



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

- ☐ 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
- ☐ 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 ☐ w ☐ wo
- ☐ 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

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 w/ doppler/duplex
- ☐ Thyroid US
- ☐ Transvaginal Pelvis US
- ☐ Ultrasound guided Core Biopsy at _____ o'clock / quadrant
- ☐ 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

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, 3 hours 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.
- Children under 12 nothing to eat or drink 3 hours before study.

