



To schedule an appointment,
 call One Call at 828-213-2222 or 844-519-0200;
 fax 877-568-0767.
 X-ray only: Walk-ins welcome. M - F 8:00 - 4:00 pm

RADIOLOGY OUTPATIENT SERVICES | P 828-213-1203 | F 828-213-1201

Services Provided by Mission Hospital

Patient Name _____ Date of Birth _____
 Phone Number _____ Referring Physician _____
 Clinical / History _____

Diagnosis / ICD-9 Code _____
 Physician's Contact Info: Beeper Phone Number _____
 Physician's Signature _____ Date/Time _____
 Allergies _____
 Request Child Life Services: Yes No Sedation: Yes No
 Please call patient to schedule appointment. Date _____ Time _____
 Guarantor _____
 Guarantor DOB _____ Insurance _____

Other Instructions for Imaging

- Routine
- CALL Report # _____

X-RAY Walk-ins welcome. M - F 8:00 - 4:00 pm

Fax order to 213-1201 or patient can hand carry

- | | | | |
|---|-----------------------------------|----------------------------|-----------------------------|
| <input type="radio"/> Chest | <input type="radio"/> Clavicle | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Soft Tissue Neck | <input type="radio"/> Shoulder | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Abdomen | <input type="radio"/> Humerus | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Foreign Body | <input type="radio"/> Elbow | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Ribs <input type="radio"/> Left <input type="radio"/> Right | <input type="radio"/> Forearm | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Facial Bones | <input type="radio"/> Wrist | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Nasal Bones | <input type="radio"/> Hand | <input type="radio"/> Left | <input type="radio"/> Right |
| | <input type="radio"/> Fingers | <input type="radio"/> Left | <input type="radio"/> Right |
| | # _____ | | |
| <input type="radio"/> Skull | <input type="radio"/> Femur | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Cervical Spine | <input type="radio"/> Knee | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Thoracic Spine | <input type="radio"/> Lower Leg | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Lumbar Spine | <input type="radio"/> Ankle | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Sacrum / Coccyx | <input type="radio"/> Foot | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Scoliosis | <input type="radio"/> Toe | <input type="radio"/> Left | <input type="radio"/> Right |
| | # _____ | | |
| <input type="radio"/> Pelvis/Bilateral Hips | | | |
| <input type="radio"/> Bone Age | <input type="radio"/> Bone Survey | | |

MRI

- Brain
- Cervical Spine Thoracic Spine Lumbar Spine
- Abdomen Pelvis
- MR Enterography
- MRCP
- MRA (specify) _____
- MRV (specify) _____
- Extremity Left Right (specify) _____
- MRI Arthrogram Left Right (specify) _____
- Contrast Yes No

ULTRASOUND

- Intracranial Head Transcranial Doppler
- Thyroid
- Spinal Canal
- Abdomen
- Abdomen with Dopplers Abdomen Limited (gb, ruq)
- Appendix Pylorus
- Renal Renal Arteries with Dopplers
- Scrotum Scrotum with Dopplers
- Pelvis Pelvis with Ovarian Dopplers
- Transvaginal Transvaginal with Ovarian Dopplers
- Infant Hips
- Nonvascular Extremity (specify) _____ Left Right
- Venous Upper Lower Right Left Bilateral
- Palpable Mass (specify location) _____
- Other _____

FLUOROSCOPY

- Barium Swallow / Esophagram
- Modified Barium Swallow/Video Cine Swallow
- Upper GI
- Small Bowel Follow Through
- Single Contrast Pediatric Enema
- Lumbar Puncture with CSF Aspiration
- VCUg
- Other _____

Patient Exam Preparation

GI Series and/or Small Bowel Study: Do not eat or drink within 4 hours prior to your exam.
Do not feed an infant 0-6 months of age 2 hours before the exam.

Barium Enema: Call 828-213-1203 for prep instructions if you are having a barium enema for bleeding problems.
There is no preparation for barium enemas for constipation.

Abdominal / Gallbladder Ultrasound: Do not eat or drink within 4 hours prior to your exam.
Do not feed an infant 0-12 months of age 2 hours before the exam.

MRI of the Abdomen / MCRP: Do not eat or drink within 4 hours prior to your exam.

If you have any questions regarding your exam or any preparation, please call us at 828-213-1203.

Directions to Mission Children's Reuter Outpatient Center

11 Vanderbilt Park Drive | Asheville, NC 28803

FROM I-40

When traveling west on I-40, take Exit 50-A (Highway 25 South, Hendersonville Road). Merge left on lane heading south on Highway 25. At the second stoplight, turn right onto Vanderbilt Park Drive.

When traveling east on I-40, take Exit 50. Turn right onto Highway 25 South (Hendersonville Road). At the first stoplight, turn right onto Vanderbilt Park Drive.

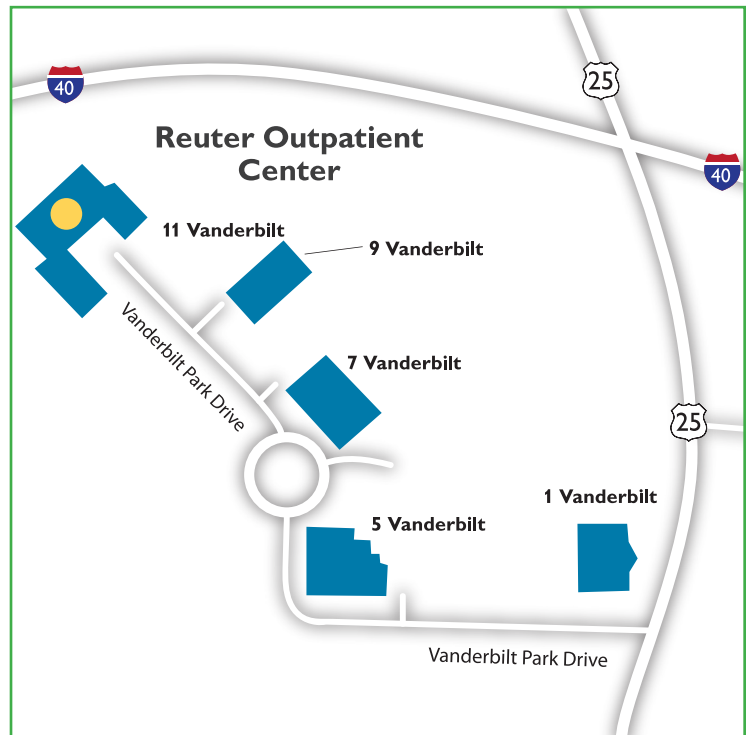
FROM HIGHWAY 25/ HENDERSONVILLE ROAD

Driving south on Highway 25 (away from Asheville), turn right at the first traffic light after driving under I-40 onto Vanderbilt Park Drive.

Driving north on Highway 25 (toward Asheville), turn left at the first traffic light past Atlanta Bread Company onto Vanderbilt Park Drive.

ONCE ON VANDERBILT PARK DRIVE

Follow the road to the right behind the Asheville Cardiology building. Proceed to the roundabout and go about halfway around, passing Asheville Children's Medical Center. You will see a statue of a frog on the right and the Mission Children's Reuter Outpatient Center in front of you. Parking is in front of the building. When you enter the building, go through the front waiting room, past the clinic registration desk and enter the radiology suite on your right.



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