



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.

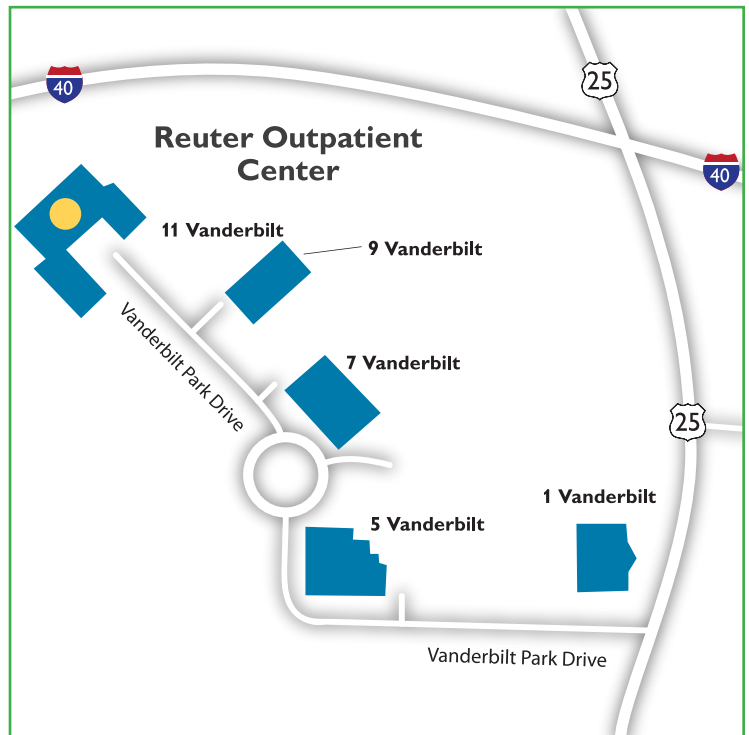
FROM HIGHWAY 25/ HENDERSONVILLE ROAD

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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