THE IMAGING CENTER OF LAS CRUCES RADIOLOGY

160 Roadrunner Pkwy. • Las Cruces, NM 88011
Phone: 575-556-1800 • Toll Free: 888-522-6631
Fax: 575-522-1178

WHERE YOU ARE OUR FOCUS

Ramakrishna Devasthali, M.D. Puneet Ghei, M.D.

Procedure: _____ Date_____

History or reason for Exam:

_____

_____

Are you currently taking any blood thinners?_____ If yes please list: _____

(Plavix, Aspirin, Advil, Baby Aspirin, and any prescribed thinners) When was the last time you took any of these consistantly: _____

Do you have any allergies to any medications? If yes, please list:_____

_____

_____

Height: _____ Weight: _____ LMP: _____ Pregnant? ☐ Yes ☐ No

Prior Relevant Studies:_____

Prior Relevant Surgeries: _____

Prior Iodine Studies? ☐ Yes ☐ No **Prior Iodine Reaction?** ☐ Yes ☐ No

If Yes, Type of Reaction: ☐ Rash ☐ Shortness of Breath ☐ Wheezing

☐ Fainting ☐ Flushing ☐ Low Blood Pressure ☐ Other_____

☐ Medical treatment required ☐ No Medical treatment required

Date of Reaction: _____

Do you Smoke? ☐ Yes ☐ No If yes, how long?_____

Heart Problems? ☐ Yes ☐ No If yes, explain: _____

Kidney Problems? ☐ Yes ☐ No If yes, explain: _____

_____

Sickle Cell Anemia? ☐ Yes ☐ No Multiple Myeloma? ☐ Yes ☐ No

Diabetic? ☐ Yes ☐ No Asthma? ☐ Yes ☐ No

This Section To Be Completed By RT/RN/MD

If patient is diabetic, is patient on glucophage/glucovance/metformine. Last dose taken: _____

(Patient must be off glucophage/glucovance 48 hours after contrast)

Instructed By: _____

Procedure and Contrast Orders:

Bun:_____ Creatinine: _____

Contrast Type: _____ **IV** _____ **Oral** _____ **Rectal** _____

Lot # _____ Exp Date:_____

Amount Ordered:_____

Amount Given: _____

Radiologist: _____

Injected By: _____

Flow Rate: _____

Needle Gauge/Site: _____

Started By: _____

Dc'd (time/initials): _____

List the medications patient is currently taking:

_____

_____

_____

_____

_____

_____

_____

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