



DIAGNOSTIC IMAGING, P.C.

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Diagnostic Imaging, P.C. to schedule patient.

Appointment Date: _____ **Time:** _____ **am/pm**

(To be completed after appointment is scheduled)

Patient Name _____ M F **Date of Birth** _____ **Weight** _____

Referring Physician/Provider _____ **Phone** _____

Clinical History _____

REFERRING PHYSICIAN/PROVIDER SIGNATURE (Required) _____

Complete section below for fax scheduling only.

Patient Home Phone _____ **Patient Alternate Phone** _____

Primary Insurance _____ **Secondary Insurance** _____

Precert/Referral # (if available) _____

Please indicate the requested examinations or procedure below. If not listed, please specify the desired examination.

BREAST IMAGING

- Diagnostic Mammogram
- Screening Mammogram
- Breast Ultrasound R/L/Bil
- Additional Views (Mammo)

CT SCANS

Creatinine levels are required for all patients 60 and over or who have diabetes or renal failure, if IV contrast is ordered.

- Creatinine/BUN (if indicated)
- Abdomen and Pelvis CT
- Bone Density Screening/QCT
- Brain CT
- Cardiac Score
- Cervical Spine CT
- Chest CT
- Kidney or Adrenal CT
- Kidney Stone CT
- Liver/Spleen CT
- Lumbar Spine CT
- Lung Screening
- Pelvis CT
- Post Myelogram CT C/T/L Spine
- Sinus CT
- Soft Tissue Neck CT
- Thoracic Spine CT
- 3D Rendering on Independent Workstation (if clinically indicated)
- Other – Please specify

CT ANGIOGRAPHY

- Aorta CTA
- Brain CTA
- Carotid CTA
- Lower Extremity Runoff CTA
- Pulmonary CTA
- Renal CTA
- Other – Please specify

XRAY / FLUOROSCOPY

XRAY

- Abdomen/KUB
- Bone Age Study
- Cervical Spine Series
- Chest X-ray
- Lumbar Spine Series
- Sinus Series
- Thoracic Spine Series
- Other – Please specify

FLUOROSCOPY

Creatinine levels are required for all patients 60 and over or who have diabetes or renal failure, if IV contrast is ordered.

- Creatinine/BUN (if indicated)
- Arthrography: Shoulder R L
- Barium Enema
- Barium Enema with Air Contrast
- Esophagram
- Hip Injection R L
- IVP
- Myelography: Cervical or Lumbar
- Small Bowel Follow Through
- Upper GI
- VCU
- Other – Please specify

NUCLEAR IMAGING

- Bone Scan 3 phase
- Hepatobiliary Scan w/ cck
- Liver Scan
- MUGA
- Thyroid Uptake/Scan
- Other – Please specify

MRI / MRA

Creatinine levels are required for all patients 60 and over or who have diabetes or renal failure, if IV contrast is ordered.

- Creatinine/BUN (if indicated)
- Ankle MRI R L
- Brain MRI
- Cervical Spine MRI
- Elbow MRI R L
- Foot MRI R L
- Hip MRI R L
- Internal Auditory Canals MRI
- Knee MRI R L
- Lumbar Spine MRI
- Shoulder MRI R L
- Thoracic Spine MRI
- Wrist MRI R L
- Head MRA
- Neck MRA
- MR Arthrogram:
Shoulder/Knee/Wrist/Elbow/Ankle
- Other – Please specify

ULTRASOUND

- Abdomen US
- Duplex Arterial US _____
- Duplex Carotid US _____
- Duplex Venous US _____
- Echocardiogram
- Neck (Soft Tissue) US
- Pelvis US
- Renal US
- Testicular/Scrotum US
- Transvaginal Pelvis US
- Other, please specify

Form must be received prior to patient's scheduled appointment or presented by the patient at their scheduled appointment time.



