



# Valley Regional Imaging

**VRI Fayetteville**  
3186 Village Dr., Suite 101  
Fayetteville, NC 28304  
P. 910.323.2209 / F. 910.485.3180

**The Breast Center of VRI**  
3186 Village Dr., Suite 200  
Fayetteville, NC 28304  
P. 910.323.2209 / F. 910.485.3180

Appointment Date \_\_\_\_\_

Appointment Time \_\_\_\_\_

Check-in Time \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Daytime Telephone \_\_\_\_\_ Referring Physician(print) \_\_\_\_\_

(ICD10/Diagnosis Code) \_\_\_\_\_ CDS/Authorization # \_\_\_\_\_

### MRI

#### CONTRAST

- Without  With and Without  
 Radiologist discretion  Creatinine

#### STUDY

- Brain  
 Brain/IAC's  Brain/Pituitary  Brain/Orbits  
 Breast (Bilateral)  
 Soft Tissue Neck  
 Cervical Spine  
 Thoracic Spine  
 Lumbar Spine  
 TMJ  R  L  
 MRCP  
 Abdomen  
 Pelvis  
 Extremity, specify \_\_\_\_\_  
 Arthrogram w/Fluoro Injection  
 MRA  Brain  Carotids  
 Renals  w/Peripheral Runoff  
 Other, specify \_\_\_\_\_  
 Brachial Plexus  R  L

### CT

#### CONTRAST

- With  Without  With and Without  
 Radiologist discretion  Creatinine

#### STUDY

- Head  
 Orbits  
 Temporal Bones IAC's  
 Sinuses  Fusion Protocol  
 Soft Tissue Neck  
 Chest  
 Lung Screening  
 Chest-High Resolution (Indication: chronic dyspnea pulmonary fibrosis,ILD)  
 Renal Stone Protocol (Abdomen/Pelvis w/o contrast)  
 Abdomen  
 Pelvis  
 Abdomen and Pelvis  
 Urogram  
 Enterography  
 Cervical Spine w/MPR  
 Thoracic Spine w/MPR  
 Lumbar Spine w/MPR  
 Extremity w/3D Recon,specify \_\_\_\_\_  
 Arthrogram w/Fluoro Injection  
 Angiography w/3D Recon,specify \_\_\_\_\_  
 CTA Chest  CTA Head  
 CTA Carotids  CTA Abdomen/Pelvis  
 CTA Runoff  
 CTA Abdomen (specify)  
 Renal Art.  SMA,IMA,Celiac Art.

### NUCLEAR MEDICINE

- Sentinel Node, note location \_\_\_\_\_  
 Gastric Emptying  
 Ventilation/Perfusion ( V/Q)  
 Triple Renal with Lasix Washout  
 MUGA Scan  
 HIDA with Ejection Fraction  
 HIDA without Ejection Fraction \*(please call for 1131 Therapy & Ablation order form)  
 Thyroid Uptake & Scan  
 Parathyroid Scan  
 Bone Scan  
 Whole Body, specify \_\_\_\_\_  
 3 Phase, specify \_\_\_\_\_  
 Limited, specify \_\_\_\_\_  
 SPECT, specify \_\_\_\_\_  
 Other, specify \_\_\_\_\_

### ULTRASOUND

- AAA Screening  
 Abdomen Aorta  
 Abdomen Complete(G-bladder, Pancreas, Liver, Spleen, Kidneys)  
 Abdomen Limited  Hernia  Pyloric Stenosis  
 Spleen  Appendix  
 RUQ (Gallbladder)  
 Renal  
 Pelvis (with doppler if indicated)  
 Transvaginal at Radiologist discretion  
 Transvaginal only  OB  Non OB  
 OB (Transvaginal at Radiologist discretion) specify:  
 1st Trimester  Detailed  Follow-up  
 Extremity, non-vascular specify \_\_\_\_\_  
 Thyroid  
 Scrotum (with doppler)  
 Groin  R  L  
 Other, specify \_\_\_\_\_

### NON-INVASIVE VASCULAR STUDIES

- ABI Seg. Pressure  upper (arms-bilateral)  
(Arterial)  lower (legs-bilateral)  
 Venous  upper (arms)  R  L  
 lower (legs)  R  L  
 Carotid

### BREAST IMAGING

#### MAMMOGRAPHY

- Screening (includes 3D)  
 Diagnostic (US at Radiologist discretion)  
 Bilateral  Right  Left  
 Needle Localization  
 Magseed

