LONG BAY DIAGNOSTIC IMAGING

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ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

Fax Scheduling 843-916-9460
❑ Call patient to schedule

Patient Name:_____ DOB:_____

Appointment Date:_____/_____/_____ Arrival Time:_____am / pm Appointment Time:_____am / pm

Phone Number: Primary:_____ Secondary:_____

MRI

Contrast: ❑ Rad Discretion
❑ with ❑ without ❑ with & w/o

- ❑ Brain
- ❑ Brain IACs
- ❑ Brain Pituitary
- ❑ Orbits
- ❑ Soft Tissue Neck
- ❑ TMJ
- ❑ Cervical Spine
- ❑ Thoracic Spine
- ❑ Lumbar Spine
- ❑ Sacrum
- ❑ Shoulder Rt Lt
- ❑ Elbow Rt Lt
- ❑ Wrist Rt Lt
- ❑ Hand Rt Lt
- ❑ Pelvis
- ❑ Hip Rt Lt
- ❑ Knee Rt Lt
- ❑ Ankle Rt Lt
- ❑ Foot Rt Lt
- ❑ Abdomen
- ❑ MRCP
- ❑ MRA Head
- ❑ MRA Carotid
- ❑ MRA Abdomen
- ❑ MRA Renal
- ❑ MRA Aorta
- ❑ Other:_____

CT

Contrast: ❑ Rad Discretion
❑ with ❑ without

- ❑ Head
- ❑ Orbits
- ❑ Temporal Bones/IACs
- ❑ Facial Bones
- ❑ Paranasal Sinus
- ❑ Paranasal Sinus Stereotactic Protocol:_____
- ❑ Soft Tissue Neck
- ❑ Chest
- ❑ Hi Res Chest
- ❑ Abdomen & Pelvis
  - ❑ Stone Protocol
- ❑ Abdomen (Only)
- ❑ Pelvis (only)
- ❑ Dedicated Studies (all w & w/o)
  - ❑ Adrenal ❑ Pancreas
  - ❑ Liver ❑ Renal

CT Angiography (CTA)

- ❑ Chest/PE Protocol
- ❑ Head
- ❑ Neck
- ❑ Abdomen/Aorta
- ❑ Abdomen/Pelvis-Renal
- ❑ Abdomen w/ Bilateral
- ❑ Lower Extremity Runoff

Spine w/3D Recon ☐ Yes ☐ No

- ❑ Cervical
- ❑ Thoracic
- ❑ Lumbar

- ❑ Extremity
  - ❑ Body Part:_____
  - ❑ Right ❑ Left
- ❑ Cardiac Score
- ❑ Other (specify)_____

Ultrasound

General

- ❑ Abdomen Complete (organs above umbilicus)
- ❑ Right Upper Quadrant (Liver, Gallblader,
- ❑ Rt Kidney, Pancreas)
- ❑ Left Upper Quadrant (Spleen, Lt Kidney)
- ❑ Pelvis (Transvaginal as indicated)
- ❑ Renal (Kidneys & Bladder)
- ❑ Aorta
- ❑ Thyroid
- ❑ Scrotum
  - ❑ with Doppler
- ❑ Groin
- ❑ Other:_____

Vascular

- ❑ Carotid Doppler
- ❑ Lower Venous Doppler Rt Lt Bilat
- ❑ Upper Venous Doppler Rt Lt Bilat

X-ray

- ❑ Chest
- ❑ KUB
- ❑ Abd-Supine & Upright
- ❑ Abd Series (incl. PA CXR)
- ❑ Cervical
- ❑ Thoracic
- ❑ Lumbar
- ❑ Pelvis
- ❑ Ribs
- ❑ Hip Rt Lt
- ❑ Shoulder Rt Lt
- ❑ Wrist Rt Lt
- ❑ Hand Rt Lt
- ❑ Knee Rt Lt
- ❑ Ankle Rt Lt
- ❑ Foot Rt Lt
- ❑ Other_____

Report Delivery

- ❑ Within 24 hours
- ❑ STAT Report
- ❑ Call Report

Comparisons

- ❑ Comparison Studies
  Location:_____

Where specifically is the problem/pain? _____

Date of injury? _____

ICD10 code _____

Physician Name (Printed)_____ **STAT Call Report #:**_____

Physician Signature:_____ **Date:**_____

Bring this order with you to your scheduled exam

PATIENT INSTRUCTIONS: PREPARING FOR YOUR EXAM

MRI (Magnetic Resonance Imaging)

Please contact our office 24 hours before appointment for prep instructions.

PATIENT IS/HAS:

Do you have/Are you:

- **Allergic to CT or MRI Contrast? (Prescription Available)**
- **Any type of implanted mechanical pump?**
- **Any type of surgery within the past 8 weeks?**
- **Pregnant/Nursing?**
- **History of cancer?**
- **Pacemaker?**
- **Aneurysm clip?**
- **Any metallic implant?**
- **Special Assistance Needed?**
- **Metallic fragments in your eyes or previous injury to the eye involving a metallic object?**

CT (Computed Tomography)

Please contact our office 24 hours before appointment for prep instructions.

ORAL CONTRAST

If your doctor has ordered contrast, you may be receiving oral and/or IV contrast.
You can only have clear liquids four hours prior to your exam. Some examples of clear liquids are: water, apple juice, chicken broth, Sprite, 7-Up, and ginger ale. Take all medications with a clear liquid on the day of your test.
If you have ever had any reaction to IV X-ray dye, please call us prior to your exam at the number below.

Oral contrast must be taken as directed below:

UPPER ABDOMEN 1 bottle at _____ (1 hour before exam)

PELVIS (ONLY) 1 bottle at _____ (2 hours before exam)
1 bottle at _____ (1 hour before exam)

ABDOMEN & PELVIS 1 bottle at _____ (2 hours before exam)
1 bottle at _____ (1 hour before exam)

You are scheduled to be scanned at _____ AM / PM
Please arrive for your exam at _____ AM / PM in order to prepare your paperwork.

WE SUGGEST REFRIGERATING THE CONTRAST BEFORE DRINKING!

Ultrasound

❑ **Abdomen, RUQ, Renal and Aorta:** Nothing to eat or drink after midnight or 6 hours prior to exam.

❑ **Pelvic/Bladder, Renal:** Full bladder required. All must drink 32 oz. of water 1 hour prior to exam.