

THE UNIVERSITY OF KANSAS HOSPITAL

Diagnostic Imaging Services

The University of Kansas Hospital
Imaging Center-West Plaza
1901 West 47th Place, Ste. 105
Westwood, KS 66205
Phone (913) 945-6400
Fax (913) 945-6450

KU MedWest
7405 Renner Rd.
Shawnee, KS 66217
Phone (913) 588-8446
Fax (913) 588-2212

The University of Kansas Hospital
3901 Rainbow Blvd.
Kansas City, KS 66160
Phone (913) 588-6804
Fax (913) 588-7872

The University of Kansas Hospital
Medical Office Building
3901 Rainbow Blvd.
Kansas City, KS 66160
Phone (913) 588-6804
Fax (913) 945-8050

Westwood Campus
2330 Shawnee Mission Pkwy.
Shawnee Mission, KS 66502
Phone (913) 588-4536
Fax (913) 588-0477

***** Please verify the location of your scheduled appointment. *****

Patient: _____ MR #: _____ Ordering physician: _____
DOB: _____ Insurance: _____ Office Phone: _____
Phone (home): _____ ID & Group#: _____ Requesting Phys: _____
(Work): _____ Precert/Authorization#: _____ Primary Phys: _____
(Cell/pager): _____ ICD 9 Code(s): _____ Office phone: _____

Reason(s) for exam: _____
Creatinine (CT / MRI/ IVP only): _____ Date: _____

Call report: _____ Phone: _____ After hrs phone: _____
Would you like for us to contact patient to schedule YES or NO Appointment Date/Time: _____

GENERAL RADIOLOGY

- CHEST
- ABDOMEN/KUB
- SKULL
- MANDIBLE
- PANOREX
- SINUSES
- RIBS RT LT BILAT
- SPINE C T L SC
- SCOLIOSIS AP LAT
- SCOLIOSIS SURVEY
- PELVIS
- PELVIS W/ LAT HIP BILAT
- HIP RT LT BILAT
- BONE AGE
- METASTATIC SURVEY
- UPPER EXT RT LT BILAT (SITE) _____
- LOWER EXT RT LT BILAT (SITE) _____
- VOIDING CYSTOGRAM
- IVP
- HYSTEROSALPINGOGRAM
- BARIUM ENEMA
- SINGLE OR DOUBLE CONTRAST
- UGI
- UGI W/ SMALL BOWEL
- ESOPHAGUS
- SMALL BOWEL SERIES
- SWALLOW MOTION SERIES
- ARTHROGRAM RT LT BILAT (SITE) _____
- OTHER _____

BREAST IMAGING

- SCREENING
- DIAGNOSTIC RT LT BILAT
- EXTRA MAMMOGRAPHY VIEWS (IF INDICATED)
- BREAST ULTRASOUND (IF INDICATED)
- BREAST - SONO RT LT BILAT
- BREAST BIOSPY STEREO OR SONOGRAPHY

BONE DENSITY/DEXA

- BONE DENSITY

SONO/ULTRASOUND

- ABDOMEN
- GALLBLADDER
- DOPPLER - CIRCLE ONE (LIVER, SMA, RENAL, AORTA/ ILIAC)
- PELVIS _____ TRANSVAGINAL (IF NEEDED)
- OBSTETRICAL
- KIDNEYS
- KIDNEYS W/ DOPPLER
- SCROTUM
- THYROID
- PARATHYROID
- HEAD/NECK
- EXTREMITY _____ RT LT BILAT
- LOWER EXT COLOR DOPPLER ARTERY RT LT BILAT
- LOWER EXT COLOR DOPPLER VEIN RT LT BILAT
- UPPER EXT COLOR DOPPLER ARTERY RT LT BILAT
- UPPER EXT COLOR DOPPLER VEIN RT LT BILAT
- DOPPLER CAROTID
- DOPPLER EXTRACRANIAL
- OTHER _____

NUCLEAR MEDICINE

- THYROID UPTAKE
- THYROID SCAN
- THYROID CANCER RX
- THYROID HYPERTHYROID RX
- BRAIN SPECT
- PARATHYROID SCAN
- RENAL FUNCTION W/ LASIX
- RENAL FUNCTION W/ ACE
- VQ LUNG SCAN
- RVG (MUGA)
- LIVER/ SPLEEN SCAN
- HEPATOBIILIARY SCAN W/ CCK
- 3 PHASE BONE SCAN
- WHOLE BODY BONE SCAN
- BONE SPECT
- WBC IMAGING
- MIBG/ OCTREOTIDE/ PROSTASCINT/ GALLIUM WB SCAN (CIRCLE ONE)
- OTHER _____

PET/CT

- PET BRAIN METABOLISM/PERFUSION
- PET HEART METABOLISM/PERFUSION
- PET TUMOR METABOLISM

CT IN COMBINATION W/ PET TUMOR METABOLISM ONLY

- CT HEAD _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- CT NECK _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- CT CHEST _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- CT ABDOMEN _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- CT PELVIS _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH

