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Patient Name: _____ Birthdate _____

Home Phone: _____ Business Phone: _____

CLINICAL INDICATIONS/DIAGNOSIS: _____

Insurance Type: _____

Today's Date: _____ Appointment Time & Date: _____ Call Patient to Schedule Exam

DIGITAL MAMMOGRAPHY

- Screening w/ Computer Aided Detection
- Diagnostic
- Unilateral
- Implants? Yes _____ No _____

ULTRASOUND

- Abdomen
- Renal
- Soft Tissue Neck
- Testes
- Prostate
- Breast R/L/Bilat
- OB
- BioPhysical Only
- Pelvic/Trans-Vag (if needed)
- Trans Vag Only
- Pelvic Only
- Extremity _____
- Carotid
- Arterial Leg/Arm/ R/L/B
- Venous Leg/Arm
- R/L/Uni/bilateral
- Abdominal Doppler
- Renal Artery
- Doppler

CT SCAN

(BUN & Creatinine level needed for CT Contrast pts. 60 & older, diabetic pts., & pts. with a history of renal disease)

- Head W/O
- Sella
- IAC'S
- Sinuses (Specify)
 - LTD
 - Comp
 - Pediatric Protocol
 - Landmark Protocol
- Neck
- Chest
- Abdomen
- Pelvis
- Urogram
- Renal Stone Protocol
- CT Enterography
- Extremity (specify) _____
- Spine
 - Cervical
 - Thoracic
 - Lumbar
- Denta Scan
- Cardiac Scoring
- Lung Scan/Screening
- Pulmonary Nodule follow-up
- CTA _____

NUCLEAR MEDICINE

- Bone Scan Limited
- Total Body Bone Scan
- TRIPLE PHASE Bone Scan
- Thyroid Ablation
- Thyroid Scan
- Thyroid Uptake/ Scan
- Parathyroid (sestamibi)
- Renal Vasotec

NUCLEAR MEDICINE (cont'd)

- Renal w/Lasix washout
- Liver/spleen Scan w/Spect
- MUGA
- Hepatobiliary Scan Kinevac/ EF Ejection Fraction
- Gastric Emptying
- 1-131 Metastatic Scan
- Thyroid Therapy

GENERAL RADIOLOGY

- Skull
- Facial Bones
- Nasal Bones
- Sinus Complete
- Water's View
- Scapula R / L / B
- Shoulder R / L / B
- Clavicle R / L / B
- AC Joints R / L / B
- Humerus R / L / B
- Elbow R / L / B
- Forearm R / L / B
- Wrist R / L / B
- Hand R / L / B
- Bone Age (PA Left Hand)
- Fingers R / L / B
- Pelvis
- SI Joints
- Hip R / L / B
- Femur R / L / B
- Knee R / L / B
- Tibia / Fibula R / L / B
- Ankle R / L / B
- Foot R / L / B
- Calcaneus R / L / B
- Toes R / L / B
- Chest
- Ribs with PA Chest R / L / B
- Ribs without PA Chest R / L / B
- Acute Abdomen Series
- KUB and Upright
- Abdomen
- Soft Tissue Neck
- Spine
 - Cervical
 - Thoracic
 - Lumbar
 - Sacrum / Coccyx

GASTROINTESTINAL

- Esophagus / Barium Swallow
- Upper GI Series
- Small Bowel Series
- Barium Enema
- Barium Enema with Air

SPECIAL PROCEDURES

- Cystogram
- Hysterosalpingogram
- Catheter Check

- Joint Injection

(description)

- Arthrogram

(description)

- OTHER EXAM

DEXA / BONE DENSITOMETRY

- Hip/Spine (Routine)
- Other site, please specify

MRI EXAMS

- Abdomen
- Pelvis
- MRCP
- Head
- Head MS protocol
- IACs
- Orbits
- Pituitary
- Soft Tissue Neck
- Other _____

