

Johnson County Imaging Center

12000 W. 110th St., Suite 500
Overland Park, KS 66210



Johnson County Imaging Center
913-469-8998

DIRECT SCHEDULING LINE
913-469-6161 • FAX 913-469-5695

www.jocoimg.com

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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

MAMMOGRAPHY

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

ULTRASOUND

- Abdomen
- Renal
- Soft Tissue Neck
- Testes
- Prostate
- Breast
- OB
- BioPhysical Only
- Pelvic/Trans-Vag (if needed)
- Trans Vag Only
- Pelvic Only
- Doppler
- Carotid
- Arterial
- Venous
- Abdominal
- Extremity _____

CT SCAN

(BUN & Creatinine level needed for CT Contrast pts. 65 & older, diabetic pts., & pts. with a history of renal disease)

- Head
- Sella
- IAC'S
- Sinuses (Specify)
 - LTD Pediatric Protocol
 - Comp Landmark Protocol
 - AX & COR
- Renal Stone/Protocol
- Neck
- Chest Pulmonary Nodule follow-up
- Abdomen CTA _____
- Pelvis
- Extremity (specify) _____
- Spine (Disc Level, specify)
 - Cervical
 - Thoracic
 - Lumbar
- Dentascan
- Cardiac Scoring
- Lung Scan/Screening
- CT Enterography

NUCLEAR MEDICINE

- Bone Scan Limited
- Total Body Bone
- TRIPLE PHASE Bone Scan
- Thyroid Scan
- Thyroid Uptake/ Scan
- Lung
- Liver
- Renal

NUCLEAR MEDICINE (cont'd)

- Vasotec Renal
- Indium WBC Study
- MUGA
- Hepatobilliary Scan
- Hepatobilliary Scan Kinevac
- Gastric Emptying
- 1-131 Metastatic Scan
- Thyroid Therapy
- Gallium
- Spect

GENERAL RADIOLOGY

- Skull
- Facial Bone / Nasal Bones
- Sinus Complete Water's View
- Shoulder
- Humerus
- Elbow
- Forearm
- Wrist
- Hand / Fingers
- Pelvis
- Hip
- Femur
- Knee
- Tibia / Fibula
- Ankle
- Foot / Toes
- Chest
- Ribs
- Acute Abdomen Series
- Abdomen
- Spine
 - Cervical
 - Thoracic
 - Lumbar
- Sacrum / Coccyx

GASTROINTESTINAL

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

SPECIAL PROCEDURES

- IVP
- Cystogram
- Hysterosalpingogram
- Catheter Check
- OTHER EXAM

DEXA / BONE DENSITOMETRY

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

MRI EXAMS

- Abdomen
- Pelvis/Sacrum/Coccyx
- MRCP
- Head
- Head MS protocol
- IACs
- Orbits
- Pituitary
- Soft Tissue Neck

SPINE

- Cervical
- Lumbar/Sacral
- Thoracic
- Sacrum

MR ANGIOGRAPHY

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

MUSCULOSKELETAL

- Knee Left/Right
- Shoulder Left/Right
- Elbow Left/Right
- Extremity _____
- Other _____

BREAST MRI

- Breast _____

PRECERTIFICATION

- JCIC to pre-cert
- Referring Office to pre-cert Pre Cert # _____
ICD-9 _____

Signature of Referring Physician: _____

Printed Name: _____

Would you like films/CD sent to the office?: CD _____ FILM _____

Call report to: _____ at(_____) _____ - _____ ext. _____

Table limitations 350 pounds;

High Field Open MRI available off site with a 500 pound limit

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: Obtain a Fleets #1 prep kit (available at most pharmacies and J.C.I.C.) 2-3 days before your exam. Follow the 24 hour prep instructions included in the kit.

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 4 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.

DEXA BONE DENSITOMETRY: No preparation. No calcium in A.M.

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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