

Contact Patient to Schedule
 DIC to Pre-Cert
 Scheduling Center: 913-344-9989 / 816-444-9989
 Fax: 913-344-9957 / 816-444-9957



Date: _____
 Appt. Date: ___/___/___ Time _____
 www.dic-KC.com

- Overland Park • 6650 W. 110th St • Suite 100 • Overland Park, KS 66211
- Olathe • 13795 S. Mur-Len Rd • Suite 100 • Olathe, KS 66062
- Wyandotte County • 9201 Parallel Pkwy • Kansas City, KS 66112
- Kansas City, North • 5400 N. Oak Trfy • Kansas City, MO 64118
- Kansas City, North Annex • 5500 N. Oak Trfy • Suite 101 • Kansas City, MO 64118

- Independence • 4911 S. Arrowhead Dr • Suite 100 • Independence, MO 64055
- Lee's Summit • 301 NE Mulberry St • Suite 100 • Lee's Summit, MO 64086
- Plaza • 4801 Main St • Suite 200 • Kansas City, MO 64112
- Liberty • 9151 NE 81st Ter • Suite 250 • Kansas City, MO 64158
- Mobile 3D Mammography • KC Metro area & beyond

Patient Name: _____ DOB: _____
 Daytime Phone: _____ Work Cell Home
 Alternate Phone: _____ Work Cell Home
 Insurance: _____ Member ID#: _____
 Group #: _____ Pre-Cert#: _____

Referring Provider (Please Print): _____
 Provider Phone: _____
 Provider Fax: _____
 Ordered by: _____
 *Provider Signature: _____

***Diagnosis/Symptoms:** _____

Hold patient and call report to _____ Phone: _____ After Hours Phone: _____

CONTRAST: Yes No Radiologist discretion **CREATININE:** DIC to obtain (if needed) Results _____ Date: ___/___/___

MRI Availability & Table Weight Limits:
High Field 3T Wide-Bore MRI - Overland Park /500 lbs.
High Field 1.5T Wide-Bore MRI - Olathe /500 lbs.
High Field 1.5T MRI - Lee's Summit /400 lbs.
High Field 1.5T MRI - Independence, Liberty, KC North, Plaza /350 lbs.
Open High Field 1.2T MRI - Overland Park /660 lbs.
Open MRI - Independence, KC North, KC North Annex, Plaza, Wyandotte County /500lbs.

CT Scan Table Weight Limits:
Table Limit: 450 lbs. - Independence, Lee's Summit, Liberty, Plaza, Wyandotte County
Table Limit: 500 lbs. - KC North, Olathe, Overland Park

BREAST IMAGING (3D Available):
 Mammogram Screening-asymptomatic
 Ultrasound & additional views if needed
 Mammogram Diagnostic- BIL / RT / LT
 Ultrasound if needed
 Breast MRI (Lee's Summit, KC North, OP)
 Breast Ultrasound - RT / LT
 Ductogram

- MRI:**
- MR Head MR IACs
 - MR Pituitary MR Orbits
 - MR Soft Tissue Neck
 - MR Cervical MR Lumbar
 - MR Thoracic MR Sacrum
 - MR Abdomen MR Pelvis
 - MR Enterography
 - MR Hip RT / LT
 - MR Knee RT / LT
 - MR Ankle RT / LT
 - MR Shoulder RT / LT
 - MR Elbow RT / LT
 - MR Wrist RT / LT
 - MR Extremity _____
 - MR Breast with 3D (Lee's Summit, KC North, OP)
 - MR Prostate (Indep., KC North, Olathe, OP)
 - MR Prostate Fusion (Indep., KC North, Olathe, OP)
 - MR Other _____

- CT:**
- CT Head
 - CT Soft Tissue Neck
 - CT Temporal Bones
 - CT Orbits CT Facial Bones
 - CT Sinus CT Sinus LandmarX Study
 - CT Chest
 - CT Chest-High Res (Interstitial Lung Disease)
 - CT Abdomen CT Pelvis
 - CT Stone Study
 - CT C-Spine CT T-Spine CT L-Spine
 - CT Extremity _____ RT / LT
 - CT Urography with 3D
 - CT Dental Implant Maxilla Mandible Both

