Carolina Imaging
www.carolinamri.com

3628 Cape Center Drive | Fayetteville, NC 28304
Report turn around time within 24 hours
Same day appointments available
Phone: 877.361.4757 • Fax: 910.323.3521

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

CONTRAST: ◯ W ◯ W/O ◯ w/& w/o ◯ Radiologist Discretion

- ◯ Brain
  - ◯ Brain IACs/7th & 8th Nerve C|S
  - ◯ Brain Pituitary/Sella C|S
- ◯ MRA
  - ◯ Head
  - ◯ Neck C|S
  - ◯ Abdomen C|S
- ◯ Orbits/Brain C|S
- ◯ Spine
  - ◯ C-Spine
  - ◯ T-Spine
  - ◯ L-Spine
- ◯ TMJ
- ◯ Abdomen
- ◯ Soft Tissue Neck
- ◯ Pelvis
- ◯ Brachial Plexus R L
- ◯ Extremity
  - ◯ Shoulder R L
  - ◯ Elbow R L
  - ◯ Wrist R L
  - ◯ Hand R L
  - ◯ Hip R L
  - ◯ Knee R L
  - ◯ Ankle R L
  - ◯ Foot R L
- ◯ Other (specify): _____

IVP

◯ IVP

CT

CONTRAST: ◯ W ◯ W/O ◯ Radiologist Discretion

Abdomen
- ◯ Abdomen
- ◯ Pelvis
- ◯ Abd/Pelvis w/o contrast (Stone Protocol)

Head
- ◯ Head
- ◯ Orbits w/coronals
- ◯ Paranasal Sinus
- ◯ Temporal Bones w/coronals
- ◯ Facial Bones w/coronals
- ◯ Soft Neck Tissue
- ◯ ENT Fusion

Chest
- ◯ Chest
- ◯ Low Dose Lung Screening

CT Enterography
- ◯ Enterography w/contrast

Spine w/reconstruction
- ◯ Cervical ◯ Thoracic ◯ Lumbar

CT Angiogram
- ◯ Abdomen ◯ Pelvis ◯ Aorta
- ◯ Aorta w/runoff
- ◯ Endograft Protocol
- ◯ Head ◯ Carotid ◯ Chest (Aorta)
- ◯ Chest (For Pulmonary Embolism)

Extremity w/reconstruction
- ◯ Shoulder R L ◯ Knee R L
- ◯ Elbow R L ◯ Ankle R L
- ◯ Wrist R L ◯ Foot R L
- ◯ Other (Specify): _____

_____

NUCLEAR MEDICINE

- ◯ Liver/Spleen
- ◯ Hepatobiliary
  - ◯ W/Gall Bladder Ejection Fraction (if needed)
- ◯ Renal Scan - specify Lasix:
  - ◯ With ◯ Without
- ◯ Bone Scan (X-ray as indicated)
  - ◯ Total body
  - ◯ Limited, specify site
  - ◯ Three Phase, specify site
- ◯ Thyroid Scan w/Uptake
- ◯ Gastric Emptying
- ◯ Miraluma
- ◯ VQ Scan (Chest X-ray as indicated)
- ◯ Other (Specify): _____

ULTRASOUND

- ◯ Abdomen (pancreas, liver, gallbladder, renals, spleen)
- ◯ Abdomen Wall (hernia)
- ◯ Gallbladder (pancreas, liver, gallbladder, right kidney)
- ◯ Aorta
- ◯ Appendix
- ◯ Carotid
- ◯ OB (Transvaginal as indicated)
- ◯ Pelvic (Women-Transvaginal as indicated)
- ◯ Transvaginal Only
- ◯ Renal ◯ With Bladder
- ◯ Testicular (Scrotum)
- ◯ Thyroid (Neck)
- ◯ Upper Extremity R L
  - ◯ Venous ◯ Mass
- ◯ Lower Extremity R L
  - ◯ Venous ◯ Mass
- ◯ Other: _____

X-RAY

X-rays can be scheduled or done on a walk-in basis

- ◯ Facial Bones
- ◯ Sinuses
- ◯ Skull
- ◯ Chest
- ◯ Ribs ◯ R ◯ L (PA Chest Included)
- ◯ Spine (specify):
  - ◯ Cervical ◯ Thoracic ◯ Lumbar
- ◯ Abdomen/KUB
- ◯ 3 - Way Abdomen
- ◯ Hip R L
- ◯ Pelvis
- ◯ Extremity
  - ◯ Shoulder R L
  - ◯ Humerus R L
  - ◯ Hand R L
  - ◯ Elbow R L
  - ◯ Wrist R L
  - ◯ Forearm R L
  - ◯ Femur R L
  - ◯ Knee R L
  - ◯ Calcaneus R L
  - ◯ Tibia/Fibul R L
  - ◯ Ankle R L
  - ◯ Foot R L
  - ◯ Other (specify): _____

DIGITAL MAMMOGRAPHY / BONE DEXA

- ◯ 3D Screening
- ◯ Bone Density R L (Appendicular skeleton as needed)

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

REV: 01/2025

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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3628 Cape Center Drive
Fayetteville, NC 28304

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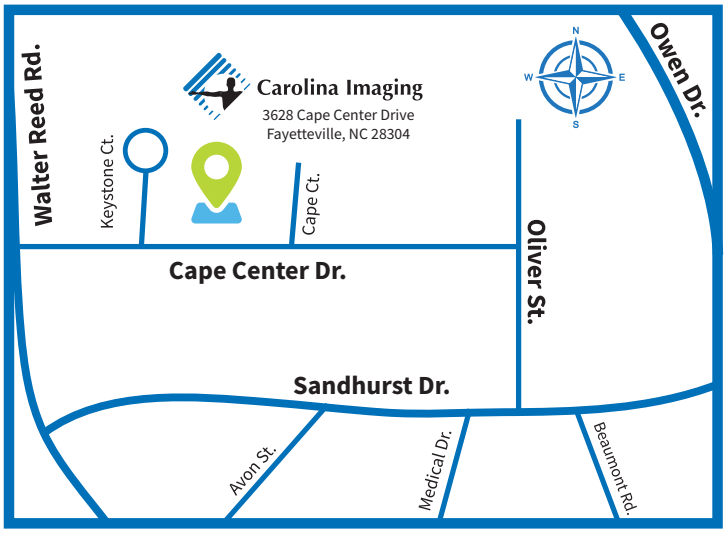

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