Belize Medical Associates

bma We do care

Radiology Department Request Form

Name: ____________________ Date: ____________________

Sex: ____________________ Room: ____________________

Age: ____________________ Physician: ____________________

Phone: ____________________ Address: ____________________

Clinic Data: ____________________

____

Diagnosis: ____________________

- ☐ Urgent
- ☐ Do Today
- ☐ Appointment

Appointment

Date: ____________________

Time: ____________________

Examination Requested:

☐ **X-Ray**

- ☐ Skull
- ☐ Sella Turcica
- ☐ Orbits
- ☐ Nasal Bone
- ☐ Mastoids
- ☐ Temporo-Mandibular Joints (TMJ)
- ☐ Mandible
- ☐ Zygomatic Arch
- ☐ Facial Bones
- ☐ Paranasal Sinuses
- ☐ Post Nasal Inlet
- ☐ Neck (Soft Tissue)
- ☐ C-Spine
- ☐ T-Spine
- ☐ LS Spine
- ☐ Lumbar Spine Series
- ☐ Sacrum
- ☐ Coccyx
- ☐ Scoliosis Study
- ☐ Sacroiliac Joints
- ☐ Shoulder
- ☐ Clavicle
- ☐ Acromio-clavicular Joint (ACJ)
- ☐ Scapula
- ☐ Arm (Humerus)
- ☐ Elbow
- ☐ Forearm (Ulna/Radius)
- ☐ Wrist
- ☐ Hand
- ☐ Fingers
- ☐ Chest PA
- ☐ Chest PA/Lateral
- ☐ Sternum
- ☐ Abdomen (KUB)
- ☐ Abdomen (Erect & Supine)
- ☐ Pelvis
- ☐ Hip
- ☐ Thigh (Femur)
- ☐ Leg (Tibia/Fibula)
- ☐ Knee
- ☐ Ankle
- ☐ Foot
- ☐ Calcaneus
- ☐ Other____________________

____

____

____

☐ **Mammogram**

☐ **Bone Density Test**

☐ **Ultrasound**

- ☐ Pelvic
- ☐ Obstetric
- ☐ Obstetric/Doppler of Umbilical Artery
- ☐ Obstetric/Biophysical Profile
- ☐ Obstetric 4D
- ☐ Breast
- ☐ Transvaginal
- ☐ Urinary Tract
- ☐ Liver and Biliary Tract
- ☐ Upper Abdomen
- ☐ Pan-Abdominal
- ☐ Neck
- ☐ Thyroid
- ☐ Transfontanelar
- ☐ Testicle
- ☐ Prostate Transrectal
- ☐ Colour-Flow Doppler
  - ☐ Arterial
  - ☐ Venous
- ☐ Soft Tissue
- ☐ Other

____

____

☐ **C T Scan**

- ☐ Neck
- ☐ Thorax
- ☐ Upper Abdomen
- ☐ Pelvis
- ☐ Urinary Tract
- ☐ Pan-Abdominal
- ☐ Spine
- ☐ Extremities
- ☐ Head
  - ☐ Brain
  - ☐ Posterior Fossa
  - ☐ Sella Turcica
  - ☐ Orbits
  - ☐ Temporal Bone
  - ☐ Paranasal Sinuses
  - ☐ Temporomandibular Joints
  - ☐ Facial Bones
  - ☐ 3D
  - ☐ Other

____

____

____

____

Signature: ____________________

Opening Hours: Monday to Friday: 8:00 am to 7:00 pm
Saturday: 8:00 am to 1:00 pm
24 hr. Emergency Service

5791 St. Thomas St., P.O. Box 1008, Belize City, Belize • Tel: (501) 223-0303, Fax: (501) 223-1261, E-mail: bzemedasso@btl.net

Preparation Instructions

ULTRASOUND

For: Liver
Biliary Tract
Gallbladder
Pancreas
Spleen

Fast for 8 hours prior to ultra sound.

For: Pelvic
Uterus and Ovaries
Early Pregnancy
Urinary Bladder
Prostate Abdominal

Take one (1) liter or six (6) glasses of liquid (water or juice) one hour before appointed time.

For: Obstetric
Breast
Transvaginal
Testicle
Kidneys
Thyroid
Transfontanelar
Colour Doppler
Transrectal

No preparation required.

For: Panabdominal
Fasting and full bladder.

MAMMOGRAM

Do not apply powder or deodorant

CT SCAN

Without contrast: No preparation needed
With contrast: Fast for 4 hours prior to exam.

BONE DENSITY TEST

No Preparation needed.

For: Barium Swallow
Barium Meal
Follow Through
Fast for 8 hours prior to exam.

For: Hysterosalpingogram
Done 3 to 5 days after the last Menstrual period.
No sexual intercourse on the day before exam.

For: Intravenous Urography
Infusion IVP
Barium Enema

Dietary instruction for 2 days before exam.

8:00 am Eat light meal.
12:30 pm Eat light meal. (Bouillon, juice and plain jello). No solid foods or dairy products
6:30 pm Eat light liquid meal No Dairy Products.

Dietary instruction day before exam:

8:00 am Eat light liquid meal.
12:30 pm Eat light meal, (bouillon, juice and plain jello). No solid foods or dairy products.
6:30 pm Eat light liquid meal. No dairy products.

After eating take four (4) tablespoons of castor oil and drink a full glass of water.
10:00 pm Apply Fleet Enema.

Dietary instruction day of exam:

Fasting (No food or liquid)
For patient taking Barium Enema Exam: One hour before leaving for your exam apply Fleet Enema.