

DIAGNOSTIC IMAGING

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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

Screening Mammogram
 Diagnostic Mammogram
 Breast Ultrasound R/L/Bil

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 & Pelvis CT w wo w/wo
 Abdomen/Pelvis Stone Protocol
 Abdominal CT w wo w/wo
 Bone Density Screening/QCT
 Brain CT w/wo wo
 Cardiac Score
 Cervical Spine CT
 Chest CT w/wo wo
 Kidney or Adrenal CT
 Liver/Spleen CT
 Lumbar Spine CT
 Lung Screening
 Maxillofacial CT
 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

DEXA

DEXA

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

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

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/Hip/Wrist/Elbow/Ankle/Knee
 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
 Ultrasound guided Core Biopsy at _____ o'clock / quadrant
 Other – Please specify

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

CHEST/THORAX CT

Nothing to eat or drink except water **3 hours** before the scan

CTA

Nothing to eat or drink except water **3 hours** before the scan

KIDNEY STONE CT

No preparation needed

FLUOROSCOPIC STUDIES

ARTHROGRAPHY / HIP INJECTIONS

- No blood thinners should be taken for **7 days** before procedure.
- If unable to stop, please consult with your referring Provider for specific instructions.

MYELOGRAPHY

CERVICAL, THORACIC AND LUMBAR

- No blood thinners should be taken for **3 - 5 days** before procedure.
- No sleep aids 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.

DEXA

- Withhold calcium for 24 hours before study
- Wear comfortable clothing with no metal

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.
- No pacemakers or aneurysm clips
- No implantable stimulators including bladder, spinal or nerve
- No pain pumps

ABDOMINAL MRI

Nothing to eat or drink except a small amount of water 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.

