

CHARTER RADIOLOGY

www.charterradiology.com

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Where Compassion and Expertise Come Together

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Reisterstown, MD 21136
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Clarksville, MD 21029

You may email referrals to:
patientservices@charterradiology.com

and

petct@charterradiology.com



SCAN TO
REQUEST AN
APPOINTMENT

Patient Name: _____ Today's Date: _____

Date of Birth: _____ Patient Phone Number: _____

Clinical History / Reason for Exam: _____

Referring Physician: _____ Physician Signature: _____

Phone#: _____ Fax #: _____ Cc: _____

WE ONLY HAVE 3 TESLA SIEMENS MRI. WE ONLY HAVE 128 SLICE PET/CT. WE ONLY USE GADAVIST MR CONTRAST.

3T MRI

3D Rendering as indicated

☐ w/o contrast ☐ w/o & w/ contrast

- ☐ **BRAIN:**
 - ☐ Routine ☐ w/Neuroquant
 - ☐ attn IAC ☐ attn Sella
 - ☐ attn Temporal Lobe ☐ attn Pituitary
- ☐ **ORBITS**
- ☐ **TMJ**
- ☐ **SOFT TISSUE NECK**
- ☐ **SPINE:**
 - ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ **BREAST:**
 - ☐ Cancer Screening
 - ☐ Implant Protocol
- ☐ **CHEST:**
 - ☐ Cardiac ☐ Pectoroalis
- ☐ **ABDOMEN:**
 - ☐ Liver ☐ MRCP ☐ Kidney
 - ☐ Adrenal ☐ MR Enterography
 - ☐ MR Elastography ☐ Liver Lab
 - ☐ Liver w/Eovist
- ☐ **PELVIS:**
 - ☐ Routine ☐ Bony
 - ☐ Rectal Fistula ☐ MR Urography
 - ☐ Prostate ☐ Rectal Cancer
 - ☐ MR Defecography
- ☐ **OTHER:** _____

MRI - MSK

- ☐ **UPPER EXTREMITY:** ☐ Right ☐ Left
 - ☐ Shoulder ☐ Humerus ☐ Elbow
 - ☐ Forearm ☐ Wrist ☐ Hand
 - ☐ Thumb
- ☐ **LOWER EXTREMITY:** ☐ Right ☐ Left
 - ☐ Hip ☐ Femur / Thigh
 - ☐ Knee ☐ Tibia / Fibula
 - ☐ Foot ☐ Ankle/Hind Foot
- ☐ **MR ARTHROGRAM:** ☐ Right ☐ Left
 - ☐ Shoulder ☐ Elbow ☐ Wrist
 - ☐ Hip ☐ Knee
- ☐ **MRI PELVIS:** Athletic Pubalgia, Sports Hernia
- ☐ **OTHER:** _____

MRA

3D Rendering as indicated

☐ w/o contrast ☐ w/o & w/ contrast

- ☐ **BRAIN**
- ☐ **NECK**
- ☐ **ABDOMEN**
 - ☐ Renal ☐ w/contrast ☐ w/o contrast
- ☐ **CHEST**
- ☐ **AORTA RUN-OFF**
 - ☐ w/contrast ☐ w/o contrast
- ☐ **EXTREMITY:** ☐ Right ☐ Left
 - ☐ Upper ☐ Lower
- ☐ **OTHER:** _____

CT 128 SLICE

3D Rendering as indicated

☐ w/o contrast ☐ w/ contrast

- ☐ **HEAD:**
 - ☐ Orbits ☐ Temporal Bones/IAC
 - ☐ SINUS
- ☐ **SOFT TISSUE NECK**
- ☐ **SPINE:**
 - ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ **CHEST/CARDIAC:**
 - ☐ Routine ☐ High Resolution
 - ☐ Calcium Score ☐ Low Dose Screening
- ☐ **ABDOMEN:**
 - ☐ Dual Phase ☐ Tri-Phase
 - ☐ Renal / Adrenal ☐ Pancreas
- ☐ **ABDOMEN/PELVIS:**
 - ☐ Routine
 - ☐ Enterography
 - ☐ Urogram
 - ☐ Kidney Stone (Dual Energy)
- ☐ **PELVIS:**
 - ☐ Soft Tissue ☐ Bony
- ☐ **OTHER:** _____

CT MSK

- ☐ **UPPER EXTREMITY:** ☐ Right ☐ Left
- ☐ **SPECIFY:** _____
- ☐ **LOWER EXTREMITY:** ☐ Right ☐ Left
- ☐ **SPECIFY:** ☐ Conformis ☐ BIOMET ☐ DePuy
- ☐ **CT ARTHROGRAM:** ☐ Right ☐ Left
 - ☐ Shoulder ☐ Elbow ☐ Wrist
 - ☐ Hip ☐ Knee
- ☐ **GOUT EXTREMITY:** _____

