



# FLORIDA RADIOLOGY CONSULTANTS

Your choice for advanced health imaging

Appointment Scheduling: 239-938-3535  
 Fax Scheduling: 239-938-3580  
 Administrative Office: 239-938-3500

Referring Physician Name (please print): \_\_\_\_\_

## PHYSICIAN'S SIGNATURE

Patient Name: \_\_\_\_\_

History & Diagnosis: \_\_\_\_\_

Call Abnormal Only: \_\_\_\_\_

Deliver Film and/or Reports to: \_\_\_\_\_

Please include patient phone number for  
 fax scheduling: \_\_\_\_\_

via  Courier  Patient

### CONTRAST

\_\_\_ W/Contrast if needed \_\_\_ W/ & W/O \_\_\_ W/O

Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

### CT Imaging

- \_\_\_ BRAIN\*
- \_\_\_ IAC/TEMPORAL BONE
- \_\_\_ ABDOMEN/PELVIS (W/ & W/O CONTRAST)
- \_\_\_ ABDOMEN\*
- \_\_\_ PELVIS\*
- \_\_\_ CHEST\* (CXR REQ. - < 1 MONTH OLD)
- \_\_\_ CHEST\*HIGH RESOLUTION (W/O CONTRAST)
- \_\_\_ SPINE, CERVICAL
- \_\_\_ SPINE, LUMBAR
- \_\_\_ NECK\* (SOFT TISSUE)
- \_\_\_ ORBITS\* (SELLA/POSTERIOR FOSSA)
- \_\_\_ SINUSES (CORONAL)
- \_\_\_ SINUSES (CORONAL & AXIAL)
- \_\_\_ EXTREMITY R \_\_\_\_\_ L \_\_\_\_\_
- \_\_\_ JOINT R \_\_\_\_\_ L \_\_\_\_\_
- \_\_\_ CT ANGIO ABD ONLY
- \_\_\_ CT ANGIO ABD/PEL ONLY
- \_\_\_ CT ANGIO ABD/PEL W/ CT ABD/PEL
- \_\_\_ CT ANGIO OTHER \_\_\_\_\_
- \_\_\_ CARDIAC SCORING
- \_\_\_ OTHER \_\_\_\_\_

### MRI

- \_\_\_ BRAIN ATTN: \_\_\_\_\_
- \_\_\_ IAC/TEMPORAL BONE C+S
- \_\_\_ LUMBAR
- \_\_\_ CERVICAL
- \_\_\_ THORACIC
- \_\_\_ ABDOMEN ATTN: \_\_\_\_\_
- \_\_\_ PELVIS
- \_\_\_ ORBIT, FACE, NECK (SOFT TISSUE)
- \_\_\_ TMJ
- \_\_\_ CHEST
- \_\_\_ EXTREMITY R \_\_\_\_\_ L \_\_\_\_\_
- \_\_\_ JOINT R \_\_\_\_\_ L \_\_\_\_\_
- \_\_\_ MRI ARTHROGRAM \_\_\_\_\_
- \_\_\_ OTHER \_\_\_\_\_

### MRA

- \_\_\_ MRA ABD/PEL
- \_\_\_ MRA CHEST
- \_\_\_ MRA CAROTID
- \_\_\_ MRA CEREBRAL
- \_\_\_ MRA RENALS
- \_\_\_ MRA RUNOFF
- \_\_\_ OTHER \_\_\_\_\_

### Plain Films

- \_\_\_ CHEST (PA & LAT)
- \_\_\_ CHEST (AP)
- \_\_\_ FLAT/UPRIGHT ABDOMEN W/ CHEST (PA)
- \_\_\_ KUB
- \_\_\_ RIBS (R OR L) W/CHEST (PA)
- \_\_\_ PELVIS
- \_\_\_ HIPS BILATERAL INC. AP PELVIS
- \_\_\_ SINUS SERIES
- \_\_\_ SKULL (4 VIEWS)
- \_\_\_ SPINE, THORACIC
- \_\_\_ SPINE, CERVICAL \_\_\_ WITH FLEX/EXT.
- \_\_\_ SPINE, LUMBAR \_\_\_ WITH FLEX/EXT.
- \_\_\_ EXTREMITY R \_\_\_\_\_ L \_\_\_\_\_
- \_\_\_ JOINT R \_\_\_\_\_ L \_\_\_\_\_
- \_\_\_ OTHER \_\_\_\_\_

### UROLOGICAL

- \_\_\_ IVP\*

### Nuclear Medicine

- \_\_\_ BILIARY SCAN/PIPIDA\*(w/EF if indicated)
- \_\_\_ BONE SCAN\* - (SPECT if needed)
- \_\_\_ BONE SCAN 3 PHASE\*
- \_\_\_ LIVER-SPLEEN SCAN\* (SPECT if needed)
- \_\_\_ LUNG VQ (need to have chest x-ray done exam day)
- \_\_\_ RENAL SCAN
- \_\_\_ THYROID SCAN & UPTAKE\*
- \_\_\_ GALLIUM SCAN\*
- \_\_\_ INDIUM WBC STUDY
- \_\_\_ GASTRIC EMPTYING W/REGLAN
- \_\_\_ OTHER \_\_\_\_\_

### Ultrasound

- \_\_\_ ABDOMEN COMPLETE\* (W/RETRO)
- \_\_\_ ABD. PARACENTESIS \_\_\_ DIAGNOSTIC THERAPEUTIC
- \_\_\_ AORTA\*
- \_\_\_ GALLBLADDER\*
- \_\_\_ RENAL\*
- \_\_\_ PELVIS\*
- \_\_\_ PELVIS W/ TRANSVAGINAL\*
- \_\_\_ OB\*
- \_\_\_ THYROID
- \_\_\_ TESTICULAR
- \_\_\_ OTHER \_\_\_\_\_

### Cardiac & Vascular

#### CARDIOVASCULAR ULTRASOUND

- \_\_\_ CAROTID
- \_\_\_ DUPLEX ARTERIAL R / L / BILAT
- \_\_\_ UPPER/LOWER VENOUS R / L / BILAT
- \_\_\_ PVR W/ ABI \_\_\_ W/ EXERCISE \_\_\_ W/O EXERCISE
- \_\_\_ ECHOCARDIOGRAM W/ DOPPLER

#### NUCLEAR CARDIOLOGY

- \_\_\_ CARDIAC IMAGING STRESS TEST\*
- \_\_\_ CARDIAC IMAGING STRESS TEST W/ ADENOSINE/PERSANTINE\*
- \_\_\_ MUGA
- \_\_\_ EKG
- \_\_\_ OTHER \_\_\_\_\_

### Fluoroscopy

- \_\_\_ BARIUM SWALLOW
- \_\_\_ UPPER GI SERIES\*
- \_\_\_ SMALL BOWEL SERIES\*
- \_\_\_ BARIUM ENEMA W/ AIR\*
- \_\_\_ BARIUM ENEMA W/O AIR\*
- \_\_\_ ARTHROGRAM \_\_\_\_\_
- \_\_\_ OTHER \_\_\_\_\_

### Bone Densitometry

- \_\_\_ QCT BARKLEY CIRCLE ONLY
- \_\_\_ DEXA SOUTH POINTE ONLY
- \_\_\_ OTHER \_\_\_\_\_

\* Preparation is required for this procedure. Please see other side. Locations and maps provided on back side.