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COPY OF STUDY REQUEST: YOUR APPOINTMENT IS:
 CD/DVD
 FILM REQUEST

TOLL FREE: (866) 725-1061 / (410) 749-1123
 FAX: (410) 543-1063

NAME:	
D.O.B.:	PHONE:
INDICATIONS:	
PHYSICIAN'S COMMENTS:	
PHYSICIAN'S PRINTED NAME:	
PHYSICIAN'S SIGNATURE:	
C.C. DOCTOR:	

DIAGNOSTIC XRAY

		R	L	R	L		
SKULL	A.C. JOINTS			SHOULDER			BONE AGE
SINUSES	STERNUM			CLAVICLE			BONE SURVEY
ORBITS	K.U.B.			HUMERUS			R/O FOREIGN BODY (INFANT/CHILD)
FACIAL BONES	PELVIS			ELBOW			SHUNT SERIES
NASAL BONES	C-SPINE			FOREARM			SCOLIOSIS SURVEY
MANDIBLE	T-SPINE			WRIST			ORBITS (PRE MRI)
TMJS	L-SPINE			HAND			OTHER (PLEASE SPECIFY BELOW):
SOFT TISSUE NECK	SACRUM/COCCYX			FINGER (SPECIFY)			
CHEST PA & LAT	FLEX/EXT VIEWS			1 2 3 4 5			

FLUOROSCOPY

		R	L		
BARIUM SWALLOW	BARIUM ENEMA			HIP INJECTION	OTHER (PLEASE SPECIFY):
UPPER G.I.	* IVP (WITHOUT TOMO)			SHOULDER INJECTION	* BUN +Creatinine Required for Patients Over 60 Years of Age.
SMALL BOWEL	ARTHROGRAM				

COMPUTED TOMOGRAPHY (CT)

						CONTRAST USE	
HEAD	L-SPINE	CTA CHEST (PE/TAA)		CTA ABDOMEN PELVIS /AAA		WITHOUT	
SINUS	ABDOMEN/PELVIS	CTA AORTA/RUNOFF		CTA CHEST & ABD (DISSECTION) WITH CONTRAST		WITH *	
FACIAL	PELVIS	CTA BRAIN (CIR. OF WILLIS)		VIRTUAL COLONOSCOPY WITHOUT CONTRAST		BOTH *	
I.A.C.	ABDOMEN	CTA CORONARY		FLANK PROTOCOL (STONES)		RAD. DISCRETION	
CHEST	SOFT TISSUE NECK	CTA NECK (CAROTIDS)		CT ENTEROGRAPHY		* BUN +Creatinine Required for Patients Over 60 Years of Age.	
C-SPINE	UROGRAM	EXTREMITY/OTHER (SPECIFICITY)					
T-SPINE	3-D RECONSTRUCTIONS						

MAGNETIC RESONANCE IMAGING (MRI)

						CONTRAST USE	
BRAIN	C-SPINE	KIDNEY	MRA HEAD (CIR. OF WILLIS)	3-T MRI (Must be scheduled)	WITHOUT		
ORBIT	T-SPINE	ADRENALS	MRA NECK (CAROTIDS)		WITH *		
FACIAL	L-SPINE	MRCP	MRA CHEST (ARCH/SUBCLAV.)	SPECTROSCOPY	BOTH *		
I.A.C.	SOFT TISS. NECK	PELVIS (MALE/FEMALE)	MRA ABD (RENAL/AORTA)	BREAST BILATERAL	RAD DISCRETION		
PITUITARY	LIVER		MRA BILAT LOW. EXT. RUNOFF	OTHER (SPECIFY)	* BUN +Creatinine Required for Patients Over 60 Years of Age.		
TMJ	PANCREAS	HEART	EXTREMITY (SPECIFY BELOW)	R			
BRACHIAL PLEXUS	PROSTATE			L			

3D MAMMOGRAPHY (Tomosynthesis)

		R	L	R	L	BONE DENSITY DEXA	
SCREENING MAMMOGRAM				LUMP LOCATION/COMMENTS:		BONE DENSITY	
DIAGNOSTIC MAMMOGRAM						* VERTEBRAL FRACTURE ASSESMENT	
ULTRASOUND IF NEEDED				SURGEON:		* For Patients over 50	

ULTRASOUND

PREGNANCY COMP. (TV if needed)	PELVIC/TRANSVAGINAL	FOLLICLE STUDY	BREAST (SPECIFY)	R	LOWER EXT. ART (SPECIFY)	SPECIFY:
	PREGNANCY DATING +	KIDNEYS/BLADDER		L	UPPER EXT. ART (SPECIFY)	
PREGNANCY F/U (TV if needed)	VIABILITY (TV if needed)	ABDOMEN/ RETROPERITONEAL	CAROTID DOPPLER		LOWER EXT. VEN (SPECIFY)	
	THYROID		SCROTUM		UPPER EXT. VEN (SPECIFY)	
BIOPHYS. PROFILE	SOFT TISSUE (SPECIFY)					

