



1200 J.D. ANDERSON DR.  
MORGANTOWN, WV 26505

CENTRAL SCHEDULING (304) 285-2250  
MHMC FAX (304) 598-1677

**YOU MUST PRESENT THIS ORDER  
AT THE TIME OF YOUR APPOINTMENT  
SEE EXAM PREPARATIONS ON  
REVERSE SIDE**



**IMAGING SERVICES  
PHYSICIAN ORDER FORM**

**DATE AND TIME OF APPOINTMENT** \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_ PHONE # \_\_\_\_\_  
 REQUESTED EXAM (Be Specific) \_\_\_\_\_  
 \* (Please see appropriate exam prep on reverse side and check for patient instruction)  
 DIAGNOSIS/SYMPTOMS \_\_\_\_\_ ICD10 code: \_\_\_\_\_  
 Perform Creatinine, if necessary. (For all IV contrast exams (CT, MRI, IVP, etc.)  
 Access/De-access Power Port, using saline flush and heparin flush, as per policy.  
 Please perform US Breast/Elastography, if necessary.  
 Please perform both Transvaginal and Transabdominal US Pelvis scanning, if necessary.  
 Please perform pre-screening MRI exams, if necessary (based on patient screening)  
 \*\*For all invasive biopsy or drainage procedures, please submit the invasive procedure order form  
 CREATININE \_\_\_\_\_ (IF REQUIRED) INSURANCE \_\_\_\_\_  
 PRE-AUTHORIZATION # \_\_\_\_\_ CPT AUTH'D \_\_\_\_\_  
 CLINICAL DECISION SUPPORT # \_\_\_\_\_ SCORE \_\_\_\_\_  
 PRIMARY CARE PHYSICIAN \_\_\_\_\_  
 ORDERING PHYSICIAN SIGNATURE \_\_\_\_\_ MD/DO

**CARDIO-PULMONARY/NEUROLOGICAL (MGH ONLY)**

	<b>PULMONARY LAB</b>		<b>CARDIAC ECHO/CARDIAC STRESS LAB</b>
	PFT (INCLUDES SPIROMETRY AND MVV)		2-D ECHO
	LUNG VOLUMES		STRESS ECHO
	DIFFUSING CAPACITY (DLCO)		TRANSESOPHAGEAL ECHO
	FULL PFT (INCLUDES ALL OF ABOVE)		CARDIOLITE STRESS TEST (Patient walks on treadmill)
	SPIROMETRY (WITH OR WITHOUT)		REGULAR STRESS
	MAXIMUM VOLUME VENTILATION (MVV)		CHEMICAL CARDIOLITE STRESS (Patient Non-walking)
	MAXIMUM RESPIRATORY PRESS.		THALLIUM STRESS
	EXERCISE I (SIMPLE)		HOLTER MONITOR (24 HR)
	EXERCISE II (INCLUDES METABOLIC CART)		EVENT MONITOR
	INDIRECT CALORIMETRY		TILT TABLE
	ABG (ARTERIAL BLOOD GAS)		<b>NEUROLOGICAL</b>
	ABG (WITH EXERCISE)		EEG - AWAKE <input type="checkbox"/> EEG - ASLEEP

**SOME INSURANCES REQUIRE PRE-AUTHORIZATION OR  
PRE-CERTIFICATION, PLEASE CHECK WITH PATIENT'S  
INSURANCE PRIOR TO SCHEDULING APPOINTMENT**

