

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**

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

Referring Physician/Provider _____ **Phone** _____

Clinical History/Diagnosis _____

REFERRING PHYSICIAN/PROVIDER SIGNATURE (Required) _____

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

Primary Insurance _____ **Secondary Insurance** _____

Precert/Referral # (if available) _____

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
- Abdomen/Pelvis Stone Protocol
- Abdominal CT w/o Pelvis
- Bone Density Screening/QCT
- Brain CT
- Cardiac Score
- Cervical Spine CT
- Chest CT
- Kidney or Adrenal CT
- Liver/Spleen CT
- Lumbar Spine CT
- Lung Screening
- Orbit CT
- Pelvis CT
- Post Myelogram CT C/T/L Spine
- Sinus CT
- Soft Tissue Neck CT
- Temporal Bone
- Thoracic Spine CT
- Other – Please specify

CT ANGIOGRAPHY

- Aorta CTA
- Brain CTA
- Carotid CTA
- CTA Chest/PE Protocol
- Lower Extremity Runoff CTA
- Renal CTA
- Other – Please specify

XRAY / FLUOROSCOPY

XRAY

- Abdomen/KUB
- Bone Age Study
- Cervical Spine Series
 - Flexion/Extension
- Chest X-ray
- Foot R L
- Hand R L
- Hip R L
- Knee R L
- Lumbar Spine Series
 - Flexion/Extension
- Pelvis
- Scoliosis Study
- 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.

- Arthrogram: R L
 - Shoulder/Knee/Wrist/Elbow/Ankle
- Esophagram/Barium Swallow
- Hip Injection R L
- Myelography: Cervical Thoracic Lumbar
- Small Bowel Follow Through
- Upper GI
- Other – Please specify

MRI / MRA

- Abdomen MRI (NPO 8 hours before study)
- Ankle MRI R L
- Brain MRI w/wo wo
- MRI Brain/IAC w/wo wo
- Brain Pituitary MRI w/wo wo
- Cervical Spine MRI w/wo wo
- Elbow MRI R L
- Foot MRI R L
- Hip MRI R L
- Knee MRI R L
- Lumbar Spine MRI w/wo wo
- Orbit MRI w/wo wo
- Shoulder MRI R L
- Soft Tissue Neck MRI w/wo wo
- Thoracic Spine MRI w/wo wo
- Wrist MRI R L
- Head MRA
- Neck MRA
- MR Arthrogram:
 - Shoulder/Knee/Wrist/Elbow/Ankle
- Other – Please specify

ULTRASOUND

- Abdomen US
- Arterial US Bilateral
- Carotid US
- Venous US R L Bilateral
- Neck (Soft Tissue) US
- Pelvis US
- Renal US
- Testicular/Scrotum US
- Thyroid 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 except water 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 except water **2 hours** before the scan

CTA

Nothing to eat or drink except water **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 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

MYELOGRAPHY

CERVICAL, THORACIC AND LUMBAR

- Anticoagulants (blood thinners) other than aspirin should not be taken for the period of time defined in the Diagnostic Imaging 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/ESOPHAGRAM

- 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.

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.

ABDOMINAL MRI

NPO 8 hours before study

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.