MRI

- HEAD _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- ORBITS _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- NECK _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- CHEST _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- BREAST RT LT BILAT
- BREAST BIOPSY RT LT BILAT
- CARDIAC _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- SPINE C - T - L - SC _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- ABDOMEN _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- PELVIS _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- MRCP
- UPPER EXT RT LT BILAT _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- LOWER EXT RT LT BILAT _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- UPPER EXT JOINT RT LT BILAT _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- LOWER EXT JOINT RT LT BILAT _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- MRA HEAD W/O CONTRAST
- MRA ABDOMEN W/ CONTRAST
- MRA PELVIS W/ CONTRAST
- MRA UPPER EXT W/ CONTRAST RT LT BILAT
- MRA LOWER EXT W/ CONTRAST RT LT BILAT
- SPECTROSCOPY
- OTHER: _____

CT

- MAXIFACIAL/ORBITS _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- HEAD _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- NECK _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- CHEST _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- ABDOMEN _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- PELVIS _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- UPPER EXT _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- LOWER EXT _____ W/ CONTRAST _____ W/O CONTRAST _____ BOTH
- CALCIUM SCORING
- CTA HEAD
- CTA CHEST
- CTA ABDOMEN
- CTA PELVIS
- CTA UPPER EXT _____
- CTA LOWER EXT _____
- 3D RECONSTRUCTION
- OTHER: _____

Signature: _____

Print Name: _____

Date: _____

Colon Study/Barium Enema

* **There is no preparation for a defacography exam**

Purchase: (no prescription is required)

- Miralax Powder, 238 grams (Largest container)
- 64oz of Gatorade (must be clear and not purple/red, other colors are okay)
- 10oz bottle of Magnesium Citrate (do not take if you have renal failure)
- Ducolax laxative tablets (you'll take 4 tablets)

The day before the exam:

Breakfast: Clear Liquid Diet, with no sugar or dairy product, black coffee.

Noon: Light lunch of clear soup, unsweetened clear fruit juices (no red or purple drinks), or plain tea. NO MILK OR CREAM. Do NOT eat Jell-O.

Dinner: Clear liquid diet, unsweetened clear fruit juices (no red or purple drinks), or plain tea. NO MILK OR CREAM. Do NOT eat Jell-O.

*DO NOT eat solid or creamed food the day before your exam.

- 1:00 P.M.: Drink the full bottle of Magnesium Citrate (cold)
- 4:00 P.M.: Take all 4 Dulcolax tablets by mouth
- 6:00 P.M.: Mix all of the MiraLax powder with the Gatorade. Start drinking this fluid and finish it within 2 hours.

*Continue to drinks lots of clear liquids prior to your exam. 8oz of water every hour is recommended.

DO NOT eat or drink anything by mouth 8 hours prior to the exam. (You may take necessary medications the morning of your procedure).

If you have severe DIARRHEA or considerable RECTAL BLEEDING, consult your physician before taking the laxatives requested. Under special circumstances, the patient's physician may change or omit the preparatory laxative.

Intravenous Pyelogram (IVP) or Excretory Urogram

Purchase: (no prescription is required)

- 10oz bottle of Magnesium Citrate (do not take if you have renal failure)
- Ducolax laxative tablets (you'll take 4 tablets)

The day before the exam:

Breakfast: Clear Liquid Diet, with no sugar or dairy product, black coffee.

Lunch: Light lunch of clear soup, unsweetened clear fruit juices (no red or purple drinks), or plain tea. NO MILK OR CREAM. Do NOT eat Jell-O.

Dinner: Clear liquid diet, unsweetened clear fruit juices (no red or purple drinks), or plain tea. NO MILK OR CREAM. Do NOT eat Jell-O.

*DO NOT eat solid or creamed food the day before your exam.

- 5:30 P.M.: Drink the full bottle of Magnesium Citrate (cold)
- 7:30 P.M.: Take all 4 Dulcolax tablets by mouth

*Continue to drinks lots of clear liquids prior to your exam. 8oz of water every hour is recommended.

DO NOT eat or drink anything by mouth 8 hours prior to the exam. (You may take necessary medications the morning of your procedure)

If you have severe DIARRHEA or considerable RECTAL BLEEDING, consult your physician before taking the laxatives requested. Under special circumstances, the patient's physician may change or omit the preparatory laxative.

48 hours after your exam:

- Do not take diabetes medications (ie. metformin). 3 days after your exam you may resume taking your medication as directed by your doctor.

Upper Gastrointestinal (UGI)

DO NOT eat or drink anything 8 hours prior to the exam.

Small Bowel Series

DO NOT eat or drink 8 hours prior to the exam.

Esophogram (Barium Swallow)

DO NOT eat or drink anything by mouth 3-4 hours prior to the exam.

CT Abdomen and Pelvis Including CT with PET Scan

DO NOT eat or drink anything by mouth 4 hours prior to the exam. If medication is needed, only drink a small amount of water.

48 hours after your exam:

- Do not take diabetes medications (ie. metformin). 3 days after your exam you may resume taking your medication as directed by your doctor.

Sonography Prep-Abdomen, Abdomen/Retroperitoneal/Pelvis Doppler/AO/IVC/Iliac Doppler/Renal Doppler

DO NOT eat 6-8 hours before the exam. One hour before the exam, drink 32 oz. of water. DO NOT empty your bladder until approved by the Sonographer.

Sonography OB/Pelvis

One hour before the appointment, drink 32 oz. of water. DO NOT empty your bladder until approved by the Sonographer.

Nuclear Medicine

Please call 913-588-6839.

**If you do not find your test preparation listed above
or to cancel or reschedule your appointment, please call (913) 588-6800.**