

EXAM	CT	CARDIAC CT	FLUORO	GENERAL	I.R.	MAMMO	MRI	NUC. MED.	U.S.
SCHED #	545-2507	545-5357	545-2861	545-2861	545-2360	545-2813	545-5300	545-2831	545-2836
FAX #	545-1463	545-2738	545-1463	545-1463	545-1463	545-3262	545-5364	545-3262	545-1463

APPOINTMENT DATE: _____ APPOINTMENT TIME: _____ AM / PM

PATIENT NAME: _____ M.R.# _____ D.O.B. _____

PATIENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (H) _____ (W) _____ (C) _____

PRIMARY INSURANCE: _____ AUTHORIZATION # _____

SECONDARY INSURANCE: _____ AUTHORIZATION # _____

EXAMINATION REQUESTED:
1. _____
2. _____
3. _____

CAN PATIENT GIVE CONSENT: YES NO
IF NO, NAME AND NUMBER OF PERSON WHO CAN CONSENT _____

DATE OF LAST INTERVENTIONAL PROCEDURE: _____

CLINICAL INFORMATION FOR EXAM

PRIOR IMAGES FROM:
 HARTFORD HOSPITAL
 JEFFERSON RADIOLOGY
 OTHER
 PATIENT TO BRING IMAGES

PLEASE PLACE THE ICD-9 NUMBER AND DESCRIPTION HERE:

MEDICATION LIST:
 FAXED FROM MD OFFICE
 NOT AVAILABLE

REFERRING MD SIGNATURE
DATE: _____ TIME: _____
PRINT MD NAME _____ PAGER NUMBER _____

HISTORY AND PHYSICAL WITHIN 30 DAYS
 FAXED FROM MD OFFICE
 REQUESTED FROM H.I.M.
 NOT AVAILABLE

OFFICE CONTACT NAME / PHONE & FAX # _____

ADMITTING MD _____ PRINT MD NAME _____ PAGER NUMBER _____

CARBON COPY TO: PRINT MD NAME _____ CELL NUMBER _____ OFFICE PHONE & FAX _____ ADDRESS IF NOT HARTFORD HOSPITAL MD _____

CARBON COPY TO: PRINT MD NAME _____ CELL NUMBER _____ OFFICE PHONE & FAX _____ ADDRESS IF NOT HARTFORD HOSPITAL MD _____

Please call 545-3292 if the patient is taking the meds below and check box.

ASPIRIN LOVENOX AGGRENOX COUMADIN
 HEPARIN PLAVIX FRAGMIN

LABS FOR CONTRAST USE ONLY:			LABS FOR ALL INTERVENTIONAL/INVASIVE PROCEDURES:		
LABORATORY TEST	LABORATORY RESULTS	LABORATORY DATE	LABORATORY TEST	LABORATORY RESULTS	LABORATORY DATE
BUN			PT		
CREATININE			PTT		
GFR (MRI only)			PLATELETS		
			INR		

IS PATIENT DIABETIC? YES NO
IF YES LIST MEDS. _____

ALLERGY TO CONTRAST? YES NO

IS PATIENT PREGNANT? YES NO

SEDATION REQUIRED? YES NO

PATIENT WEIGHT _____ lbs.

Radiologist's Protocol _____

Radiologist Signature: _____ Date: _____ Time: _____

Directions to Hartford Hospital

Coming from I-84 East-Bound:

Take I-84 East to Hartford. Take the Capitol Avenue Exit 48-B (a right hand exit). At the end of the ramp between the State Capitol Building and the Legislative Office Building, turn left onto Capitol Ave. and turn right onto Washington St. (at the equestrian statue of Gen. Lafayette) continuing south to the fifth traffic light (Connecticut Children's Medical Center and public garage on left). Turn into the drive at that light. The entrance to the public garage is on the left.