MRI SPINE

- Cervical
- Lumbar/Sacral
- Thoracic
- Sacrum/Coccyx

MR ANGIOGRAPHY

- MRA Head/Circle of Willis
- MRA Lower Extremity
- MRA Carotids
- MRA Renal Arteries
- MRA Other _____

MRI MUSCULOSKELETAL

- Knee Left/Right
- Shoulder Left/Right
- Elbow Left/Right
- Wrist Left/Right
- Ankle Left/Right
- Scapula Left/Right
- Other _____
- Foot

MRI POST ARTHROGRAM

- Shoulder Left/Right
- HIP Left/Right
- Other _____

BREAST MRI

- Breast _____
- Bilateral

CALL REPORT YES	NO
NUMBER _____	

PRECERTIFICATION

- JCIC to pre-cert
- Referring Office to pre-cert Pre Cert # _____
- ICD-10 _____

Signature of Referring Physician: _____

Printed Name: _____

GENERAL INFORMATION:

If you might be pregnant, please call our office before your scheduled appointment.

If your physician gave you X-rays to bring with you, please do not forget them.

If you have had asthma or any previous reaction to X-ray contrast agents, please call this office at least 2-3 days prior to your scheduled appointment.

If you have a question regarding your exam or the preparation for the exam, please do not hesitate to call us. A technologist will be available should you need them.

If for any reason you are unable to keep your appointment you must call 469-6161 / 469-8998 to notify and reschedule.

PATIENT INSTRUCTIONS:

MAMMOGRAM: Do not use deodorants, powders, sprays, or ointments under the arms or on the breast the morning of your exam.

IVP (Kidney X-rays): Take 2 1/2 oz. Milk of Magnesia between 4 pm - 6 pm the afternoon before your exam. Nothing to eat or drink for 8 hours before the exam.

COLON X-RAY EXAM: Day before exam take 4 Dulcolax pills between 2-4 pm. Mix 64oz.'s of Gatorade with Miralax powder. Start drinking between 5-6 pm the evening prior to exam. Clear liquids up till midnight, nothing to eat or drink after midnight.

STOMACH X-RAY - UGI: Nothing to eat or drink after midnight the evening before your exam and the morning of the exam.

CT CONTRAST STUDY: Nothing to eat or drink 2 hours prior to exam time.

CT NO IV CONTRAST STUDY: No Restrictions

CT ABD: Arrive **one** hour prior to exam time.

CT PELVIS OR CT ABD/PELVIS: Arrive **two** hours prior to exam time.

ULTRASOUND PELVIS AND/OR OB: For pelvic area and obstetrical exams drink **four** 8 ounce glasses of water to be completed an hour before the exam. (A full bladder is needed to visualize pelvic organs).

ULTRASOUND/ABDOMEN AND/OR GALLBLADDER: For gallbladder and abdominal studies (kidneys, liver and pancreas), eat a low fat meal the evening before (no butter, cream, etc.) Nothing to eat or drink after midnight the night before the exam.

PROSTATE ULTRASOUND: Administer Fleets enema kit and drink 32 ounces of water to fill bladder one hour before exam.

ULTRASOUND RENAL: Nothing to eat 6 hrs. prior and drink 16 ounces water completed 1 hour prior to exam.

DEXA BONE DENSITOMETRY: No preparation.

MRI: You do not need to discontinue any medication and there are no dietary restrictions for most MRI studies: Please remove any objects that may be attracted to or damaged by a magnet. This may include jewelry, credit cards, hearing aids, dentures, etc. Our staff will secure these items in a locker during your examination. Certain individuals with cardiac pacemakers, brain aneurysm clips, a history of metallic fragments in an eye, or certain other implanted devices may not be candidates for MRI due to safety concerns. Please inform the technologist if you believe any of these conditions apply to you.

MRCP: Nothing to eat or drink after midnight.

MRI Breast: Pre-Menopausal patients scan should be scheduled in the second week of the menstrual cycle (days 7-14) after first day of the last menstrual period; unless new diagnosis of breast cancer.



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IMAGING

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