#### BREAST ULTRASOUND (mammogram at Radiologist discretion)

- Bilateral  Right  Left

### RADIOGRAPHIC EXAMS

- Abdomen (KUB)  
 Three Way Abdomen  
 Chest  Special View(s) \_\_\_\_\_  
 Facial Bones  
 Foot  R  L  wt. bearing  Heel  
 Ankle  R  L  
 Hand  R  L  
 Wrist  R  L  
 Tib/Fib  R  L  
 Femur  R  L  
 Knee  R  L  wt. bearing  
 Forearm  R  L  
 Humerus  R  L  
 Elbow  R  L  
 Hip  R  L  
 Shoulder  R  L  
 Clavicle  R  L  
 AC Joints  R  L  
 SI Joint  R  L  
 Pelvis  frog leg (2 view)  
 Nasal Bones  
 Osseous  
 Orbits  
 Paranasal Sinus  
 Ribs  R  L  Bilateral  
 Scoliosis Series  
 Skull  
 Soft Tissue Neck  
 Thoracic Spine  
 Cervical Spine  with Flexion/Extension  
 Lumbar Spine  with Flexion/Extension  
 Other, specify \_\_\_\_\_

### SPECIAL STUDIES

- Bone Density Test (DEXA)  
(With vertebral fracture assessment, as required)  
 Intravenous Pyelogram (IVP)  
 Other, specify \_\_\_\_\_

### CARDIO/PULMONARY FUNCTION

- EKG  
 2D Echocardiography

FOR SAME DAY APPOINTMENTS CALL US! 910.323.2209 OPTION 2

- STAT - After hrs./STAT Call Back Ph# (required) \_\_\_\_\_ Fax Report to \_\_\_\_\_  
 Send CD with patient  
 Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE NOTE (MRI / CT / IVP):  
Creatinine and GFR calculations  
will be evaluated as needed prior  
to giving IV contrast to patients.

## Patient Instructions

### CT - COMPUTED TOMOGRAPHY

- All CT exams requiring IV contrast** - no food or fluids 6 hours prior to IV contrast.
- Abdomen/Pelvis** - Patient must pick up an oral prep kit with instructions 2-4 days prior to exam.

### MRI - MAGNETIC RESONANCE IMAGING

- Sedation** - VRI does not provide sedation for patients. If a patient wishes to be sedated please see your referring physician prior to your visit.
- Metal/Implants** - MRI cannot be performed on patients with cardiac pacemaker, some cardiac valves and stents, otologic implants, implanted neurostimulator, non-titanium aneurysm clips in head.

### US - ULTRASOUND

- Abdomen/Gall Bladder** - nothing by mouth 8 hours prior to exam.
- Aorta** - nothing by mouth 8 hours prior to exam.
- Renal** - 8 oz. water 30 minutes prior to exam. Hold bladder.
- Pelvis** - 32 oz. water completed 1 hour prior to exam. Hold bladder.
- Appendix** - nothing by mouth 8 hours prior to exam.
- Pylorus** - need to bring a bottle of Pedialyte. Hold last feeding 4 hours prior to exam.
- OB - 1st Trimester** - 16 oz. water 1 hour prior to exam. Hold bladder.
- OB - 2nd and 3rd Trimester** - Drink 8 oz. of water 30 minutes prior to exam.
- All other U/S exams** - no prep

### NUCLEAR MEDICINE

- HIDA** - nothing by mouth 6 hours prior to exam.
- Gastric Emptying** - nothing by mouth 8 hours prior to exam.
- Bone Scan** - force fluids beginning evening prior to exam.
- Triple Renal** - no diuretics (Lasix, HCTZ, etc.) the day of the exam.
- Thyroid Uptake and Scan** - nothing by mouth after midnight. No IV contrast studies within 6 weeks. No Thyroid Hormones (Synthroid, etc.) for 3 weeks prior to exam. No seafood 2 days prior to exam.

### X-RAY

- IVP** - patient must pick up an oral prep kit with instructions 2-4 days prior to exam.
- DEXA/Bone Densitometry** - no contrast or barium 10 day prior to exam.

### GENERAL REMINDERS

If a Medical Power of Attorney is in place for a patient, (IE. nursing home patient, group home patients, non-parental legal guardian of a minor) the responsible party needs to accompany the patient and have a copy of the Medical Power of Attorney with them.

## Locations

### FAYETTEVILLE LOCATION

3186 Village Dr., Suite 101, Fayetteville, NC 28304  
Phone: 910.323.2209 Fax: 910.485.3180

### HOURS

Monday - Thursday 7am - 7pm  
Friday 7am - 5pm  
Saturday 8am - Noon

### THE BREAST CENTER LOCATION

3186 Village Dr., Suite 200, Fayetteville, NC 28304  
Phone: 910.323.2209 Fax: 910.485.3180

### HOURS

Monday - Thursday 7am - 7pm  
Friday 7am - 5pm  
Saturday 8am - Noon