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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
Doppler
Arterial Leg/Arm/ R/L/B
Venous Leg/Arm
R/L/Uni/bilateral
Abdominal Doppler
Renal Artery

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

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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