CAROLINA IMAGING

3628 Cape Center Drive | Fayetteville, NC 28304
Scheduling HOTLINE: 1-877-361-4757 | Scheduling Fax: 1-877-361-4855

Report turn around time within 24 hours.
Same Day Appointments Available. Call us today!

❑ **Wet Read/STAT Appointment**
❑ **Please call patient to schedule**

❑ **Comparison Studies**
DOS__________ **Location**________
Type of Study_________________

Patient's Name:____ Date of Birth:____________________

Patient's Phone: Daytime:____________________ Evening:____________________ Social Security Number:____________________

Patient's Address:______________________________ City:________________ State:________ Zip:____________

Clinical Indications/Signs/Symptoms: ____

Appt. Date / Time:__________________________

MRI ■ High Field MRI ■ High Field OPEN MRI

****All patients over 70 years old and/or diabetic are required to have a current Creatinine. Creatinine Level:__________Date:_________**

Contrast: ❑ w/o ❑ w/wo ❑ Radiologist's Discretion

- ❑ Brain
  - ❑ IACs / 7th & 8th Nerve C|S
  - ❑ Pituitary/Sella C|S
- ❑ MRA
  - ❑ Head
  - ❑ Neck C|S
  - ❑ Abdomen C|S
- ❑ Orbits / Brain C|S
- ❑ Spine
  - ❑ C-Spine ❑ T-Spine
  - ❑ L-Spine
- ❑ Other (Specify):____________________
- ❑ TMJ
- ❑ Abdomen
- ❑ Soft Tissue Neck
- ❑ Pelvis
- ❑ Brachial Plexus R L
- ❑ Extremity
  - ❑ Ankle R L
  - ❑ Foot R L
  - ❑ Hip R L
  - ❑ Shoulder R L
  - ❑ Wrist R L
  - ❑ Elbow R L
  - ❑ Hand R L
  - ❑ Knee R L

NUCLEAR MEDICINE

- ❑ Liver/Spleen
- ❑ Hepatobiliary __with Gall Bladder Ejection Fraction (if needed)
- ❑ Renal Scan Specify Lasix: __with __without
- ❑ Bone Scan (x-ray as indicated)
  - ❑ Total Body ❑ Limited, specify site ❑ Three Phase, specify site
- ❑ Thyroid Scan w/ Uptake
- ❑ Gastric Emptying
- ❑ Miraluma
- ❑ Other (Specify)____

X-RAY

(X-Rays are done on a walk-in basis)

- ❑ Abdomen/KUB
- ❑ 3 - Way Abdomen
- ❑ Chest
- ❑ Sinuses
- ❑ Pelvis
- ❑ Facial Bones
- ❑ Skull
- ❑ Ribs R L (PA Chest included)
- ❑ Spine, specify: ❑ Cervical ❑ Thoracic ❑ Lumbar
- ❑ Hip R L
- ❑ Other (Specify):________________________________
- ❑ Extremity
  - ❑ Ankle R L
  - ❑ Calcaneus R L
  - ❑ Elbow R L
  - ❑ Femur R L
  - ❑ Foot R L
  - ❑ Forearm R L
  - ❑ Hand R L
  - ❑ Humerus R L
  - ❑ Knee R L
  - ❑ Shoulder R L
  - ❑ Tibia/Fibula R L
  - ❑ Wrist R L

IVP

- ❑ IVP

CT

****All patients over 70 years old and/or diabetic are required to have a current Creatinine. Creatinine Level:__________Date:_________**

Contrast: ❑ w/o ❑ with ❑ Radiologist's Discretion

Abdomen
- ❑ Abdomen
- ❑ Pelvis
- ❑ Abd/Pelvis w/o contrast (Stone Protocol)
- ❑ Abd/Pelvis w/ contrast (Appendicitis Protocol)

Head
- ❑ Head
- ❑ Orbits w/coronals
- ❑ Paranasal Sinus
- ❑ Paranasal Sinus Stereotactic
- ❑ Protocol:_____________
- ❑ Temporal Bones w/coronals
- ❑ Facial Bones w/coronals
- ❑ Soft Tissue Neck

Extremity w/reconstruction
- ❑ Ankle R L
- ❑ Elbow R L
- ❑ Foot R L
- ❑ Knee R L
- ❑ Wrist R L
- ❑ Shoulder R L
- ❑ Other (Specify):__________
  ____
  ____

Chest
- ❑ Chest
- ❑ Chest for Pulmonary Embolism

Spine w/reconstruction
- ❑ Cervical
- ❑ Thoracic
- ❑ Lumbar

❑ **CT Enterography**

- ❑ CTA
  - ❑ Aorta
  - ❑ Aorta w/runoff
  - ❑ Head
  - ❑ Neck ❑ Carotid
  - ❑ Chest
  - ❑ Liver
  - ❑ Pancreas
  - ❑ Renal
  - ❑ Pelvis
  - ❑ Lower Extremity
  - ❑ Upper Extremity

