



JOHNS HOPKINS
M E D I C I N E

THE JOHNS HOPKINS HOSPITAL
600 NORTH WOLFE STREET
BALTIMORE, MD 21287

Department of Radiology
NEURO RADIOLOGY

STAMP PATIENT'S IDENTIFICATION OR PRINT CLEARLY

Nursing Unit Clinic Birth Date

J.H.H. History Number

Patient's Name (LAST, FIRST, M.I.)

1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="checkbox"/> Routine <input type="checkbox"/> ASAP <input type="checkbox"/> STAT	DATE
<input type="checkbox"/> Allergic to Drugs	<input type="checkbox"/> On isolation	LMP <input type="checkbox"/> Pregnant
Attending Physician		Ordering Physician (Print)
Ordering Physician Signature	Doctor Number	Phone or Beeper

Unable to Walk
 Stand

Radiologist to determine views/contrast

Transported to Radiology Department By: Wheelchair Stretcher

NEURO CT EXAMINATIONS

<input type="checkbox"/> CT Head <input type="checkbox"/> w/o <input type="checkbox"/> w <input type="checkbox"/> wo/w IV contrast	<input type="checkbox"/> CTA Neck with IV Contrast	<input type="checkbox"/> CT Guided Tarlof Cyst Aspiration
<input type="checkbox"/> CT Temporal Bones <input type="checkbox"/> w/o <input type="checkbox"/> w IV contrast	<input type="checkbox"/> CTA Head with IV Contrast	<input type="checkbox"/> CT guided Cryoablation of _____
<input type="checkbox"/> CT Landmarx Sinus	<input type="checkbox"/> CT Spine	<input type="checkbox"/> CT Guided Nerve Block Level _____
<input type="checkbox"/> CT Sinus <input type="checkbox"/> w/o <input type="checkbox"/> w IV contrast	<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar	<input type="checkbox"/> CT Guided Denervation Level _____
<input type="checkbox"/> CT Face <input type="checkbox"/> w/o <input type="checkbox"/> w IV contrast	<input type="checkbox"/> CT Myelo	<input type="checkbox"/> CT Guided Biopsy/Aspiration _____
<input type="checkbox"/> CT Orbits <input type="checkbox"/> w/o <input type="checkbox"/> w IV contrast	<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar	_____
<input type="checkbox"/> CT Neck/Soft Tissue <input type="checkbox"/> w/o <input type="checkbox"/> w IV contrast	<input type="checkbox"/> CT Other _____	<input type="checkbox"/> CT Guided RFA of _____

Reconstructions 2D 3D other: _____

NEURO INTERVENTIONAL EXAMINATIONS

<input type="checkbox"/> Cerebral Angiogram	<input type="checkbox"/> Embolization w stent placement	<input type="checkbox"/> Venous Sampling
<input type="checkbox"/> Spinal Angiogram	<input type="checkbox"/> Vertebroplasty	<input type="checkbox"/> Gamma Knife
<input type="checkbox"/> WADA	<input type="checkbox"/> Balloon Test Occlusion	<input type="checkbox"/> Angioplasty w/o stent placement
<input type="checkbox"/> Embolization w/o stent placement	<input type="checkbox"/> TPA Infusion	<input type="checkbox"/> Angioplasty w stent placement

NEURO DIAGNOSTIC EXAMINATIONS

<input type="checkbox"/> Spinal Puncture (<input type="checkbox"/> Cervical or <input type="checkbox"/> Lumbar)	<input type="checkbox"/> Denervation Level _____
<input type="checkbox"/> Myelogram (<input type="checkbox"/> Cervical, <input type="checkbox"/> Thoracic or <input type="checkbox"/> Lumbar)	<input type="checkbox"/> Shunt Placement
<input type="checkbox"/> Nerve Block Level _____	<input type="checkbox"/> Chemo Infusion

OTHER EXAMINATIONS REQUESTED	SPECIAL INSTRUCTIONS	CLINICAL DX/RELEVANT CLINICAL FINDINGS
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ACCESSION NUMBERS	EXAM CODES	ICD-9 CODES	DEPT CODE	SCHEDULED
				ARRIVED
	PROCEDURE ROOM	TIME IN	TIME OUT	TECHNOLOGIST