Florence MRI & Imaging
www.SCDiag.com

805 S. Irby Street, Florence, SC 29501
Tax ID: 571013875
Phone: 843.292.0400 • Fax: 843.292.0470

ACR® American College of Radiology ACCREDITED FACILITY

Patient's name: _____ DOB: _____ Call to schedule? Y N

Mobile #: _____ Alternate #: _____ Insurance: _____

Appointment date: _____ Appointment time: _____ Authorization: _____

MRI

CONTRAST

○ Radiologist Discretion
○ W ○ W/O ○ W & W/O

- ○ Brain
- ○ Brain IACs
- ○ Brain Pituitary
- ○ Brain & Orbits
- ○ TMJ
- ○ Soft Tissue Neck
- ○ Cervical Spine
- ○ Thoracic Spine
- ○ Lumbar Spine
- ○ Sacrum
- ○ Shoulder Rt Lt
- ○ Elbow Rt Lt
- ○ Wrist Rt Lt
- ○ Hand Rt Lt
- ○ Hip Rt Lt
- ○ Knee Rt Lt
- ○ Ankle/Hindfoot Rt Lt
- ○ Midfoot/Forefoot Rt Lt
- ○ Abdomen
  - □ MRCP
- ○ Pelvis
- ○ Other:_____

MR Angiography (MRA)

- ○ MRA Head
- ○ MRA Carotid
- ○ MRA Abdomen
- ○ MRA Renal
- ○ Other: _____

CT

CONTRAST

○ Radiologist Discretion
○ W ○ W/O

- ○ Orbits
- ○ Head
- ○ Paranasal Sinus
- ○ Paranasal Sinus Stereotactic
  - □ Stealth/Brain Lab
  - □ Fusion
- ○ Temporal Bones/IAC
- ○ Facial Bones
- ○ Soft Tissue Neck (all with)
- ○ Chest
  - □ High Resolution
  - □ PE Protocol
- ○ Abdomen & Pelvis
  - □ Stone Protocol (all w/o)
- ○ Abdomen (only)
- ○ Pelvic (only)
- ○ Dedicated Studies (all w & w/o)
  - ○ Adrenal ○ Pancreas
  - ○ Liver ○ Renal
- ○ C-Spine
- ○ L-Spine
- ○ T-Spine
- ○ CTA of: _____
- ○ Other: _____

Advanced Imaging

- ○ 3D Reconstruction

Ultrasound

- ○ Abdomen Complete *(Organs above umbilicus)*
- ○ Right Upper Quadrant *(Liver, Gallbladder, Rt. Kidney, Pancreas)*
- ○ Left Upper Quadrant *(Spleen, Lt. Kidney)*
- ○ Pelvis *(Female only)*
  - □ Transabdominal
  - □ Transvaginal
  - □ Radiologist Discretion
- ○ Renal *(Kidneys & Bladder)*
- ○ Aorta
- ○ Thyroid
- ○ Scrotum
- ○ Groin
- ○ Soft Tissue:
  Location: _____
- ○ Other: _____

Vascular

- ○ Carotid Doppler
- ○ Lower Venous Doppler
  R L B
- ○ Upper Venous Doppler
  R L B

Implant

- ○ Pacemaker (no MRI)
- ○ Neurostimulator
- ○ Other:

Brand: _____

Serial #: _____

X-ray

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

Report Delivery

- ○ STAT Fax
  Fax#: _____
- ○ Call Report
  Cell or backline #:
  _____

Standard Report in 24-48 hours.

Comparison Studies

- ○ Location:
  _____

Insurance (Please fax front and back of patient's card and any clinical information to 843.292.0470)

Clinical indications/Signs/Symptoms: _____

ICD-10 Code(s): _____

Provider name (printed): _____ **Provider signature:** _____

Office phone: _____ **Fax:** _____ **Date:** _____

NOTE: CAREFULLY FOLLOW EXAM PREPARATION INSTRUCTIONS ON THE BACK SIDE OF THIS FORM

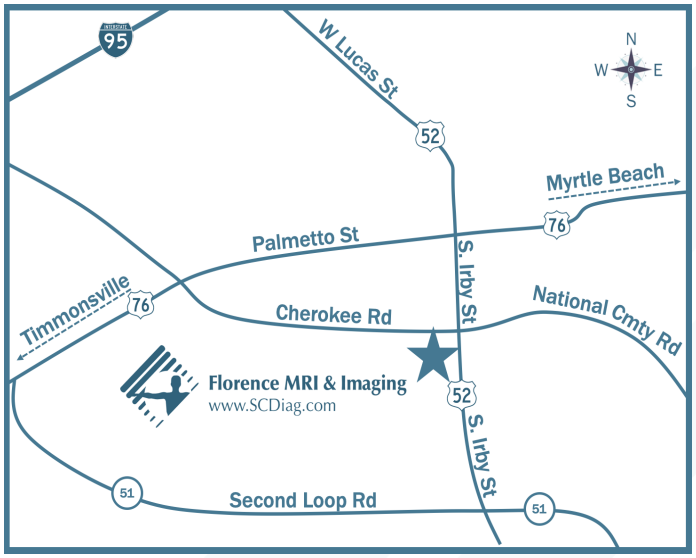
REV: 01.29.2020

PATIENT INSTRUCTIONS

BRING THIS ORDER WITH YOU TO YOUR SCHEDULED EXAM

VISIT US ONLINE AT WWW.SCDIAG.COM FOR DRIVING DIRECTIONS AND TO LEARN MORE ABOUT OUR IMAGING FACILITY AND SERVICES.

Center Information



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MRI (Magnetic Resonance Imaging)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

Do not wear eye makeup or mascara for ANY Head or Neck studies

Let us know if you have:

- Metallic fragments in your eyes or previous injury to the eye involving a metal object
- Any type of implanted mechanical pump
- Any type of surgery within the past 8 weeks
- A history of cancer
- A pacemaker
- An aneurysm clip
- Any metallic implant

Let us know if you are:

- Allergic to CT or MRI contrast
- Claustrophobic
- Pregnant/nursing
- In need of special assistance

Ultrasound

Abdomen, Right Upper Quadrant, Renal and Aorta:

- Nothing to eat or drink after midnight or 6 hours prior to exam.

Renal or Transabdominal Pelvic

- Full bladder required. All must drink 32 oz. of water 1 hour prior to exam (if on a fluid restricted diet, please contact the office for other instructions).

CT (Computed Tomography)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

Oral prep
You may have been given Readi-Cat, a Barium Sulfate suspension, to drink for your CT Scan.

This is not a laxative. Its purpose is to enhance your digestive tract so that the radiologist can better visualize your anatomy during your CT Scan.

We suggest refrigerating the prep. Please shake well before drinking.

If eating prior to exam, please eat only a light meal or snack.

If you have ever had any reaction to X-ray dye, please call us at 843.292.0400 PRIOR to your exam.

On the day of your exam, please follow the oral prep instructions provided in your kit.