- ULTRASOUND:**
- Breast - RT / LT
 - OB (TV, if needed)
 - Biophysical Profile OB if needed
 - Pelvis (TV, if needed)
 - Hysterosonogram (endometrial evaluation) Pelvis US, if needed
 - Renal
 - Renal Doppler Renal US if needed
 - Thyroid
 - Scrotal
 - Carotid Doppler
 - Venous Doppler- BIL / RT / LT
 - Arterial Doppler- BIL / RT / LT
 - Extremity _____ BIL / RT / LT
 - Other _____

- MR ANGIOGRAPHY:**
- MRA Head MRA Neck
 - MRA Renal MRA Lower Ext
 - MRA Aorta MRA Mesenteric
 - MRA Other _____

- CT CARDIAC:**
- Coronary Calcium Scoring

- CT ANGIOGRAPHY:**
- CTA Head CTA Neck
 - CTA Aorta CTA Renal
 - CTA Legs/Lower Extremity Runoff
 - CTA Pulmonary (P.E. evaluation)
 - CTA Other _____

- MRI ARTHROGRAPHY:**
- Shoulder RT / LT
 - Hip RT / LT
 - Specify joint _____ RT / LT

- NUCLEAR MEDICINE:**
- Bone Scan 3 Phase Bone Scan
 - Bone SPECT
 - DaT Scan
 - Parathyroid Scan
 - Thyroid Scan
 - Thyroid Uptake and Scan
 - Gastric Retention
 - Renal Scan
 - Renal Scan with Lasix
 - Hepatobiliary Scan with GBEF (PIPIDA)
 - Other _____

- GENERAL RADIOLOGY:**
- Chest Ribs
 - Sinuses 1 view (waters) Sinuses 3 views
 - Neck
 - Abdomen / KUB
 - Esophagus / Barium Swallow
 - UGI Small Bowel Series
 - Barium Enema (with air)
 - Barium Enema (without air)
 - IVP
 - Voiding Cystourethrogram (VCUG)
 - Hysterosalpingogram (tubal patency)
 - C-Spine T-Spine L-Spine
 - Orbit x-ray
 - Pelvis
 - Hips RT / LT
 - Extremity _____ RT / LT
 - Other: _____

- BONE DENSITY (DEXA):**
- Bone Density

- ARTHROGRAPHY (NON-MRI):**
- Shoulder Arthrogram RT / LT
 - Arthrogram _____ RT / LT

PLEASE NOTE:

- ✓ If you are taking medications on a daily basis, please do not withhold these medications.
- ✓ If you take Actoplus Met, Actoplus Met XR, Avandamet, Diaben, Diabex, Diaformin, Fortamet, Glucophage, Glucophage XR, Glucovance, Gluformin, Glumetza, Janumet, Janumet XR, Kombiglyze XR, Metaglip, Metformin, Obimet, Prandimet, or Riomet please alert our office at the time of scheduling.
- ✓ If you have allergies to iodine, other medications, or have asthma, please contact our office prior to your procedure.
- ✓ If there is any possibility that you may be pregnant or are breastfeeding, please let our office know at the time of scheduling.
- ✓ If you have any questions regarding your procedure, please contact our office and we will be glad to help you.

**If for any reason you need to reschedule, please call:
Scheduling: 913-344-9989 or 816-444-9989**

GENERAL RADIOLOGY

UPPER GI SERIES: Nothing to eat or drink after midnight prior to the procedure.

BARIUM ENEMA: Purchase 4 Dulcolax tablets, 8.3 ounce bottle of MiraLax and 64 ounce bottle of Gatorade. The day before your exam DO NOT eat any solid foods. Between 8am and 5pm consume at least 32 ounces of clear liquids. At 3PM, take the 4 Dulcolax tablets. At 5PM, mix the entire bottle of MiraLax in 64 ounces of Gatorade and shake until the solution is dissolved. Drink an 8 ounce glass every 10-15 minutes until the solution is gone. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.

SMALL BOWEL: Nothing to eat or drink after midnight prior to the procedure.