PET/CT (CHECK ABOVE FOR DIAGNOSTIC CT SCAN)

BRAIN IMAGING	LUNG CANCER	HEAD/NECK CANCER	OVARIAN CANCER	XOFIGO (RADIUM 223)
VIABILITY IMAGING	THYROID CANCER	ESOPHAGEAL CANCER	PANCREATIC CANCER	SODIUM FLUORIDE BONE SCAN
BREAST CANCER	MELANOMA	COLORECTAL CANCER	LYMPHOMA	LUNG NODULE
				OTHER (SPECIFY IN CT)

YOU ARE REQUIRED TO BRING THIS FORM AND YOUR INSURANCE INFORMATION WITH YOU WHEN ARRIVING FOR YOUR TESTING.

FOR YOUR CONVENIENCE WE ACCEPT CASH, CHECK AND CREDIT CARD.

CHILDREN ARE NOT PERMITTED IN THE EXAM ROOM. YOUR EXAM MAY BE RESCHEDULED IF BABYSITTING IS REQUIRED.



1655 Woodbrooke Drive, Suite 101

Salisbury, Maryland 21804

TOLL FREE: (866) 725-1061 / (410) 749-1123

FAX: (410) 543-1063



The Most Advanced Imaging Equipment on Delmarva

EXAM PREPARATIONS:

X-Ray (Call for Fluoroscopy appointment):

Upper GI / Swallow / Small Bowel Series (Barium or Gastroview):

- Nothing to eat or drink 6 hours prior to exam, day of exam, no smoking or gum

Barium Enema:

- Please call our office for complete details

Pediatric UGI:

- Under 6 months, nothing to eat or drink 2 hours prior to exam (Please bring a clean bottle)
- 6 months to 2 years, nothing to eat or drink 4 hours prior to exam (Please bring a clean bottle)
- 3 years and over, nothing to eat or drink 6 hours prior to exam

Pediatric Enema:

- Please call our office for complete details

Ultrasound (Call for appointment):

Pelvic / Endovaginal / Obstetrical/ Renal:

- Finish drinking one quart (32oz) liquid 60 minutes prior to exam and do not void. Must have full bladder or your exam may be rescheduled.

Gall Bladder / Pancreas / Abdomen:

- Nothing to eat or drink 6 hours prior to exam

Bone Density:

No calcium/multi-vitamin on day of exam

CT Exams (Call for appointment):

Chest / Abdomen / Pelvis:

- Nothing to eat or drink 4 hours prior to exam

Head with and without Contrast/Chest Only/Neck:

- Nothing to eat or drink 4 hours prior to exam

Coronary CTA:

- Pickup prep from our office

Virtual Colonoscopy:

- Pickup prep from our office

MRI Exams (Call for appointment):

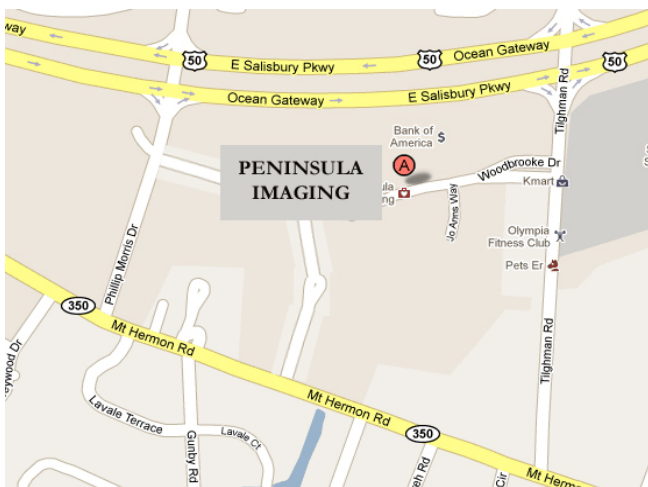
Please do not wear any jewelry as you will have to remove it prior to your MRI. If you are having an imaging exam of your face, please do not wear makeup.

Mammogram (Call for appointment):

- Please do not use powder, perfume or deodorant and body sprays on the day of your exam.

PET/CT Exams (Call for appointment):

- Nothing to eat or drink 6 hours prior to exam
- Be sure to drink 16oz of water before arriving to your exam
- Hold any oral medications 6 hours prior to your exam however, bring them to your appointment
- Can take pain and anxiety medication



Please visit our website for Google Maps® assistance at:
www.peninsulaimaging.com and click Find Us

We are located in the Woodbrooke Complex just off Route 50, next to Kmart. You may access Woodbrooke from either Tilghman Rd or Mt. Hermon Rd or Phillip Morris Dr.

THANK YOU FOR CHOOSING PENINSULA IMAGING.