

**SCHEDULING:**  
PHONE 919.781.1437  
FAX 919.787.4870



State Of The Art Everything. Straight From The Heart Care.

## RALEIGH RADIOLOGY PREP INSTRUCTIONS

- |                                     |  |                                     |                                      |
|-------------------------------------|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Blue Ridge | <input type="checkbox"/> Chapel Hill   | <input type="checkbox"/> Knightdale | <input type="checkbox"/> RR South    |
| <input type="checkbox"/> Cary       | <input type="checkbox"/> Fuquay-Varina | <input type="checkbox"/> Midtown    | <input type="checkbox"/> Wake Forest |
| <input type="checkbox"/> Clayton    | <input type="checkbox"/> Holly Springs | <input type="checkbox"/> Oberlin    |                                      |

T 919-781-1437 F 919-787-4870  
schedulingteam@raleighrad.com

Patient name: \_\_\_\_\_

Procedure: \_\_\_\_\_ Appointment Date and Time: \_\_\_\_\_

**Raleigh Radiology will be contacting you to schedule your appt at one of the following locations:**

*If you don't hear from us within 24 hours please feel free to contact us.*

### Raleigh Radiology Blue Ridge

3200 Blue Ridge Road, Suite 100  
Raleigh, NC 27612

### Raleigh Radiology Cary

150 Parkway Office Court, Suite 100  
Cary, NC 27518

### Raleigh Radiology Chapel Hill

120 Banks Drive, Suite 110  
Chapel Hill, NC 27514

### Raleigh Radiology Clayton

11618 US 70 Business, Suite 102  
Clayton, NC 27520

### Raleigh Radiology Fuquay-Varina

601 Attain Street, Suite 100  
Fuquay-Varina, NC 27526

### Raleigh Radiology Holly Springs

1060 S. Main Street, Suite 110  
Holly Springs, NC 27540

### Raleigh Radiology Knightdale

1101 Great Falls Court, Suite 100  
Knightdale, NC 27545

### Raleigh Radiology Midtown

5111 Falls of Neuse Road, Suite 100  
Raleigh, NC 27609

### Raleigh Radiology Oberlin

505 Oberlin Road, Suite 110  
Raleigh, NC 27605

### Raleigh Radiology South

2400 North Main Street, Suite 150  
Fuquay Varina, NC 27526

### Raleigh Radiology Wake Forest

11640 Northpark Drive, Suite 110  
Wake Forest, NC 27587



www.raleighrad.com



To view our current evening and weekend service offerings,  
learn more about your exam, or get driving directions visit [www.raleighrad.com](http://www.raleighrad.com).

## FLUOROSCOPY EXAM PREPS

**GI Series and/or Small Bowel Study** - Nothing to eat or drink after midnight prior to the exam.

**Barium Enema** - The day before the exam remain on a clear liquid diet all day drinking 8 oz of water each hour. (For breakfast, lunch (noon) and dinner (5:00 pm) patient can drink sugar free drinks (no milk or creamer), clear broths, sugar free gelatin, sugar free popsicles.) The patient can pick up prep and instructions two days prior from participating facilities.

**IVP / Kidney X-Ray** - Avoid all dairy, greasy and fried foods the day before the exam. Pick up a prep kit at a participating facility and follow instructions. Do not have anything by mouth after midnight the night prior to the procedure.

**HSG or HSS** - Should be scheduled within 7-10 days of the first day of their last period. Refrain from intercourse on the same day of the procedure.

## CT EXAM PREPS

**CT Abdomen and Pelvis** - Nothing to eat or drink 4 hours prior to exam. If oral contrast is needed for your exam, you will be notified.

**CT Abdomen and Pelvis (Urogram)** - Nothing to eat or drink 4 hours prior to exam. Oral contrast not given unless specifically indicated by provider.

**CT Calcium Scoring** - No caffeine or smoking 4 hours prior to exam.

**CT Enterography** - Nothing to eat or drink 4 hours prior to the exam. Once the patient arrives, they will be given Volumen contrast to drink at various intervals.

## ULTRASOUND EXAM PREPS

**Abdominal / RUQ Ultrasound / Liver Elastography** - Nothing to eat or drink 8 hours before the exam.

**Renal Artery Ultrasound** - No food or drink 8 hours prior to the exam. Drink 24 oz. of water 30 minutes prior to the exam. Schedule preferably in the morning to eliminate bowel gas interference.

**Renal Ultrasound** - If under 1 year of age give formula breast milk or Pedialyte 30 minutes before exam (Please have parent give the amount of oz the infant would typical feed on during a feeding from bottle).