HYSTEOSALPINGOGRAM: Procedure done on day 7, 8, 9 or 10 following start of last menstrual cycle.

MAMMOGRAM: No body powder, body lotions or deodorant prior to the procedure. Your previous mammogram done at DIC is available on-site. If previous mammogram was done at another facility, please bring those films to your scheduled appointment.

CT (May require IV injection)

No prep is necessary for any CT procedure

NUCLEAR MEDICINE (May require IV injection)

At the time of scheduling, please note preparation requirements. If you have any questions, please contact the facility at which your procedure is scheduled

MRI (May require IV injection)

If you have a pacemaker, electronic implants, implantable pumps, vena cava filters, or metal in the eyes, please inform the scheduler. Please leave jewelry and valuables at home.

MRI ABDOMEN AND PELVIS: Nothing to eat or drink 4 hours prior to the procedure.

ULTRASOUND

ABDOMEN/GALLBLADDER: Nothing to eat or drink 8 hours prior to the procedure. Avoid carbonated beverages.

PELVIS/OBSTETRICAL US: One hour prior to scheduled procedure, drink 32 ounces of liquid in order to have a full bladder. Do not urinate until after your procedure is complete.

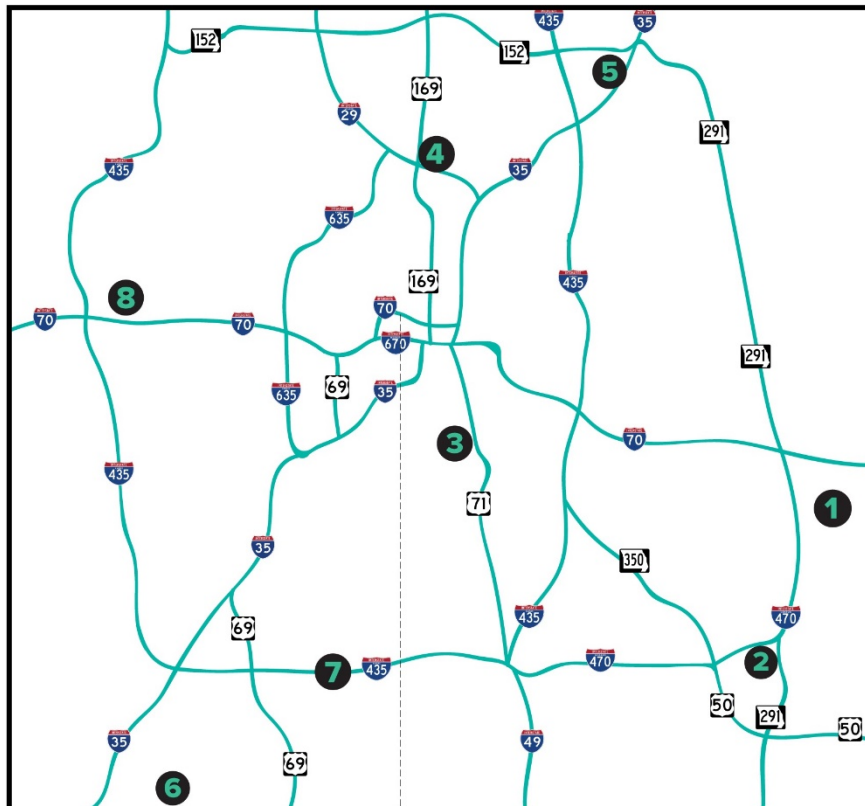
1 INDEPENDENCE
4911 S Arrowhead Dr
Suite 100
Independence, MO 64055

2 LEE'S SUMMIT
301 NE Mulberry St.
Suite 100
Lee's Summit, MO 64086

3 PLAZA
4801 Main St.
Suite 200
Kansas City, MO 64112

4 KC NORTH
5400 N Oak Trfy
Kansas City, MO 64118

NORTH ANNEX
5500 N Oak Trfy
Suite 101
Kansas City, MO 64118



5 LIBERTY
9151 NE 81st Terrace
Suite 250
Kansas City, MO 64158

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13795 S. Mur-Len Rd.
Suite 100
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