ULTRASOUND

- ❑ Abdomen (pancreas, liver, gallbladder, renals, spleen)
- ❑ Gallbladder (pancreas, liver, gallbladder, right kidney)
- ❑ Aorta
- ❑ Appendix
- ❑ Breast ❑ R ❑ L ❑ Bilat
- ❑ Carotid
- ❑ OB (Transvaginal as indicated)
- ❑ Pelvic (Women-Transvaginal as indicated)
- ❑ Transvaginal Only
- ❑ Renal
  - ❑ with Bladder
- ❑ Testicular (Scrotum)
- ❑ Thyroid (Neck)
- ❑ Upper Extremity R L
  - ❑ Venous ❑ Mass
- ❑ Lower Extremity R L
  - ❑ Venous ❑ Mass
- ❑ Other:________________

DIGITAL MAMMOGRAPHY/BONE DEXA

- ❑ Screening ❑ Diagnostic (Breast US as indicated)
- ❑ Bilateral
- ❑ Unilateral ❑ R ❑ L
- ❑ Bone Density
- ❑ Area of Concern:_______________

Print Provider Name:______________________________ **Provider Signature (required):**______________________________

Special Instructions:____

Patient Instructions: Preparing For Your Exam

CT

*Creatinine levels are required for all patients over 70 and/or diabetic.

- ❏ **CT Chest (with)** - No food 3-4 hours prior; bring recent Chest X-Rays for correlation.
- ❏ **CT Chest (without)** - No prep needed.
- ❏ **CT Enterography** - Please call our office for specific instructions.
- ❏ **Abdomen** - No food 3-4 hours prior - may drink fluids. Arrive 30 minutes early to begin drinking contrast.
- ❏ **Abdomen (to rule out stones)** - No prep needed.
- ❏ **Pelvis** - No food 3-4 hours prior - may drink fluids. Arrive 1 hour early to begin drinking contrast.
- ❏ **All other CT exams** - No prep unless receiving I.V. contrast, then nothing by mouth 3-4 hours prior to exam.

ULTRASOUND

- ❏ **Abdomen/Gallbladder** - Nothing by mouth 8 hours prior to exam.
- ❏ **Kidneys** - May drink fluids, but no food
- ❏ **Aorta** - Nothing by mouth 8 hours prior to exam.
- ❏ **Pelvis** - 32 oz. water 1 hour before exam. Hold bladder full.
- ❏ **Appendix** - Nothing by mouth 8 hours prior to exam.
- ❏ **Thyroid** - No prep.
- ❏ **Carotid Artery** - No prep.
- ❏ **Testicle** - No prep.
- ❏ **Venous Doppler** - No prep.
- ❏ **Breast** - No prep.
- ❏ **OB** - 1st and 2nd Trimester, same as Pelvis (above). 3rd Trimester, 16 oz. water 1 hour before exam. Hold bladder full.

DIGITAL MAMMOGRAPHY

- ❏ Please wear a two piece outfit. Wear no powders, perfumes, or deodorant around the breast area. Bring mammography films/CD that were not performed at Carolina Imaging.

MRI

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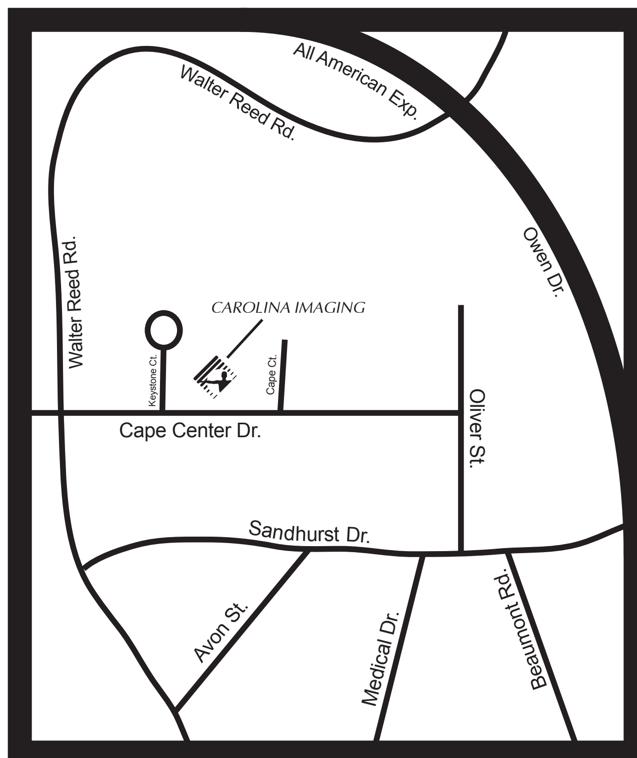
- ❏ No prep for MRI exams. MRI cannot be performed on patients with a Cardiac Pacemaker, some Cadiac Valves and Stents, Otologic Implants, Implanted neurostimulator, non-titanium aneurysm clips in head, Pregnancy (in some cases), Metal in body. Medication may be prescribed by your physician if needed for pain/tolerance. Please bring any relevant outside X-Rays or other exams for correlation. This is especially important for Spine and Musculoskeletal MRI Exams.



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