



To schedule an appointment,  
 call One Call at 828-213-2222 or fax 828-213-4877.  
 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 \_\_\_\_\_

**Other Instructions for Imaging**

Hold & Call # \_\_\_\_\_  
 Fax Report to # \_\_\_\_\_

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 \_\_\_\_\_

**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

**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 \_\_\_\_\_

**ULTRASOUND**

Intracranial Head  Transcranial Doppler  
 Thyroid  Appendix  
 Spinal Canal  Pylorus  
 Abdomen  Infant Hips  
 Abdomen with Dopplers  Abdomen Limited (gb, ruq)  
 Renal  Renal Arteries with Dopplers  
 Scrotum  Scrotum with Dopplers  
 Pelvis  Pelvis with Ovarian Dopplers  
 Transvaginal  Transvaginal with Ovarian Dopplers  
 Nonvascular Extremity (specify) \_\_\_\_\_  Left  Right  
 Venous  Upper  Lower  Right  Left  Bilateral  
 Palpable Mass (specify location) \_\_\_\_\_  
 Other \_\_\_\_\_  
 If positive findings for **appendicitis** or **pyloric stenosis** I authorize referral to Mission Hospital/peds hospitalist/peds surgeon

# 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.

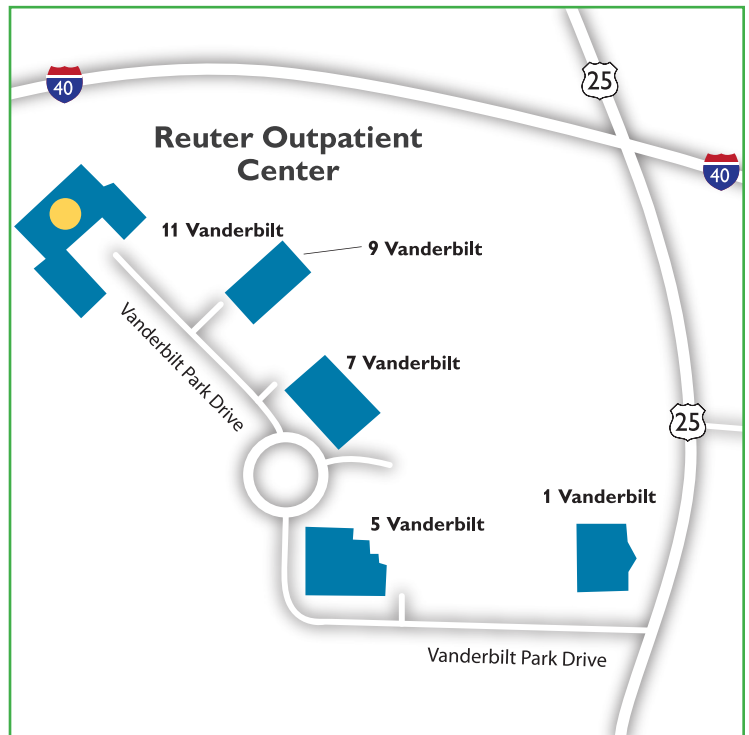
#### FROM HIGHWAY 25/ HENDERSONVILLE ROAD

**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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