



PIONEER DIAGNOSTIC & IMAGING

Hours Open
Mon - Fri
08:30 am - 06:00 pm

387 Shuman Boulevard,
Suite 210E,
Naperville, Illinois 60563

Phone: 630-329-8161
Fax: 630-329-8166

Sat
(By Appointment Only)
09:00 am - 01:00 pm

PATIENT CLINICAL HISTORY:

Clinical Hx must be filled out:

Previous Imaging? Location & Date? _____

PATIENT APPOINTMENT:

Date : D_____ M_____ Y_____

Time : _____ am / pm

X - RAY

- Chest:
- PA / Lateral
 - Ribs L R
 - Sternum
 - S C joints
- Abdomen:
- KUB / Single
 - Acute (3 views)
- Head and Neck:
- Skull
 - Sinuses
 - Facial Bones
 - Orbits - trauma
 - Orbits - Pre MRI
 - Nose
 - Mandible
 - TMJs
 - Adenoids / Soft Tissue
- Spine:
- Cervical - Osteoarthritis
 - Cervical w Flex/Ext - trauma
 - Thoracic
 - Lumbosacral
 - Sacrum / Coccyx
 - SI joints
- Upper Extremity:
- Bilat AC joints
 - L R Clavicle
 - L R Shoulder
 - L R Scapula
 - L R Humerus
 - L R Elbow
 - L R Forearm
 - L R Wrist
 - L R Hand
 - L R Fingers
- Lower Extremity:
- Pelvis
 - L R Hip and Pelvis
 - L R Knee
 - L R Knee Skyline/standing
 - L R Tibia/Fibula
 - L R Ankle
 - L R Foot
 - L R Os Calcis/Heel
 - L R Toes
- Other: _____
- Bone Age
- Skeletal Survey work-up
- Arthritic Work-up
- 1 2 3 4 5

ULTRASOUND

- General: Full Abdomen Thyroid
- Kidneys Neck
 - Bladder (pre & post void) Hernia - Abdo Wall
 - Pelvis + TV Hernia - Umbilical
 - Pelvis (without TV) Small Part: _____
 - Scrotal/Testicular Other: _____
- ObsGyn: Early Dating BPP/Doppler
- IPS (11w-13w6days) Recheck / limited
 - Routine Multi-gestation
- Date LMP: Day_____ Month_____ Year_____
- Cardio- Venous L R Leg L R Arm
- Vascular: Arterial L R Leg
- Carotids
 - Renals Arterial
- Musculoskeletal:
- L R Hip L R Shoulder
 - L R Hamstring L R Elbow
 - L R Knee L R Wrist
 - L R Ankle L R Digits
 - L R Achillies
- 1 2 3 4 5
- Other: _____
- Breast Imaging: _____
-

OTHER TESTS

- PFT
- DEXA
- EKG
- Sleep study
- HST
- IN LAB
- ABI
- Physical Therapy
- _____

PATIENT INFORMATION:

Date: _____ M / F DOB: _____

Name: _____

Address: _____ City: _____

Home P#: _____ Cell P#: _____

ZIP: _____

REFERRING PHYSICIAN:

_____ : Name

_____ : NPI

_____ : Office Phone

_____ : Fax Number

_____ : Signature

Preparing For an Ultrasound

While many ultrasound procedures require no preparation for our patients, some do. You should wear comfortable, loose-fitting clothing for your ultrasound exam. You will need to remove all clothing and jewelry in the area to be examined.

If you are having an ultrasound of any of the following:

- GALLBLADER / ABDOMEN / AORTA / LIVER / PANCREAS / SPLEEN / RENAL, Please do not eat or drink 8 hours prior to exam.
- If you are having ultrasounds of the PELVIS or a PREGNANCY ultrasound, please drink 32 ounces of water, 1 hour before exam.
YOUR BLADDER MUST BE FULL FOR EXAM Please drink water only - no carbonated beverages. If you are more than 20 weeks pregnant, there is no prep for your ultrasound.
- If you are having an ultrasound of any Extremity, Thyroid, Breast, Musculoskeletal, Testicles, or Carotid there is NO PREP.
- Bring insurance card and your order if you were given one by your doctor.
- The procedure will take approximately 30-60 minutes per exam.
- Have you had any prior images taken on the area of interest? If so, please let a staff member know so we can obtain the images and reports for comparison.
- Your arrival time will be 15 minutes before your appointment time so you can be registered before your exam.