Coming from I-84 West-Bound:

Take I-84 West to Hartford. Take the "Downtown Hartford" Exit 54 (a left hand exit) over the Founders Bridge and guide your vehicle to the far left lane. At the bottom of the bridge, turn left onto Columbus Boulevard, travel past the Convention Center and across the Columbus Boulevard Bridge. Continue through five (5) traffic lights (Columbus Blvd. will curve west and uphill, becoming Wyllis St.). At the fifth traffic light, continue straight, crossing Main St. onto Jefferson Street. At the second traffic light on Jefferson St., turn left onto Seymour St. At the front of Hartford Hospital, turn right; the entrance to the public garage is on the right immediately past the Medical Office Building and across from Connecticut Children's Medical Center.

Coming from I-91 North-Bound:

Take I-91 North to Hartford, follow "Capitol Area" signs to exit 29A (a left-hand exit). Move immediately, to the right lane and take the first exit (Columbus Boulevard/Convention Center) and turn left crossing the Columbus Boulevard Bridge. Continue through five (5) traffic lights (Columbus Blvd. will curve west and uphill, becoming Wyllis St.). At the fifth traffic light, continue straight, crossing Main St. onto Jefferson Street. At the second traffic light on Jefferson St., turn left onto Seymour St. At the front of Hartford Hospital, turn right; the entrance to the public garage is on the right immediately past the Medical Office Building and across from Connecticut Children's Medical Center.

Coming from I-91 South-Bound:

Take I-91 South to Hartford. Take the Capitol Area Exit 29A (a right hand exit). Keeping in the right lane, take the first exit (Columbus Boulevard/Convention Center) and turn left crossing the Columbus Boulevard Bridge. Continue through five (5) traffic lights (Columbus Blvd. will curve west and uphill, becoming Wyllis St.). At the fifth traffic light, continue straight, crossing Main St.

PATIENT INSTRUCTIONS

GENERAL / FLUORO X-RAY

- UPPER GI / SMALL BOWEL SERIES** (GI. Stomach, or Small Intestine X-rays): Nothing to eat or drink after midnight the night before the examination. Nothing (not even water) to eat or drink on the morning of the examination. Allow 1 hour for upper GI exam and up to 4 hours for small intestine exam.
- BIARIUM ENEMA** (Colon or Large Intestine X-rays): Obtain Fleet Prep Kit 1 from our office or drugstore. Follow directions for 24 hour prep. Allow 1 hour for the examination.
- IVP** (Intravenous Pyelogram): NPO 8 hours.
- MAMMOGRAPHY**: Do not use any deodorant, cream, or powder in the underarm or breast area prior to the examination.

ULTRASOUND EXAMINATIONS

- PREGNANCY OR PELVIC US**: Drink 32 oz. of water one hour and a half prior to the appointment time, and do not empty your bladder.
- ABDOMINAL US** (Gallbladder, Pancreas, Aorta, or Liver): Nothing to eat or drink 8 hours prior to the appointment time.

CT SCAN

- GENERAL INSTRUCTIONS FOR CT SCAN**: No solid foods should be taken for 2 hours before the examination. Clear liquids or any medication normally taken, may be taken up to 1 hour before the exam.
- CT SCAN OF HEAD, NECK, CHEST**: Follow general instructions above.
- CT SCAN OF ABDOMEN/PELVIS**: Follow general instructions above and then, 1½ hours before your CT scan appointment, mix packet of E-Z Cat Dry with 24 oz. (3 cups) of water and shake well. Let stand for 5 minutes, shake again, and drink all 3 cups. Kool-Aid or Crystal Light may be added to make more flavorful if desired.

NUCLEAR MEDICINE

- BONE SCAN**: No restrictions. You will return 2 - 3½ hours for imaging. Allow 1 hour for the exam.
- GASTRIC EMPTYING SCAN**: Nothing to eat or drink for 4 hours before the scan. Allow 2 hours for the examination.
- THYROID SCAN /THYROID UPTAKE AND SCAN** (2 Day Exam): Certain medications need to be stopped for this procedure. This can be discussed with your doctor or nuclear medicine technologist.
- BONE DENSITOMETRY**: This examination should not be done within 2 weeks of a nuclear medicine procedure or within 1 week of any contrast study or 48 hours post barium study. Elastic waist pants (stretch or sweat pants) suggested. Do not take calcium supplements or osteoporosis medications for 24 hours prior to examination.

MRI / MRA OF THE ABDOMEN

- Nothing by mouth for 4 hours prior to examination.