Patient’s Name:_________________________________ Date of Birth________/__________/__________

Phone: Primary (_______)____________________________ Secondary (_______)______________________________ Other (_______)_________________________

Appointment Date:________________________ Appointment Time:___________ AM / PM

STAT Call Report to: (phone)____________________________________  After 5:00 Please Call:(phone)____________________________________ Fax STAT Report to:____________________

Where specifically is the problem/pain located?

How did the problem/injury occur?

When did the symptoms start/injury occur?

What has been the previous treatment, if any?

Additional pertinent information or relevant codes __________________________________________________________________________________________________

Physician Name (Printed)______________________________________________________________ Physician Phone:____________________________

Physician Signature:_________________________________________________________________

MRI

<table>
<thead>
<tr>
<th>IV Contrast*</th>
<th>Radiologist Discretion</th>
<th>With</th>
<th>Without</th>
<th>With and Without</th>
<th>MRA</th>
<th>Brain</th>
<th>JACU/7th &amp; 6th Nerve</th>
<th>Includes limited brain (w/ and w/o contrast)</th>
<th>Carotids</th>
<th>Renal</th>
<th>Orbits</th>
<th>Includes limited brain</th>
<th>Pituitary/Sella</th>
<th>Includes limited brain (w/ and w/o contrast)</th>
<th>TMJ</th>
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CT

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RADIOGRAPHIC EXAMINATION

(X-Rays done on a work-in basis, please bring slip from doctor)

- Abdomen Complete (Flat & Upright KUB)
- Acute Abdominal Series (Flat & Upright KUB including PA Chest)
- Chest
- Rib (Right) Left (Including PA Chest)
- Clavicle
- Facial Bones
- Mandible
- TMJ
- Nasal Bones
- Skull
- Sinuses
- Soft Tissue Neck
- Foot R L
- Toe R L
- Ankle R L
- Tib/Fib R L
- Femur R L
- Knee R L
- Hand R L
- Finger R L
- Shoulder R L
- Humerus R L
- Forearm R L
- Wrist R L
- Elbow R L
- Pelvis
- Hip R L
- Coccyx
- Sacrum
- Lumbar Spine Ltd. Complete
- Cervical Spine Ltd. Complete
- Thoracic Spine Ltd. Complete
- Scoliosis Series Ltd. Complete
- Other

- Other (Specify):________________________

- Other Specify:_________________________

- Other Specify:_________________________

- Other Specify:_________________________

ULTRASOUND

- Abdomen - Complete
- Abdomen - Limited (RUQ/Gallbladder)
- Aorta
- Carotid
- OB
- Pelvic (Woman-Transvaginal as indicated)
- Transvaginal Only
- Renal (Kidneys & Bladder)
- Renal (Kidneys Only)
- Venous
- Uterus (Transabdominal)
- Uterus (Transvaginal)
- Vaginal
- Vaginal (Transvaginal)
- Vaginal (Transabdominal)
- Vaginal (Transrectal)
- Vaginal (Transperineal)
- Vaginal (Transperineal, suprapubic)
- Vaginal (Transperineal, subpubic)
- Vaginal (Transperineal, subpubic, transabdominal)
- Vaginal (Transperineal, subpubic, transabdominal, transrectal)
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- Vaginal (Transperineal, subpubic, transrectal, transabdomal...
PATIENT INSTRUCTIONS: Preparing For Your Exam

MRI

☐ No prep for MRI exams. MRI cannot be performed on patients with a Cardiac Pacemaker, some Cardiac Valves and Stents, Otologic Implants, Implanted Neurostimulator, Aneurysm Clips in head, Pregnancy (in some cases). Please bring any relevant outside X-Rays or other exams for correlation. This is especially important for Spine and Musculoskeletal MRI Exams.

☐ MRCP Nothing by mouth 6 hours prior to exam

CT

☐ Abdomen: Arrive 1½ hours early to begin drinking contrast.

☐ Chest: Bring recent chest X-Rays for correlation and planning.

☐ Pelvis: Arrive 1½ hours early to begin drinking contrast.

ULTRASOUND

☐ Abdomen Gall Bladder: Nothing by mouth 8 hours prior to exam.

☐ Aorta: Nothing by mouth 8 hours prior to exam.

☐ Appendix: Nothing by mouth 8 hours prior to exam.

☐ Kidneys: No food. May drink fluids.

☐ Pelvis: 32 oz. water 1½ hours before exam (finish water within 30 minutes). Hold bladder full.

☐ OB: 1st & 2nd Trimester, same as Pelvis (above).

3rd Trimester, 16 oz. water 30 min. to t hour before exam. Hold bladder full.

☐ All other Ultrasound Exams: No preparation necessary, unless advised.

PATIENT UTILIZING SEDATION

☐ Bring a driver and a list of all current medications.

If you are utilizing our Valium sedation, arrive 1 hour prior to appointment time.

RADIOGRAPHIC EXAMINATIONS

No preparation necessary, unless advised.

Traveling US Hwy 17 Northbound:
1. Turn left onto Gumbranch Rd.
2. Turn right onto Henderson Drive
3. Coastal Diagnostic Imaging will be at 3606 Henderson Drive on the right

Traveling US Hwy 17 Southbound:
1. Turn right onto Western Blvd.
2. Turn left onto Henderson Drive
3. Coastal Diagnostic Imaging will be at 3606 Henderson Drive on the left