



Today's date: _____ DOB: _____

Patient name: _____

Mobile #: _____ Alternate #: _____

Clinical Indications/ICD10: _____

Comments: _____

STAT (Referring Provider Direct Line): _____ Fax STAT Report to: _____

Provider name (printed): _____ Provider Signature: _____

MRI	CT	NUCLEAR MEDICINE	X-RAY
CONTRAST: <input type="radio"/> W <input type="radio"/> W/O <input type="radio"/> w/& w/o <input type="radio"/> Radiologist Discretion	CONTRAST: <input type="radio"/> W <input type="radio"/> W/O <input type="radio"/> Radiologist Discretion	<input type="radio"/> Liver/Spleen <input type="radio"/> Hepatobiliary <input type="radio"/> W/Gall Bladder Ejection Fraction (if needed) <input type="radio"/> Renal Scan - specify Lasix: <input type="radio"/> With <input type="radio"/> Without <input type="radio"/> Bone Scan (X-ray as indicated) <input type="radio"/> Total body <input type="radio"/> Limited, specify site <input type="radio"/> Three Phase, specify site <input type="radio"/> Thyroid Scan w/Uptake <input type="radio"/> Gastric Emptying <input type="radio"/> Miraluma <input type="radio"/> VQ Scan (Chest X-ray as indicated) <input type="radio"/> Other (Specify): _____	X-rays can be scheduled or done on a walk-in basis <input type="radio"/> Facial Bones <input type="radio"/> Sinuses <input type="radio"/> Skull <input type="radio"/> Chest <input type="radio"/> Ribs <input type="radio"/> R <input type="radio"/> L (PA Chest Included) <input type="radio"/> Spine (specify): <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Abdomen/KUB <input type="radio"/> 3 - Way Abdomen <input type="radio"/> Hip R L <input type="radio"/> Pelvis <input type="radio"/> Extremity <input type="radio"/> Shoulder R L <input type="radio"/> Humerus R L <input type="radio"/> Hand R L <input type="radio"/> Elbow R L <input type="radio"/> Wrist R L <input type="radio"/> Forearm R L <input type="radio"/> Femur R L <input type="radio"/> Knee R L <input type="radio"/> Calcaneus R L <input type="radio"/> Tibia/Fibul R L <input type="radio"/> Ankle R L <input type="radio"/> Foot R L <input type="radio"/> Other (specify): _____
<input type="radio"/> Brain <input type="radio"/> Brain IACs/7th & 8th Nerve C/S <input type="radio"/> Brain Pituitary/Sella C/S <input type="radio"/> MRA <input type="radio"/> Head <input type="radio"/> Neck C/S <input type="radio"/> Abdomen C/S <input type="radio"/> Orbits/Brain C/S <input type="radio"/> Spine <input type="radio"/> C-Spine <input type="radio"/> T-Spine <input type="radio"/> L-Spine <input type="radio"/> TMJ <input type="radio"/> Abdomen <input type="radio"/> Soft Tissue Neck <input type="radio"/> Pelvis <input type="radio"/> Brachial Plexus R L <input type="radio"/> Extremity <input type="radio"/> Shoulder R L <input type="radio"/> Elbow R L <input type="radio"/> Wrist R L <input type="radio"/> Hand R L <input type="radio"/> Hip R L <input type="radio"/> Knee R L <input type="radio"/> Ankle R L <input type="radio"/> Foot R L <input type="radio"/> Other (specify): _____	Abdomen <input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Abd/Pelvis w/o contrast (Stone Protocol) Head <input type="radio"/> Head <input type="radio"/> Orbits w/coronals <input type="radio"/> Paranasal Sinus <input type="radio"/> Temporal Bones w/coronals <input type="radio"/> Facial Bones w/coronals <input type="radio"/> Soft Neck Tissue <input type="radio"/> ENT Fusion Chest <input type="radio"/> Chest <input type="radio"/> Low Dose Lung Screening CT Enterography <input type="radio"/> Enterography w/contrast Spine w/reconstruction <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar CT Angiogram <input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Aorta <input type="radio"/> Aorta w/runoff <input type="radio"/> Endograft Protocol <input type="radio"/> Head <input type="radio"/> Carotid <input type="radio"/> Chest (Aorta) <input type="radio"/> Chest (For Pulmonary Embolism) Extremity w/reconstruction <input type="radio"/> Shoulder R L <input type="radio"/> Knee R L <input type="radio"/> Elbow R L <input type="radio"/> Ankle R L <input type="radio"/> Wrist R L <input type="radio"/> Foot R L <input type="radio"/> Other (Specify): _____	ULTRASOUND <input type="radio"/> Abdomen (pancreas, liver, gallbladder, renals, spleen) <input type="radio"/> Abdomen Wall (hernia) <input type="radio"/> Gallbladder (pancreas, liver, gallbladder, right kidney) <input type="radio"/> Aorta <input type="radio"/> Appendix <input type="radio"/> Carotid <input type="radio"/> OB (Transvaginal as indicated) <input type="radio"/> Pelvic (Women-Transvaginal as indicated) <input type="radio"/> Transvaginal Only <input type="radio"/> Renal <input type="radio"/> With Bladder <input type="radio"/> Testicular (Scrotum) <input type="radio"/> Thyroid (Neck) <input type="radio"/> Upper Extremity R L <input type="radio"/> Venous <input type="radio"/> Mass <input type="radio"/> Lower Extremity R L <input type="radio"/> Venous <input type="radio"/> Mass <input type="radio"/> Other: _____	DIGITAL MAMMOGRAPHY / BONE DEXA <input type="radio"/> 3D Screening <input type="radio"/> Bone Density R L (Appendicular skeleton as needed)
IVP <input type="radio"/> IVP			