CT ANGIOGRAM

3D Rendering as indicated

☐ w/o contrast ☐ w/ contrast

- ☐ **HEAD**
- ☐ **NECK**
- ☐ **CHEST/CARDIAC:**
 - ☐ PE protocol ☐ Coronary Artery
- ☐ **ABDOMEN**
- ☐ **PELVIS**
- ☐ **AORTIC RUN-OFF**
- ☐ **EXTREMITY:** ☐ Right ☐ Left
 - ☐ Upper ☐ Lower
- ☐ **CLEERLY CARDIAC CTA**
- ☐ **OTHER:** _____

PET / CT

- ☐ **FDG ONCOLOGY**
 - ☐ Skull Base to Thighs ☐ Whole Body
- ☐ **FDG BRAIN (METABOLIC EVALUATION)**
- ☐ **GALLIUM DOTATATE (NEUROENDOCRINE)**
- ☐ **BETA AMYLOID BRAIN**
- ☐ **PSMA PET/CT**

ULTRASOUND

- ☐ **ABDOMEN COMPLETE**
- ☐ **ABDOMEN LIMITED**
- ☐ **BI-CAROTID DOP-EXTRACRANIAL ARTERY**
- ☐ **BLADDER**
- ☐ **BREAST**
 - ☐ Limited
- ☐ **SOFT TISSUE LIMITED**
- ☐ **EXTREMITY ARTERIES:**
 - ☐ Bilateral ☐ Unilateral
- ☐ **EXTREMITY VEINS:**
 - ☐ Bilateral ☐ Unilateral
- ☐ **NECK, THYROID / PARATHYROID**
- ☐ **OB:**
 - ☐ Additional Gestation
 - ☐ > 14 weeks 1st Trim.
 - ☐ Transvaginal

- ☐ **PELVIC**
- ☐ **PLEURAL EFFUSION CHEST**
- ☐ **RETROPERITONEAL:**
 - ☐ Compl. (Renal & Bladder)
 - ☐ Ltd. (Aorta or Renal)
- ☐ **SCROTUM & CONTENTS**
- ☐ **TRANSVAGINAL**
- ☐ **ELASTOGRAPHY**
- ☐ **AORTA**
- ☐ **ARTERIAL DOPPLER / DUPLEX:**
 - ☐ Carotids
 - ☐ RUE (Right Upper Extremity)
 - ☐ LUE (Left Upper Extremity)
 - ☐ LE (Lower Extremity - Bilateral)
- ☐ **VENOUS DOPPLER - LOWER EXTREMITY:**
 - ☐ Right ☐ Left ☐ Bilateral
- ☐ **VENOUS DOPPLER - UPPER EXTREMITY:**
 - ☐ Right ☐ Left ☐ Bilateral
- ☐ **RENAL DOPPLER**
- ☐ **OTHER:** _____

X-RAY

- ☐ **HEAD:**
 - ☐ Skull ☐ Sinus ☐ Orbits
- ☐ **SPINE:**
 - ☐ Cervical ☐ Routine ☐ w/Flexion & Extension
 - ☐ Thoracic
 - ☐ Lumbar ☐ Routine ☐ w/Flexion & Extension
- ☐ **CHEST:**
 - ☐ PA/Lateral
 - ☐ PA Only
 - ☐ Ribs w/PA Chest: ☐ Right ☐ Left
 - ☐ Clavicle: ☐ Right ☐ Left
 - ☐ Sternum
- ☐ **ABDOMEN:**
 - ☐ KUB
 - ☐ Supine / Erect
- ☐ **PELVIS:**
 - ☐ Routine
 - ☐ Sacrum / Coccyx
 - ☐ SI Joints
- ☐ **BONE SURVEY**
- ☐ **SCOLIOSIS**
- ☐ **UPPER EXTREMITY:** ☐ Right ☐ Left
 - ☐ Shoulder
 - ☐ Humerus
 - ☐ Elbow
 - ☐ Forearm
 - ☐ Wrist
 - ☐ Hand
 - ☐ Finger
- ☐ **BONEAGE**
- ☐ **LOWER EXTREMITY:** ☐ Right ☐ Left
 - ☐ Hip w/AP Pelvis
 - ☐ Femur / Thigh
 - ☐ Knee
 - ☐ Tibia / Fibula
 - ☐ Ankle
 - ☐ Foot
 - ☐ Calcaneus / Heel
- ☐ **BONE LENGTH STUDY**
- ☐ **OTHER:** _____