If pt is 1-10 yrs. of age drink 8-10 oz of fluids 30 minutes before exam hold bladder if of age. 11yrs or older please start drinking 24oz of fluids at least 1 hour prior to exam and hold bladder, as bladder must be full for scan.

**Pelvic / Early OB Ultrasound** - Drink 32 ozs of fluid within 1 hour immediately preceding the exam time. Do not empty bladder; the bladder must be very full for this exam.

## MAMMOGRAM EXAM PREPS

Do not wear deodorant or talcum powder the day of the exam.

**Bone Density (DEXA)** - no calcium supplements for 24 hours prior to exam.

## MRI EXAM PREPS

**MRI of the Brain or Orbits** - No eye makeup or hair pins/hair weaves

**MRCP** - No food or drink 4 hours prior to the exam.

### MRI Enterography

- No food or drink 4 hours prior
- Arrive 90 minutes early to drink
- Glucagon will be administered to relax bowel motion

## NUCLEAR MEDICINE PREPS

**Meckels Scan** - NPO minimum of 4 hours

**Gastric Emptying** - NPO minimum of 4 hours. If you take Reglan, Tegaserod, Domperidone and Erythromycin - stop 2 days prior to study. No antispasmodic medications 48 hours prior to the scan.

**HIDA Scan** - NPO minimum 6 hours. No morphine and morphine derivatives at least 6 hours before study.

## MRI SCREENING QUESTIONS

### Yes No

- Is this your first MRI? If no, where was the previous MRI performed?  
\_\_\_\_\_
- Was the previous MRI for the same problem?
- Are you claustrophobic? If you and your physician determine that a sedative (such as Valium) is needed for this procedure, you must arrive one hour early and complete all paper work before taking medications and you MUST bring a driver. What is your weight? \_\_\_\_\_
- Have you ever sought medical treatment for getting metal fragments in your eyes or had significant exposure to welding, grinding or soldering due to your profession or hobby? If yes, an orbit x-ray will be done free of charge prior to your scan. These x-rays are done on a walk in basis at participating facilities.
- Is there any chance you could be pregnant?
- Do you have any implanted devices such as Aneurysm clips, insulin pumps, TENS unit, epidural drug delivery, artificial heart valve, defibrillator or a Pacemaker? (If answered yes you may be asked to provide additional information including the make and model of your implant to determine the eligibility of your scan.)
- Do you have breast tissue expanders? (if yes, then we will be unable to do an MRI)
- Have you had surgery in the last 6 weeks? If yes, what kind? \_\_\_\_\_  
(We suggest you schedule 6 weeks after your surgery)
- Have you ever had any surgery on the area being scanned? If yes, when? \_\_\_\_\_
- Have you ever had any type of cancer? If yes, what type and when were you diagnosed? \_\_\_\_\_
- Do you have history of renal failure?
- Have you had a kidney transplant?
- Are you on dialysis?
- Does this exam require pre-authorization from your insurance?
- Please bring a list of all medications you are currently taking.
- Have you had a colonoscopy? If yes, were clips placed? \_\_\_\_\_
- Are you in a wheelchair?
- Do you have any removable metallic/magnetic items on your body?  
*These items will need to be removed prior to MRI, especially if in the area of interest:*
- Magnetic nail polish (Cat's eye)
  - Magnetic make up (including eye liner/eyelashes)
  - Body piercings other than ear lobes

## BREAST MRI SCREENING QUESTIONS

(All MRI breast patients must have had a Mammogram in the last 12 months. Images and reports need to be sent over if not at Raleigh Radiology)

### Yes No

- Reason for Exam
- Screening due to high risk (Must have a mammogram within 12 months)
- Implant Integrity / Rupture - non-contrast exam (Must have a mammogram within 6 months; Silicone implants only)
- Newly diagnosed Breast Cancer (Must have a mammogram within 6 months)
- Have you had a Covid vaccine? If so, date \_\_\_\_\_ and which arm**  L  R
- Do you have breast implants? \_\_\_\_\_ Silicone, Saline or Both \_\_\_\_\_ What year did you get them? \_\_\_\_\_
- What is the address and phone number where you had your last mammogram? \_\_\_\_\_
- Have you had a Breast MRI before? If so, when and where? \_\_\_\_\_
- Are you a high risk patient? \_\_\_\_\_ Have you tested positive for the BRCA gene? \_\_\_\_\_
- Have you had a previous breast biopsy or breast surgery? \_\_\_\_\_
- When and which breast? \_\_\_\_\_
- Please have the results faxed to our office.
- Have you ever had chemotherapy or radiation treatment?  
\_\_\_\_\_
- Are you currently on hemodialysis?



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