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PATIENT INSTRUCTIONS

PLEASE FOLLOW THE PERTINENT EXAM INSTRUCTIONS UNLESS OTHERWISE INDICATED BY YOUR PHYSICIAN

CT & CTA

ABDOMEN / ABDOMEN & PELVIC CT

Nothing to eat or drink for **3 hours** before the scan other than the oral contrast that you will be given at our office under our supervision

CHEST/THORAX CT

Nothing to eat or drink **2 hours** before the scan

CTA

Nothing to eat or drink **2 hours** before the scan

KIDNEY STONE CT

No preparation needed

FLUOROSCOPIC STUDIES

BARIUM ENEMA (BE)

Call office for prep or visit our website www.diagnosticimagingpc.com

ARTHROGRAPHY

Anticoagulants (blood thinners) other than aspirin should not be taken for the period of time defined in the Diagnostic Imaging PC Anticoagulant Prep List. The number of days and/or hours a patient should be off the medication will vary based on the particular anticoagulant. Consult with your referring provider or call our office for specific instructions before discontinuing any anticoagulant or prescribed medication.

HIP INJECTION

Same prep as Arthrography

IVP

Call office for prep or visit our website www.diagnosticimagingpc.com

MYELOGRAPHY

CERVICAL, THORACIC AND LUMBAR STUDIES

- No aspirin should be taken for **7 days** before the procedure.
- Anticoagulants (blood thinners) other than aspirin should not be taken for the period of time defined in the Diagnostic Imaging PC Anticoagulant Prep List. The number of days and/or hours a patient should be off the medication will vary based on the particular anticoagulant. Consult with your referring provider or call our office for specific instructions before discontinuing any anticoagulant or prescribed medication.
- No tranquilizers should be taken for **48 hours** before the procedure.
- Drink an increased amount of fluids for **24 hours** before the procedure.
- No solid foods should be consumed for **4 hours** before the procedure.
- Patient should have someone available to drive after the procedure is completed.

UPPER GI

- Nothing to eat or drink for **8 hours** before the test.
- Children under 2 years old should have nothing to eat or drink for only **4 hours** before the test.

VCU

No preparation needed

MAMMOGRAPHY

- Do not use deodorant, powders, ointment or perfume on your breasts or underarm area before the test.
- Bring previous mammography films or arrange for them to be sent to us if prior studies were not performed at our facility.

MRI/MRA

- Wear comfortable clothing with no metal.
- Patients with pacemakers and aneurysm clips, depending on the location in the body, are prohibited from having a MRI scan.

NUCLEAR IMAGING

BONE SCAN

No preparation needed, but wear comfortable clothing with no metal.

HEPATOBIILIARY SCAN(DISIDA)

- Nothing to eat or drink **8 hours** before the test but no more than **18 hours**.
- No opiate based pain medication for **48 hours** prior.

KIDNEY IMAGING

Drink an increased amount of fluids for **24 hours** before the test.

THYROID UPTAKE AND SCAN

- Nothing to eat or drink **4 hours** before the 1st of 2 appointments
- No IV contrast studies within **4 weeks** (ex. Heart cath, IVP, CT scan)
- No antihistamines, vitamins containing iodine, seaweed or sushi within **2 weeks**
- No steroids within **1 week**

I-131 THYROID THERAPY (Thyroid Ablation)

Must have had a Thyroid Uptake/Scan within **one month** prior.

ULTRASOUND

ABDOMEN

(Liver, Gallbladder, Pancreas, and Spleen)

Nothing to eat or drink for **8 hours** before the test. (Children under 12 may have a normal diet unless the gallbladder is to be evaluated.)

PELVIS

It is necessary to have a full bladder for this test. Beginning about **2 hours** before the test you may need to drink 24-32 ounces of water in order to have a full bladder. No carbonated drinks. **Do not empty your bladder until after the test.**

ABDOMEN AND PELVIS

If you are having both tests at the same visit, you may drink water only but no food per Abdomen exam instructions above.

RENAL (KIDNEY)

- Renal US - nothing to eat or drink except water for **4 hours** before the test.
- Renal Doppler US - nothing to eat or drink except water for **8 hours** before the test.

