

**PLEASE CIRCLE CORRECT LOCATION**

Main Hospital Radiology-Interventional/Biopsy

Scheduling: 678-843-7930

Telephone: 678-843-7340 Fax 678-843-4838

Outpatient Imaging Center

Scheduling/Tele: 678-843-6100 Fax 678-843-6143

Breast Health Center

Scheduling/Tele: 678-843-7475 Fax 678-843-4945

SEE BACK OF FORM FOR ADDRESS

**SPECIAL REQUESTS** Check all that apply

**STAT/Call Report**

Phone # \_\_\_\_\_

Send Film with patient

Patient needs to be scheduled on or before this date: \_\_\_\_\_

**Outpatient Fax Scheduling**

Patient: If you do not have a scheduled appointment time within 24 hours of receiving this instruction sheet, please call (678) 843-6100 to schedule.



**SAINT JOSEPH'S**

Radiology Services

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

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

Case Confirmation # \_\_\_\_\_

Preregister online at <http://www.stjosephsatlanta.org/preregistration>

Patient Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Other \_\_\_\_\_

Referring Physician (please print) \_\_\_\_\_

Diagnosis \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Ins. Co. Phone # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Policy # \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

If patient needs pre-certification, patient clinicals must be provided 72 hours in advance of appointment.

I certify the need for these services furnished under this plan of treatment while under my care. I hereby appoint and authorize Saint Joseph's Hospital of Atlanta, Inc. to act as my agent for the limited purpose of requesting and obtaining pre-certification directly from managed care payors for the radiology procedures identified below.

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

**BREAST HEALTH CENTER**

Mammography:  Screening  Diagnostic

Ultrasound  Image guided core biopsy

Aspiration  Other: \_\_\_\_\_

**BONE DENSITY**

252.0 Hyperparathyroidism  672.2 Menopausal

733.90 Osteopenia  733.0 Osteoporosis

256.3 Ovarian failure  733.13 Pathological fracture

256.2 Post ablative ovarian failure

V58.69 Steroid therapy  Other: \_\_\_\_\_

**ABDOMEN & GI TRACT**

Acute abdominal series  Abdomen film (KUB)

Flat & upright abdomen  Barium swallow (esophagus)

Upper GI series  Small bowel series

Barium enema  Barium enema with air contrast

Pouch-O-Gram  Other: \_\_\_\_\_

Tomography (specific site)  Other: \_\_\_\_\_

**CHEST**

Chest, PA  Chest, PA & lateral

RT or LT lateral decubitus  RT or LT rib detail

Chest fluoroscopy  Other: \_\_\_\_\_

**EXTREMITIES** Specify: \_\_\_\_\_

Left  Right

**GU TRACT**

IVP with tomograms  IV pyelogram with limited ultrasound

Cystogram, voiding

Other: \_\_\_\_\_

**SKULL & FACE**

Skull series  Facial bones

Nasal bones  Sinus series

Other: \_\_\_\_\_

**SPINE & PELVIS**

Cervical spine  Thoracic spine  Lumbar spine

Pelvis  Sacrum and coccyx

Other: \_\_\_\_\_

**INTERVENTIONAL** - Hospital Radiology

Arteriogram  Percutaneous Nephrostomy

**MRI SCAN**

Specify: \_\_\_\_\_

**CT SCAN**

Head/brain:  w/contrast  w/o contrast

Chest:  w/contrast  w/o contrast

Abdomen:  w/contrast  w/o contrast

Pelvis:  w/contrast  w/o contrast

Soft tissue neck

Biopsy (specify) \_\_\_\_\_

Sinuses (specify) \_\_\_\_\_

Extremity:  Left  Right Specify: \_\_\_\_\_

PET

Other: \_\_\_\_\_

**NUCLEAR MEDICINE**

Bone:  Whole Body  Limited  3 Phase

Thyroid uptake and scan  Renal

Lung  Gallium

Muga  Cisternogram-Hospital

Hyperthyroid Therapy  I 131 Whole Body Scan

Other: \_\_\_\_\_

**ULTRASOUND**

RUQ (GB, panc, liver, bile duct, rt. kidney)  Pelvic with endovaginal

Gallbladder  Abdomen Complete

Liver  Pelvic

Kidneys (renals)  Testicular

Aorta  Thyroid  Thoro/paracentesis - Hospital Biopsy Specify: \_\_\_\_\_

Other: \_\_\_\_\_

**ULTRASOUND VASCULAR**

Carotid Doppler

Venous Doppler Extremity  Right  Left  Both

Liver doppler (portal & hepatic veins)

Renal doppler

**MISCELLANEOUS**

Tomo - Outpatient Imaging Ctr.  Venography - Hospital

Myelogram - Hospital

Specify: \_\_\_\_\_

## PREPARATION INSTRUCTIONS FOR ADULT PATIENTS

- ◆ Bring this form, completed and signed by your physician and your insurance card with you to the facility registration/testing area.
- ◆ Your insurance plan may consider your test/procedure a screening or a non-covered service. Please call your insurance company prior to your scheduled test date to check coverage and see if you need a referral.

