



FLORENCE MRI & IMAGING

Tax ID# 571013875
www.scdiag.com

805 S. Irby Street
Florence, SC 29501
843-292-0400



Fax Scheduling
843-292-0470
 Call patient to schedule

Patient Name: _____ DOB: _____

Appointment Date: ____/____/____ Arrival Time: ____ am / pm Appointment Time: ____ am / pm

Phone Number: Primary: _____ Secondary: _____

MRI

CT

Ultrasound

X-ray

Contrast: Rad Discretion
 with without with & w/o

- Orbits (all with & w/o)
- Brain
 - IAC (all with & w/o)
 - Pituitary (all with & w/o)
- TMJ
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Soft Tissue Neck
- MRA of: _____
- Shoulder Rt Lt
- Elbow Rt Lt
- Wrist Rt Lt
- Abdomen
 - MRCP
- Hip Rt Lt
- Knee Rt Lt
- Ankle Rt Lt
- Foot Rt Lt
 - Forefoot Hindfoot
- Other _____

Contrast: Rad Discretion
 with without

- Orbits
- Head
- Paranasal Sinus
- Paranasal Sinus Stereotactic
 - Stealth/Brain Lab
 - Fusion
- Temporal Bones/IAC
- Facial Bones
- Abdomen & Pelvis
 - Stool Protocol (all w/o)
- Abdomen (only)
- Pelvis (only)
- Chest
 - High Resolution
- Soft Tissue Neck (all with)
- C-Spine
- L-Spine
- T-Spine
- CTA of: _____
- Other _____

Advanced Imaging

3D Reconstruction

General

- Abdomen Complete
- Right Upper Quadrant (Liver, Gallbladder, Rt Kidney, Pancreas)
- Left Upper Quadrant (Spleen, Lt Kidney)
- Pelvis (Transvaginal as indicated)
- Pelvis (Transabdominal only)
- Renal
- OB (LMP: _____)
- Thyroid
- Scrotum with Doppler
- Hernia
- Other: _____

Vascular

- Carotid Doppler
- Lower Venous Doppler Rt Lt Bilat
- Upper Venous Doppler Rt Lt Bilat
- Abdominal Aorta

- Chest PA & LAT
- 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 _____

*Walk In X-ray from 9am - 3pm

Image Delivery

- CD
- Send with patient
- Courier to office

Report Delivery

- STAT Fax
- Fax# _____
- Call Report
- Cell or Backline #: _____

Clinical Indications/Signs/Symptoms: _____

ICD-10 Code(s): _____

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

Physician Signature: _____ Date: _____

Bring this order with you to your scheduled exam

Bring this order with you to your scheduled exam

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 _____ (3 hours before exam)
1 bottle at _____ (1 hour before exam)

ABDOMEN & PELVIS 1 bottle at _____ (3 hours before exam)
1 bottle at _____ (1 hour before exam)

You are scheduled to be scanned at _____ AM / PM

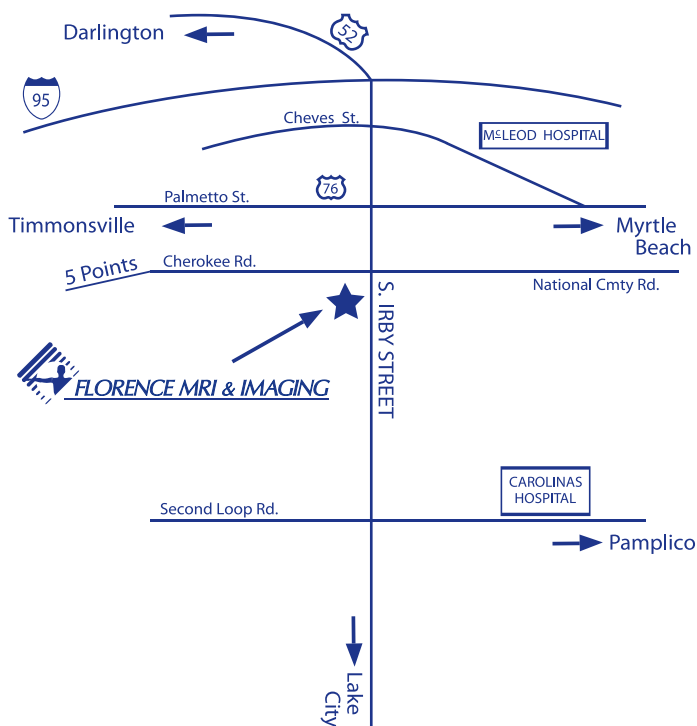
Please arrive for your exam at _____ AM / PM in order to prepare your paperwork.

WE SUGGEST REFRIGERATING THE CONTRAST BEFORE DRINKING!



Scan with smartphone
for navigation using
Google Maps

Visit our website at
www.scdiag.com
to view our center
to print turn-by-turn directions.



PATIENT INSTRUCTIONS: PREPARING FOR YOUR EXAM

MRI (Magnetic Resonance Imaging)

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

Do not wear eye makeup or mascara for ALL Head & Neck studies

CT (Computed Technology)

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

ULTRASOUND

Nothing to Eat or Drink:

Abdominal Complete - 6 hours prior to patient's appointment time

Gallbladder/Liver/Right Upper Quadrant/Limited Abdomen -
6 hours prior to patient's appointment time

Aorta - 4 hours prior to patient's appointment time

Renal/Kidneys - nothing to eat 2 hours prior to patient's appointment AND 1 hour prior to appointment, patient must drink 32oz of water

Full Bladder

Pelvis OB or Non OB
Finish 32 oz. of water
1 hour before exam

No Special Prep

Thyroid
Scrotum
Carotid
Venous
Trans-vaginal only

Sedation: Arrive 1 hour prior to appointment with a driver.