DEXA

- ☐ **BONE DENSITY AXIAL**
- ☐ **BONE DENSITY / PERIPHERAL**
- ☐ **BONE DENSITY STUDY**
- ☐ **FRACTURE ASSESSMENT VIA DXA**
- ☐ **BODY COMPOSITION**
- ☐ **OTHER:** _____

Please bring this form, your insurance card and photo ID along
with you to your exam. Thank you for choosing Charter Radiology

MRI PATIENT INSTRUCTIONS/PREPARATIONS

- You will be asked to remove all metal jewelry, hair pins, metallic makeup, elastic or compression items. We will provide scrubs or gown for all MRI patients to change into before the exam.
- For patients who have been injured by metal to the face or eye and/or who have cut, grinded or welded metal at any time in the past or currently, orbital X-rays will be required to be done on the same day as their appointment. Indicate this on the requisition.
- Bring implant card if applicable (i.e. stent/shunt/electronic device).

ABDOMEN:

- Nothing to eat 8 hours prior to procedure. Water only, encouraged.

PELVIS:

- Nothing to eat 8 hours prior to procedure. Water only, encouraged.
- Patient should use fleet enema 2 hours prior to procedure.

MR ENTEROGRAPHY:

- Clear liquids ONLY after 2pm the day prior.
- Patient will pick up 8 oz. bottle of Miralax powder from pharmacy. Mix the powder with 64 oz. of sports drink (Diabetic patients may substitute a sugar-free sports drink). Drink 8 oz. every 15 minutes starting at 5pm the night prior to procedure. Drink plenty of clear liquids to re-hydrate.
- Patient will need to bring 1mg dose of Glucagon to be picked up at their pharmacy and bring this at scheduled appointment time.
- Patient will be drinking an oral contrast when they arrive for their test and then the MRI scan will be performed 1 hour later.

MR ELASTOGRAPHY:

- Patient should be 8 hours NPO (nothing by mouth). Only sips of water for daily prescription medications.

MR DEFECOGRAPHY:

- Nothing to eat 8 hours prior to procedure. Water only, encouraged.
- Patient should use Fleet enema 2 hours prior to procedure.

GUIDELINES FOR MRI CONTRAST INJECTIONS

MRI PATIENTS THAT REQUIRE BLOOD WORK PRIOR TO CONTRAST INJECTION:

- Labs to include creatinine serum must be drawn within 4 weeks of injection.
- We encourage all patient to stay hydrated and to drink plenty of water.
- We offer iSTAT. Blood work done on-site. We check kidney function, with just a few drops of blood, in two minutes.

CT PATIENT INSTRUCTIONS/PREPARATIONS

ANY CT PROCEDURE WITH IV CONTRAST:

- 4 hours fasted. We encourage all patient to stay hydrated and to drink plenty of water.

CT ENTEROGRAPHY:

- See instructions for MR ENTEROGRAPHY.
- Glucagon will not be used for this exam.

CT CALCIUM SCORE:

- Patient should be 4 hours clear of caffeine and tobacco products.
- \$99 self-pay.

GUIDELINES FOR CT CONTRAST INJECTIONS

CT PATIENTS THAT REQUIRE BLOOD WORK PRIOR TO CONTRAST INJECTION:

- We encourage all patient to stay hydrated and to drink plenty of water.
- We offer iSTAT. Blood work done on-site. We check kidney function, with just a few drops of blood, in two minutes.

Patients that are prescribed Metformin or drugs containing Metformin should discontinue the medication on the day of the injection and 48 hours after injection. It is recommended, but not required, that the patient get blood drawn prior to resuming the medication.

INDICATION GUIDELINES FOR PET/CT

- We encourage all patient to stay hydrated and to drink plenty of water.

SKULL BASE TO MID-THIGH PET/CT

Breast CA - Cervical CA - Colorectal CA - Esophageal CA - Lung CA - Ovarian CA - Testicular CA - Head/Neck CA - Lymphoma

WHOLE BODY PET/CT

Melanoma - Sarcoma - Lymphoma (if lower extremities are involved) - Multiple Myeloma

PET/CT GALLIUM DOTATATE

Neuroendocrine Tumors

PSMA PET/CT

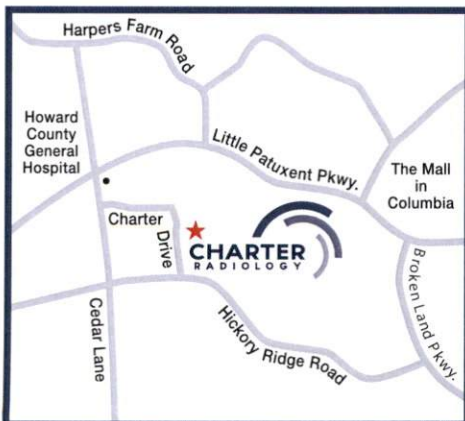
Prostate Cancer



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