**Breast (Mammography)** Do not wear deodorant or powder the day of the appointment. Bring all previous mammograms or arrange to have them sent to Saint Joseph's Breast Health Center prior to the scheduled appointment.

**Barium Swallow Only:** No special preparation.

**Upper GI Series, Small bowel series:** Do not eat or drink anything after midnight the night before your examination. If you are having a small bowel series, be prepared for the test to take two to six hours.

**Barium Enema and IVP:** Day before examination: Use a cleansing preparation kit and nothing to eat or drink after midnight. The preparation kit can be given by doctor's office, picked up at Saint Joseph's Outpatient Imaging Center or purchased at a pharmacy.

**Ultrasound Pelvic:** Drink one quart/32 oz. of fluid 90 minutes before appointment time and **DO NOT GO TO THE BATHROOM**. The bladder must be full.

**Ultrasound Abdomen: (Gallbladder, Liver, Pancreas and Aorta):**

Do not eat or drink anything after midnight the night before your examination.

**Ultrasound Kidney (Renal)** No special preparation (Kidney Doppler - NPO).

**CT: (Abdomen, Pelvis and Brain)** Nothing to eat or drink two hours before appointment time. If you are having an abdominal or pelvis CT, arrive one hour before your scheduled appointment time to drink oral contrast.

**Nuclear Medicine Hida Scan:** Do not eat or drink anything after midnight the night before your examination.

**Nuclear Medicine Thyroid Scan:** Do not eat or drink anything after midnight the night before your examination. **NO THYROID MEDICINE FOR 7 DAYS PRIOR TO EXAM.** No IV Contrast examinations in the previous two months.

**Nuclear Medicine Bone Scan:** Drink a lot of liquids the morning of the exam. If you are having a CT Abdomen, Pelvis or Brain, do not drink two hours prior to CT.

**MRI Cholangiogram:** Do not eat or drink four hours before appointment time.

**MRI Prostate:** Do not eat or drink anything after midnight the night before the examination. Use a fleet's enema one hour prior to examination.

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### From Roswell, Alpharetta, Cumming, Dahlonega

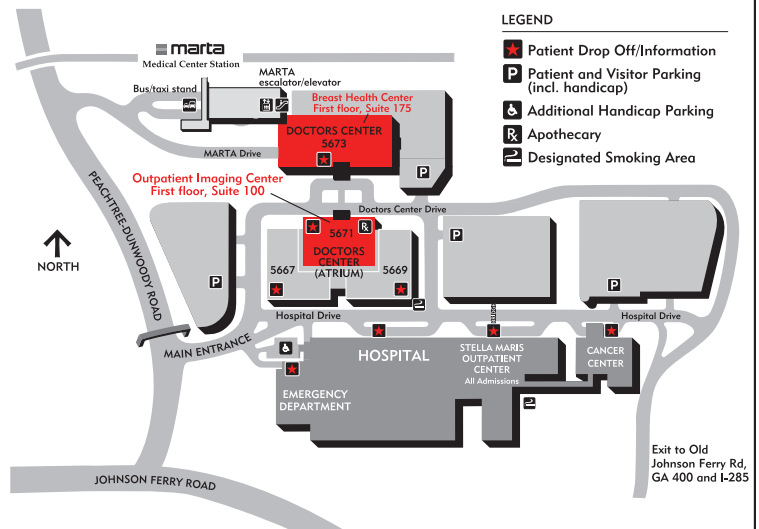
Take GA 400 South to exit 3 (Glenridge Connector) and turn right (Glenridge Rd.). Go the second light and turn left (Peachtree Dunwoody Rd.). Go through the next light (Johnson Ferry Rd.) and immediately enter the far right-hand lane. Turn right into the hospital campus. Saint Joseph's Outpatient Imaging Center will be in the 5671 nine-story doctors building across from the hospital.

### From Birmingham and all points west of the hospital

Take I-20 East to I-285 North (past I-75 – I-285 will become East) and take exit 26 (Glenridge Connector). Turn right at the end of the ramp (Glenridge Rd.). Immediately enter the far left-hand lane. At the first light, turn left (Johnson Ferry Rd.). At the third light, turn left (Peachtree Dunwoody Rd.) and immediately enter the far right-hand lane. Turn right into the hospital campus.

### From Augusta and all points east of the hospital

Take I-20 West to I-285 North (past I-85 – I-285 will become West). Got to Exit 28 (Peachtree Dunwoody Rd.) and turn left. At the third traffic light, just past the MARTA station, turn left into the hospital campus.



## General Information

678-843-6100

- ◆ **Main Radiology**  
5665 Peachtree Dunwoody Road, N.E.  
Atlanta, GA 30342
- ◆ **Mammography**  
Ed & Dora Voyles Breast Health Center  
5673 Peachtree Dunwoody Road, N.E.  
Suite 175  
Atlanta, GA 30342
- ◆ **Outpatient Imaging Center**  
5671 Peachtree Dunwoody Road, N.E.  
Suite 100  
Atlanta, GA 30342



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