☐
☐ Other: __________				

CTA

- ☐ Abdomen
- ☐ AA/Runoff
- ☐ Carotids
- ☐ Head/COW
- ☐ Renals
- ☐ Chest
- ☐ Other: __________

DIAGNOSTIC RADIOLOGY (X-RAYS)

- ☐ Abdomen Flat & Upright
- ☐ Abdomen KUB
- ☐ Acromioclavicular Joint
- ☐ Ankle
- ☐ Bone Age
- ☐ Bone Length Study
- ☐ Calcaneus
- ☐ Cephalogram
- ☐ CXR ☐ PA
  ☐ PA/LAT
  ☐ APICAL LORDOTIC
- ☐ Clavicle
- ☐ Elbow
- ☐ Facial Bones
- ☐ Femur
- ☐ Finger
  Specify__________
- ☐ Foot
- ☐ Forearm
- ☐ Hand
- ☐ Hip
- ☐ Humerus
- ☐ Knee
- ☐ Knee-Standing
- ☐ Mandible
- ☐ Metastatic Series
- ☐ Nasal Bones
- ☐ Orbits
- ☐ Pelvis
- ☐ Ribs
- ☐ Sacroiliac JTs
- ☐ Sacrum/Coccyx
- ☐ Scapula
- ☐ Sinus
- ☐ Shoulder
- ☐ Skull
- ☐ Soft Tissue Neck
- ☐ Spine: Cervical
  ☐ 3V ☐ 5V ☐ 7V
  ☐ w/Flex/Ext
- ☐ Spine: Lumbar
  ☐ 3V ☐ 5V ☐ 7V
  ☐ w/Flex/Ext
- ☐ Spine: Thoracic
- ☐ Spine: Scoliosis
- ☐ Sterenoclavicular Joints
- ☐ Sternum
- ☐ Tibia & Fibula ☐ RT ☐ LT
- ☐ Toe ☐ RT ☐ LT
  Specify __________
- ☐ Wrist ☐ RT ☐ LT
- ☐ Other: __________

LOURDES IMAGING NETWORK

Healthcare to the HIGHEST Power.℠

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St. Landry St.

Our Lady of Lourdes Regional Medical Center

Hospital Parking Tower

St. Mary's Imaging Center

St. Mary Blvd.

St. Mary Medical Building

Free Valet Parking

Handicap Parking

St. Francis Parking Tower

St. Francis Medical Building

St. Mary's Imaging Center
411 St. Landry Street
Lafayette, LA 70506
Phone (337) 289-2024
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Dunreath

Cherry St.

Burger King

Taco Bell

Johnston St.

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