

You Are Scheduled for a CT Renal Mass Protocol

Your CT will take place in Radiology at the Meridian office.
 2855 East Magic View Drive in Meridian, Idaho
 Suite B, on the ground floor

(Patient Name)

(Patient Date of Birth)

Your CT is scheduled for:

Date: _____ Time: _____

You will need lab work done prior to your CT exam.

Your Labs are scheduled for:

Date: _____ Time: _____

Lab Draw Location: _____

In Preparation For Your Exam:

- Please have only clear liquids after midnight.
- You will need to drink 16 ounces of water 15 – 20 minutes prior to your scheduled appointment time. You will also be asked to drink a second cup of water just prior to your scan.
- Dress comfortably and wear loose fitting clothing. Any clothing you wear with metal (such as snaps, zippers, eyelets, or under wires) will need to be changed.
- Bring a current list of your medications. You should continue to take all necessary daily medications unless instructed otherwise. If you must take your medications with food, we ask that you only have something small like toast or crackers.
- During your exam, you will be given IV contrast. If you have known allergies to IV contrast, iodine, or other substances, please make the technologist or your nurse aware of this no less than 24 hours prior to your exam. Some allergies may require the use of pre-medication to prevent an allergic reaction to the IV contrast.
- Ladies, please contact your nurse or physician prior to the day of your exam if you are pregnant, think you may be pregnant, or have a history of Polycystic Ovarian Syndrome for which you take Metformin.

Following Your Exam:

- You will be able to return to all normal daily activities including eating and drinking the foods of your choice.
- Please drink plenty of extra fluids for two days following your study to hydrate your body and aid in flushing the contrast from your system.

Your follow up appointment is scheduled for:

Date: _____ Time: _____ Location: _____

If you have any questions prior to your scan and need to talk to your nurse, please call **(208) 639-4900**. If you need to talk to someone in Radiology, please call **(208) 639-4900**.

Diabetic patients will also be receiving a second set of instructions. If you are diabetic and have not received special instructions related to your diabetes and diabetic medications, please call your nurse immediately.

Diabetic Instruction sheet was given and reviewed.

Contrast Allergy Instructions were given and reviewed.

Patient Screened

Needs Pre-CT Creatinine

Needs Post-CT Creatinine (48-72 hours)

Staff Initials: _____

Options for Advanced Services

You are being referred for advanced imaging services. IUI offers these services to our patients in our facility. However, you are free to elect to see any qualified provider and need not elect to have IUI perform such services. Below is a list of providers available:

St. Alphonsus Regional Medical Center

1055 North Curtis Road, Boise, ID (208)367-2121

Saltzer Medical Group

4403 East Flamingo, Nampa, ID (208)288-4960

Imaging Center of Idaho

4519 Enterprise Way, Caldwell, ID (208)455-7482

St. Alphonsus Nampa

1512 12th Avenue Road, Nampa, ID (208)463-5431

