



Fluoroscopy

Questions the Central Scheduler May ask when scheduling an exam:

IS THE PHYSICIAN ORDERING ANY ORAL SEDATION FOR THIS EXAM?

IS THIS BEING SCHEDULED BY SPEECH PATHOLOGIST? IF NOT PLEASE REFER TO SPEECH PATHOLOGIST. IF YES PLEASE ENTER NAME OF SPEECH PATHOLOGIST SCHEDULING.

PLEASE HAVE THE PATIENT BRING A CURRENT LIST OF MEDICATIONS THEY ARE TAKING TO INCLUDE NON-PRESCRIPTION AND HERBAL MEDICINES.

WHAT INSURANCE DOES THE PATIENT HAVE AND DOES IT REQUIRE PRE-CERTIFICATION?



ARTHROGRAMS

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Please allow up to 60 minutes for this exam.

AT THE DISCRETION OF YOUR PHYSICIAN, STOP TAKING ASPIRIN PRODUCTS OR BLOOD THINNERS 3 DAYS PRIOR TO SCHEDULED EXAM.

YOU SHOULD WEAR A TWO PIECE OUTFIT.

PLEASE BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBALS.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 24 HOURS AFTER THE EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Imaging Dept at 217-245-9541 ext 3371. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

The Central Scheduling Department hours are Monday – Friday 7am – 5:30pm.



BARIUM ENEMA

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 60 minutes for this exam.

Pick up one (1) bottle of Magnesium Citrate Laxative, four (4) Bisacodyl/Dulcolax tablets, and instructions from the Passavant Area Hospital Imaging Department after your Barium Enema examination has been scheduled.

THE DAY BEFORE EXAMINATION:

1. Beginning at breakfast, consume clear liquids only (water, tea, soda, coffee, juice, Jell-O, popsicles, and broth – but **NO** dairy products).
2. Clear liquid lunch (as above) and no milk products.
3. Consume an ample amount of clear liquids (up to 4, 8-ounce glasses by 1 p.m.).
4. Drink entire bottle of Magnesium Citrate at 3 p.m.
5. Liquid dinner, as described above, at 5 p.m. with no dairy products.
6. Drink 4, 8-ounce glasses of water by 9 p.m.
7. Take all 4 Bisacodyl/Dulcolax tablets with one (1) glass of water at 8:30 p.m. Do not chew the tablets and take one tablet at a time.
8. Nothing to eat or drink after midnight
9. Please bring a list of your medications you are currently taking with you, including over the counter and herbal.

NOTE: If you are on a Sodium restricted diet, or if you have kidney disease, please consult with your physician prior to taking the Magnesium Citrate Laxative.

If you are a Diabetic, you may want to consult with your physician regarding your insulin dosage.

Please be sure you bring the physician order with you on the day of your exam or have your physician fax it to: 217-479-5875. If you have any questions regarding your test please call the Imaging Dept at 217-245-9541 ext 3371. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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IVP (KIDNEY) SCAN

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 60 minutes for this exam.

PICK UP 3 DUCOLAX TABLETS FROM THE PASSAVANT HOSPITAL IMAGING DEPARTMENT.

THE DAY BEFORE THE EXAMINATION:

BEGINNING AT 12 NOON, CONSUME CLEAR LIQUIDS ONLY (WATER, TEA, SODA, COFFEE, JUICE, JELL-O, POPSICLES, AND BROTH, NO DAIRY PRODUCTS).

AT 4 PM, TAKE 3 DUCOLAX TABLETS WITH 8 OUNCES OF WATER.

NOTHING TO EAT OR DRINK 6 HOURS PRIOR TO EXAM.

PLEASE BRING A LIST OF YOUR MEDICATIONS YOU ARE CURRENTLY TAKING WITH YOU, INCLUDING OVER THE COUNTER AND HERBAL.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 24 HOURS AFTER EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Imaging Dept at 217-245-9541 ext 3371. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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UPPER GI/BARIUM SWALLOW

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 30 minutes for this exam.

NOTHING TO EAT OR DRINK, NO SMOKING OR GUM CHEWING AFTER MIDNIGHT, THE NIGHT BEFORE YOUR EXAM.

BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBALS.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Imaging Dept at 217-245-9541 ext 3371. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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