DIAGNOSTIC IMAGING

6401 POPLAR AVENUE, SUITE 100, MEMPHIS, TENNESSEE 38119
www.diagnosticimagingpc.com
PHONE (901) 387-2340
FAX (901) 680-1902

☐ **Diagnostic Imaging 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
- ☐ Temporal Bone
- ☐ Thoracic Spine CT
- ☐ 3D Rendering on Independent Workstation (if clinically indicated)
- ☐ Other – Please specify

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CT ANGIOGRAPHY

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

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XRAY / FLUOROSCOPY

XRAY

- ☐ Abdomen/KUB
- ☐ Bone Age Study
- ☐ Cervical Spine Series
- ☐ Chest X-ray
- ☐ Foot ☐R ☐L
- ☐ Hand ☐R ☐L
- ☐ Knee ☐R ☐L
- ☐ Lumbar Spine Series
- ☐ Pelvis
- ☐ Shoulder ☐R ☐L
- ☐ 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
- ☐ Esophagram
- ☐ Hip Injection ☐R ☐L
- ☐ IVP
- ☐ Myelography: Cervical or Lumbar
- ☐ Small Bowel Follow Through
- ☐ Upper GI
- ☐ VCU
- ☐ Other – Please specify

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MRI / MRA

- ☐ 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.

Rev. 08/19

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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 each or drink **2 hours** before the scan

KIDNEY STONE CT

No preparation needed

FLUOROSCOPIC STUDIES

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.

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.