Patient Label Area

# PREPARATION FOR EXAM

## PREPS

- MRI: NO PREP; WEAR LIGHT LOOSE COMFORTABLE CLOTHING, PREFERABLY JOGGING SUITS TO AVOID METAL BUTTONS, ZIPPER, AND BUCKLES. PATIENT MUST BE ABLE TO LIE STILL 30-45 MINUTES FOR EXAM. SOME INSURANCES REQUIRE PREAUTHORIZATION BEFORE HAVING AN MRI. PLEASE CHECK WITH YOUR INSURANCE COMPANY. IF YOU HAVE INTRA OCULAR IMPLANTS OR COCHLEAR IMPLANTS, YOU MAY NOT HAVE AN MRI DONE. IF YOU HAVE A PACEMAKER, DEFIBRILLATOR, ANEURYSM CLIPS, OR ANY SURGICAL CLIPS, PLEASE CHECK WITH YOUR PHYSICIAN TO SEE IF IT IS OKAY TO HAVE AN MRI PERFORMED. PLEASE LISTEN CAREFULLY WHEN ASKED THE SCREENING/SAFETY QUESTIONS. CALL 304-598-1280 IF QUESTIONS.
  - CT SCAN:
    - NOTHING TO EAT OR DRINK 4 HOURS PRIOR TO CT SCAN OF THE ABDOMEN, PELVIS, KIDNEYS, PANCREAS, AND LIVER. (ANY STUDY THAT REQUIRES ORAL CONTRAST.)
    - NOTHING TO EAT OR DRINK 2 HOURS PRIOR TO CT SCAN OF HEAD, NECK, AND CHEST. (ANY STUDY THAT REQUIRES IV CONTRAST) PRE-MEDICATION REQUIRED IF ALLERGIC TO IODINE.
    - ABDOMINAL / PELVIC CT - THIS EXAM REQUIRES DRINKING OF CONTRAST 1 TO 2 HOURS PRIOR TO ACTUAL SCANNING. YOUR APPOINTMENT INCLUDES THIS TIME. CALL 598-1280 IF YOU HAVE ANY QUESTIONS.
    - METFORMIN CONTAINING DRUGS MAY BE DISCONTINUED AFTER EXAM IF IV CONTRAST INJECTED. PLEASE CONTACT PHYSICIAN FOR INSTRUCTIONS.
    - SOME INSURANCES REQUIRE PRE-AUTHORIZATION BEFORE HAVING A CT. PLEASE CHECK WITH YOUR INSURANCE COMPANY.
    - IF ALLERGIC TO IODINE, 13 HOUR PREMEDICATION IS REQUIRED. ON STUDIES THAT REQUIRE ORAL CONTRAST, LAST DOSE OF PREMEDICATION WILL BE TAKEN AT THE HOSPITAL 1 HOUR BEFORE EXAM.
  - NUCLEAR MEDICINE:
    - GALL BLADDER EJECTION FRACTION - NO NARCOTICS/OPIATES AFTER MIDNIGHT; NPO 4 HOURS PRIOR; ALLOW 2 HOURS FOR EXAM.
    - BONE SCAN - NO PREP (PATIENT WILL RECEIVE INJECTION AND THEN RETURN IN 2-4 HOURS FOR IMAGING).
    - THYROID UPTAKE AND SCAN - CANNOT HAVE ANYTHING CONTAINING KELP, IV IODINE CONTRAST, OR ORAL AGENTS THAT HAVE IODINE IN THEM SUCH AS MULTIVITAMINS/COUGH MEDICINES 3 WEEKS PRIOR TO THE THYROID SCAN. STOP THYROID MEDICATIONS INCLUDING SYNTHROID AND PTU 3 WEEKS PRIOR TO EXAM. STOP MULTIVITAMINS 3 WEEKS BEFORE THYROID SCAN. TEST IS A 2 DAY TEST.
    - CARDIOLITE STRESS TESTING - LIGHT BREAKFAST. ONLY DRINK JUICE OR WATER. NO TOBACCO, NO SMOKELESS TOBACCO, NO CIGARETTES. ALLOW 4 TO 6 HOURS TO COMPLETE TESTING. BRING LUNCH OR YOU MAY PURCHASE IN CAFETERIA.
    - RENAL SCAN - DRINK PLENTY OF FLUIDS ON THE DAY OF EXAM, SOME MEDICATIONS MAY NEED TO BE DISCONTINUED PRIOR TO THIS EXAM (IE ACE-INHIBITORS, CAPTOPRIL OR LASIX ) CHECK WITH PHYSICIAN FOR INSTRUCTIONS.
    - GASTRIC EMPTYING - NOTHING BY MOUTH (NO GUM/MINTS/TOBACCO). HOLD ALL STOMACH/REFLUX/ANXIETY MEDS 48 HRS PRIOR. ALLOW 2 1/2 HOURS FOR EXAM.
    - SOME INSURANCES REQUIRE PRE-AUTHORIZATION BEFORE HAVING A NUCLEAR MEDICINE EXAM. PLEASE CHECK WITH YOUR INSURANCE COMPANY
  - UPPER GI/SMALL BOWEL, BARIUM SWALLOW: NOTHING TO EAT, DRINK OR SMOKE AFTER MIDNIGHT. SMALL BOWEL EXAMS CAN TAKE 4 OR MORE HOURS TO COMPLETE. NO GUM OR MINTS.
  - IVP/BARIUM ENEMA/VAGINOGRAM: TO CLEANSE THE COLON THE PATIENT WILL BE GIVEN BOWEL PREP INSTRUCTION BY HIS/HER PHYSICIAN. BOWEL PREP SHOULD BE STARTED ONE OR TWO DAYS PRIOR TO THE EXAM. FOLLOW INSTRUCTIONS GIVEN BY YOUR PHYSICIAN.
- \*\*METFORMIN CONTAINING DRUGS MAY BE DISCONTINUED AFTER EXAM IF IV CONTRAST INJECTED. PLEASE CONTACT PHYSICIAN FOR INSTRUCTIONS.**
- ULTRASOUND:
    - ABDOMINAL, AORTA, RENAL ARTERIES, GALLBLADDER OR LIVER. - NOTHING TO EAT OR DRINK AT LEAST 6 HOURS PRIOR TO STUDY.
    - KIDNEYS - DRINK PLENTY OF FLUIDS FOR GOOD HYDRATION. FULL BLADDER IS NOT REQUIRED.
    - PELVIC (OB OR NON-OB) - DRINK 32-40 OZ. OF LIQUID PRIOR TO STUDY. **DRINKING MUST BE COMPLETED 1 HOUR PRIOR TO SCHEDULED EXAM TIME.**
    - NO PREP REQUIRED FOR THE FOLLOWING STUDIES: THYROID, CAROTIDS, VENOUS, TESTICULAR OR BREAST.
  - DEXA BONE DENSITY TEST: NO BARIUM PRODUCTS, NO CALCIUM, AND NO FOSAMAX PRIOR TO EXAM. WEAR LOOSE, COMFORTABLE CLOTHING.
  - PULMONARY LAB: NO MORNING BREATHING MEDICATIONS. ONLY LIGHT MEAL PRIOR TO TESTING.
  - CARDIAC STRESS LAB: HOLD MEDICATIONS PER PHYSICIAN ORDER. NO CAFFEINE 24 HOURS PRIOR, AND NO FOOD OR DRINK 8 HOURS PRIOR TO APPOINTMENT.
  - MAMMOGRAPHY: MAY PREFER TO WEAR A TWO PIECE OUTFIT AND DO NOT USE POWDERS OR DEODORANT.