PATIENT INSTRUCTIONS

Bring this order with you to your scheduled exam.
Visit our website at carolinamri.com to see pictures of our equipment and to view a map.

MRI (Magnetic Resonance Imaging)

Creatine levels are required for all patients over 60 and/or diabetic.

- No prep for most MRI exams. MRI cannot be performed on patients with a cardiac pacemaker, some cardiac valves and stents, otologic implants, Implanted neurostimulator, non-titanium aneurysm clips in head, Pregnancy (in some cases), Metal in body. Medication may be prescribed by your physician if needed for pain/tolerance. Please bring any relevant outside X-Rays or other exams for correlation. This is especially important for Spine and Musculoskeletal MRI Exams.

CT (Computed Tomography)

Creatine levels are required for all patients over 60 and/or diabetic.

- CT Chest (with) - No food 3-4 hours prior; bring recent Chest X-rays for correlation.
- CT Chest (without) - No prep needed
- CT Enterography - Please call our office for specific instructions.
- Abdomen - No food 3-4 hours prior - may drink fluids.
- Abdomen/pelvis (to rule out stones) - No prep needed.
- Pelvis - No food 3-4 hours prior - may drink fluids.
- All other CT exams - Our CT department will contact patient with prep instructions.

Ultrasound

- Abdomen/Gallbladder - Nothing by mouth 8 hours prior to exam.
- Kidneys - May drink fluids, but no food.
- Aorta - Nothing by mouth 8 hours prior to exam.
- Pelvis - 32 oz. water 1 hour before exam. Hold bladder full.
- Appendix - Nothing by mouth 8 hours prior to exam.
- Thyroid - No prep. Carotid Artery - No prep.
- Testicle - No prep. Venous Doppler - No prep.
- Breast - No prep.
- OB-1st trimester - Full bladder, 2nd Trimester - No prep, 3rd Trimester - No prep.

Digital Mammography

- Please wear a two-piece outfit. Wear no powders, perfumes, or deodorant around the breast area. Bring mammography films/CD that were not performed at Carolina Imaging.

Nuclear Medicine

- Liver/spleen - NPO 8 hours
- Hepatobiliary - NPO 8 hours
- Thyroid Uptake - NPO 8 hours
- Gastric Emptying - NPO 8 hours
- Bone Scans - No Prep
- Renal Scan - No Prep

Appointment Information

Your scheduled appointment time is:

_____ AM/PM on _____/_____/_____

Please arrive 30 minutes before your appointment time in order to prepare your paperwork.

Center information

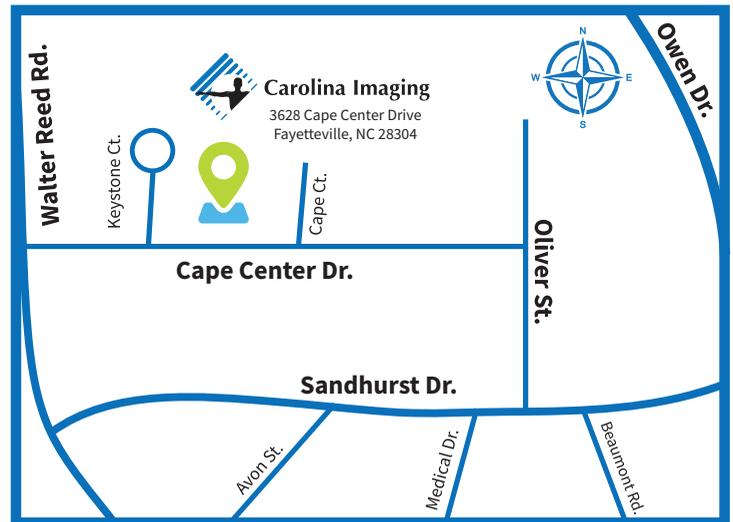
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