

MYELOGRAM EXAM REQUISITION



Myelogram/CT (including 3D reconstruction if indicated)

Please specify site(s):

- LUMBAR THORACIC CERVICAL

Patient Name: _____ Date of Birth: _____

Patient Phone (Day): _____ (Eve): _____ (Cell): _____

Physician: _____ Phone: _____

Physician Signature: _____

Exam Comments: _____

Clinical Information/Diagnosis: _____

CSF Requested:

- | | | |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Routine (Cell, CT, Protein, Glucose) | <input type="checkbox"/> Oligoclonal Band |
| | <input type="checkbox"/> Culture and Sensitivity (Bacterial) | <input type="checkbox"/> Immune Electrophoresis |
| | <input type="checkbox"/> Culture and Sensitivity (Fungal) | <input type="checkbox"/> Cytology |
| | <input type="checkbox"/> Gram Stain | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> VDRL | _____ |
| | <input type="checkbox"/> Cryptococcal Ag | _____ |
| | <input type="checkbox"/> IgG Index and Synthesis | <input type="checkbox"/> Save Extra |

No

Are you aware if the patient has M. Tuberculosis, Varicella Zoster, or any other contagious disease? Yes No

Appointment Date and Time: _____

Is this patient on any blood thinners (i.e., Coumadin, Heparin, Lovenox) Yes No

For Scheduling a Myelogram, please call the Myelogram department at 214-345-6674, or fax at 214-345-4885.

Patients should have the following information available when contacted by the Myelogram department:

- Emergency Contact (Name and Phone Number)
- Allergies (Iodine)
- Complete List of All Medications

Women during childbearing ages (12-55) SHOULD be screened for the possibility of PREGNANCY before scheduling Diagnostic, CT, and/or MRI procedures.

FOR EXAM PREPARATION AND MAP, PLEASE SEE BACK OF FORM

Payment is required at the time of service unless other arrangements have been made.

WHITE – Patient Copy to Bring to SWDIC YELLOW – Referring Physician's Office for Records.

MYELOGRAM EXAM PREPARATION

You have been scheduled for a Myelogram with a CT scan to follow as an outpatient procedure at Southwest Diagnostic Imaging Center (SWDIC). SWDIC's Myelogram department will be contacting you for detailed medical history prior to scheduling your exam. On the morning of the exam, you will report to the admitting department of SWDIC on the first floor of Presbyterian Professional Building 3, Suite 100. You will need to follow these instructions to prepare for the Myelogram:

1. You must not eat solid foods at least 3 hours prior to exam but are encouraged to drink liquids (i.e., water, soft drinks, juices, coffee, tea, etc.).
2. You may be required to stop taking certain medications prior to the exam. We will review your current medications and instruct you on which medication must be discontinued prior to the exam.
3. For your safety and comfort you **must** have someone accompany you during the procedure and drive you home. For 24 hours following the exam, you will be on strict bed rest.
4. Please leave jewelry and other valuables at home. Bring driver's license and insurance or Medicare cards.
5. Upon arrival you will be instructed to change into scrubs prior to the exam. (Scrubs provided by SWDIC)
6. If there is a possibility you may be pregnant, contact your physician.

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LOCATION:

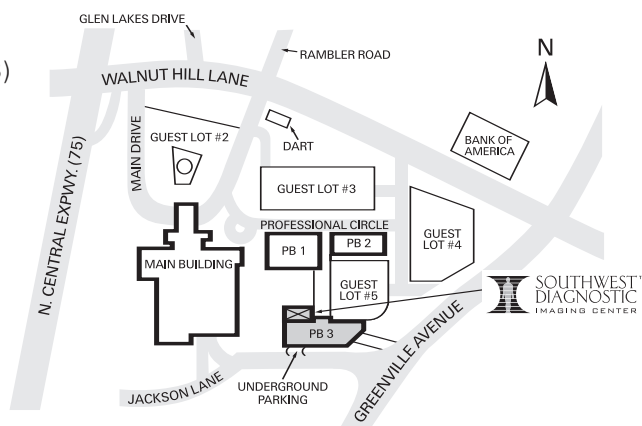
Presbyterian Professional Building 3 (PB3)
8230 Walnut Hill Lane, Suite 100
Dallas, TX 75231-4472

PARKING:

Please park in lot #5 (open parking).
Parking validation will be provided.

Public Education Web site:

American College of Radiology
www.radiologyinfo.org



For additional information visit
Southwest Diagnostic
Imaging Center's Web site.

www.swdic.com

IMAGING CENTER:

Phone 214/345-6905

MYELOGRAM SCHEDULING:

Phone 214/345-6674

Fax 214/345-4885