

UM Upper Chesapeake Health Imaging Services

DEAR PATIENT: PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT

Date Physician Ordered: _____ <input type="checkbox"/> Fax Report Fax # _____ <input type="checkbox"/> Call Report ASAP Phone # _____			
PATIENT NAME	APPT. DATE	APPT. TIME	PATIENT PHONE (H) (W)
REFERRING PHYSICIAN'S NAME & ADDRESS			PHYSICIAN'S PHONE
DIAGNOSIS (Reason for Testing) and Comment/Special Remarks (REQUIRED)			Add: ICD-10 Code:

University of MD Upper Chesapeake Health provides the following diagnostic services at the Ambulatory Care Center of Harford County and UM UCMC by placing one call to ScheduleFirst (Procedures with an *do not require an appointment). Call for an appointment and received exam and testing instructions.

SCHEDULEFIRST	LOCATION
443-843-7000 OR 800-301-4799 Appointment Date: _____ Day: _____ Time: _____ AM/PM	Please check location below <input type="checkbox"/> Ambulatory Care Center <input type="checkbox"/> Kaufman Cancer Center 520 Upper Chesapeake Drive 500 Upper Chesapeake Drive Bel Air, MD 21014 Bel Air MD 21014 Fax #: 443-643-3706 Fax #: 443-643-3022

IDENTIFY PROCEDURES REQUESTED	
DIAGNOSTIC X-RAY*	FLUOROSCPY OR SPECIAL PROCEDURE
Reason for exam: _____	Reason for exam: _____

MAGNETIC RESONANCE IMAGING

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> HEAD (Gen. Study)
<input type="checkbox"/> IAC's
<input type="checkbox"/> MRCP
<input type="checkbox"/> Orbits
<input type="checkbox"/> Pituitary
<input type="checkbox"/> Posterior Fossa
<input type="checkbox"/> TMJ <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> CERVICAL SPINE
<input type="checkbox"/> THORACIC SPINE
<input type="checkbox"/> LUMBAR SPINE
<input type="checkbox"/> NECK (Soft Tissue)
<input type="checkbox"/> CHEST <input type="checkbox"/> ABDOMEN
<input type="checkbox"/> BREAST <input type="checkbox"/> PELVIS | <input type="checkbox"/> KNEE <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILAT
<input type="checkbox"/> SHOULDER <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> OTHER JOINT <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> EXTREMITY | <u>ANGIOGRAPHY</u>
<input type="checkbox"/> CAROTIDS
<input type="checkbox"/> CIRCLE OF WILLIS
<input type="checkbox"/> OTHER |
|--|--|---|--|
- OTHER (specify) _____

CT SCANNING

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> CHEST
<input type="checkbox"/> ABDOMEN
<input type="checkbox"/> PELVIS
<input type="checkbox"/> ABD/PELVIS
<input type="checkbox"/> NECK (Soft Tissue)
<input type="checkbox"/> OTHER (specify) _____ | <input type="checkbox"/> HEAD
<input type="checkbox"/> Orbits <input type="checkbox"/> Sinuses
<input type="checkbox"/> Temporal Bones
<input type="checkbox"/> Maxilla
<input type="checkbox"/> Mandible | <input type="checkbox"/> CERVICAL SPINE
<input type="checkbox"/> THORACIC SPINE
<input type="checkbox"/> LUMBOSACRAL SPINE
Specify Level: _____ | <u>ANGIOGRAPHY</u>
<input type="checkbox"/> Neck <input type="checkbox"/> Head
<input type="checkbox"/> Abdomen
<input type="checkbox"/> OTHER |
|---|---|--|---|

_____ IV Contract _____ B.U.N. _____ Creatinine _____ Date _____

SONOGRAM	NUCLEAR IMAGING	WOMEN'S IMAGING
<input type="checkbox"/> ABDOMEN (include gallbladder,pancreas,liver) <input type="checkbox"/> RENAL <input type="checkbox"/> AORTA <input type="checkbox"/> PELVIC <input type="checkbox"/> PELVIC OB LIMITED <input type="checkbox"/> THYROID <input type="checkbox"/> BREAST <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> TESTES <input type="checkbox"/> OTHER _____	<input type="checkbox"/> BONE SCAN <input type="checkbox"/> NUCLEAR STRESS TEST <input type="checkbox"/> LIVER/SPLEEN <input type="checkbox"/> RENAL FUNCTIONA/MAG-3 <input type="checkbox"/> THYROID UPTAKE & SCAN <input type="checkbox"/> LUNG V/Q <input type="checkbox"/> MUGA <input type="checkbox"/> HIDA <input type="checkbox"/> GASTRIC EMPTY <input type="checkbox"/> OTHER _____ _____ Special instructions	<input type="checkbox"/> MAMMOGRAPHY SCREENING <input type="checkbox"/> MAMMOGRAPHY DIAGNOSTIC <input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral <input type="checkbox"/> 3D MAMMO <input type="checkbox"/> DEXA (Bone Densitometry)

SSN: _____ (REQUIRED) (Option for screen only) **Special Instructions:** _____
 See reverse side for additional instructions and directions for each testing location.

Physician's Signature: _____ Print Name: _____

86378 12/23

The University Maryland Upper Chesapeake Health Imaging Department Welcomes You!

Your physician has requested an imaging procedure to assist in the evaluation of your current medical condition. The Imaging Department in the Ambulatory Care Center of Harford County and Kaufman Cancer Center located in Bel Air are committed to providing you imaging services of the highest quality. Our goal is to provide you with services that exceed your expectations.

If you have questions, please call us at 443-843-7000. Please bring the written prescription/referral from your physician with you on the day of your appointment. We cannot perform the procedure without this order.

WHAT TO EXPECT

Upon arrival, you will need to register with a registration team member. At this time, the registrar will make note of your address, physician's name and insurance information. Following registration, you will be directed to a waiting area that could, at times, be full of patients. Please don't worry. All of these patients will not be waiting for imaging tests, so they may not be ahead of you.

FOLLOWING YOUR PROCURE

A board certified, license physician will interpret your imaging procedure. The results will be communicated directly back to your physician in a written report. If requested by your physician, we will be happy to also telephone or fax results of your test to him/her.

DIRECTIONS

Directions to Ambulatory Care Center (ACC) of Harford County:

From Baltimore:

I-95 North to exit 77B – Rt. 24. Go West on Rt. 24 towards Bel Air approximately 5 miles. Turn left on W. MacPhail Road. Upper Chesapeake Drive is on the left. Proceed past the Upper Chesapeake Medical Center entrance, past side of ACC and bear right to front of ACC.

From Cecil County:

I-95 South to exit 77A – Rt. 24. Go West on Rt. 24 towards Bel Air approximately 5 miles. Turn left on W. MacPhail Road. Upper Chesapeake Drive is on the left. Proceed past the Upper Chesapeake Medical Center entrance, past side of ACC and bear right to front of ACC.

Directions to Kaufman Cancer Center:

From Baltimore:

I-95 North to exit 77B – Rt. 24. Go West on Rt. 24 towards Bel Air approximately 5 miles. Turn left on W. MacPhail Road. Upper Chesapeake Drive is on the first entrance on left, which is for the hospital. The second entrance on left is to the Kaufman Center.

From Cecil County:

I-95 South to exit 77A – Rt. 24. Go West on Rt. 24 towards Bel Air approximately 5 miles. Turn left on W. MacPhail Road. Upper Chesapeake Drive is on the first entrance on left, which is for the hospital. The second entrance on left is to the Kaufman Center.