

RX Appointment Form

Scheduling: (239) 938-3535 FAX: (239) 938-3580



**FLORIDA
RADIOLOGY
CONSULTANTS**

Extraordinary Service. Excellent Care.

Today's Date: _____

Appointment Date: _____

Arrival Time: _____ Appointment Time: _____

South Pointe
6311 South Pointe Blvd., Ste. 600

Barkley Circle
63 Barkley Circle, Ste. 101

STAT Films with Patient

Phone Report: _____
(include cell phone number for after hours)

FAX Report: _____

Deliver Films/CD: _____

Obtain Authorization
NPI #: _____

Authorization: _____

FAX Scheduling: _____

C.C. Report: _____

Patient's Name _____ DOB _____ Daytime Phone _____ Alternative Phone _____

Physician's Name _____ Physician's Signature (required) _____ Office Contact _____

History & Diagnosis

MRI/MRA*

- w/o contrast w/ & w/o contrast
- w/ contrast if needed
- Sedation: Valium IV Versed

CARDIAC

- Cardiac Function
- Cardiac Mass
- Right Ventricular Dysplasia

MRI

- Brain
- Orbits
- Pituitary
- Brachial Plexus
 - Right Left
- Temporal Bones / IAC's
- Neck (soft tissue)
- TMJ's
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Sacrum
- Joint, Attn: _____
 - Right Left Bilateral
- Extremity, Attn: _____
 - Right Left Bilateral
- Abdomen, Attn: _____
- Pelvis (Bony)
 - Soft Tissue
- MRCP (only)
 - w/Abdomen
- Enterography

MRA

- Brain
- Carotids
- Chest
- Abdomen
- Abdomen / Pelvis
- Run-off

MRV

- Brain

CT/CTA*

- w/o contrast w/ & w/o contrast
- w/ contrast if needed

CT

- Brain
- Orbits
- Pituitary

- Sinuses
 - Coronal Only
- Temporal Bones / IAC's
- Facial Bones
- Neck (soft tissue)
- Thorax
- Thorax High Resolution (non contrast)
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Joint, Attn: _____
 - Right Left Bilateral
- Extremity, Attn: _____
 - Right Left Bilateral
- Abdomen Only
- Abdomen/Pelvis (routine)
- Pelvis Only (Soft Tissue)
 - Bony
- Kidney Stone Protocol
- Urogram (IVP Protocol)
- Enterography

CT BIOPSIES

- Bone
- Bone Marrow

CTA

- Brain
- Carotids
- Thorax
- Thoracic Aorta
- Abdomen
- Abdomen/Pelvis
- Run-off

CT SCREENING

- Lung Screening
- Whole Body Scan
 - Chest, Abdomen, Pelvis

LAB Creatinine

*Creatinine & GFR needed for Diabetic or Renally Compromised patients requiring IV Contrast

ULTRASOUND

- Thyroid
- Thyroid Biopsy
 - Right Left
- Aorta
- Carotid
- Echocardiogram
- Abdomen Complete
- Abdomen Single Organ,
 - Attn: _____
- Kidneys
- Pelvis
 - w/Transvaginal
 - Transvaginal Only

- Retroperitoneum Complete
- OB, specify _____
- Scrotum
- Aspiration, Attn: _____

ARTERIAL

- Upper Extremity Lower Extremity
 - Right Left Bilateral
- PVR w/ABI
 - w/Duplex if indicated
 - w/exercise w/o exercise
- Toe Pressures

VENOUS

- Upper Extremity Lower Extremity
 - Right Left Bilateral

PARACENTESIS

- Diagnostic
- Therapeutic

MUSCULOSKELETAL

- Diagnostic, Attn: _____
 - Right Left
- Therapeutic, Attn: _____
 - Synvisc or Kenalog
 - Right Left

ULTRASOUND SCREENING

- Aorta
- Carotid

FLUOROSCOPY

- Barium Enema
 - Single Contrast Air Contrast
 - Gastrograffin
- Upper GI
 - w/Small Bowel Follow Through
- Esophagram
- Small Bowel Series
- IVP, w/o Tomography
- Arthrogram, joint w/MRI
 - Attn: _____
- Lumbar Puncture
- Myelogram (with CT)

X-RAY

- Facial Bones
- Mandible
- Nasal Bones
- Neck (Soft Tissue)
- Orbits
- Sinus Series
- Skull
- Water's View
- Chest, view(s): _____
- Ribs
 - Right Left Bilateral

- Acute Abdomen Series
- KUB
- Sitzmarker
- C-Spine, view(s): _____
 - w/Flex & Ext
- T-Spine, view(s): _____
- L-Spine, view(s): _____
 - w/Flex & Ext
- Sacrum/Coccyx
- SI Joints
- Scoliosis Series
- Bone Age
- Bone Survey
- Extremity, Attn: _____
 - Right Left

NUCLEAR MEDICINE

- Bone Scan
 - w/SPECT and X-Ray if indicated
- Three Phase Bone Scan
 - w/SPECT and X-Ray if indicated
- Brain Scan w/SPECT
- C-14 H Pylori Breath Test
- Lung VQ (CXR required same day)
- Hepatobiliary (PIPIDA, HIDA)
 - w/EF if indicated
- Hemangioma Liver RBC w/SPECT
- Renal Scan
 - Captopril Lasix
- Gastric Emptying
 - w/Reglan if indicated
- Liver- Spleen Scan w/SPECT
- WBC Scan
- Thyroid Scan
 - Uptake (I-123) No Uptake (scan only)
- Thyroid I-131 Hyperthyroid Therapy
- Parathyroid Scan

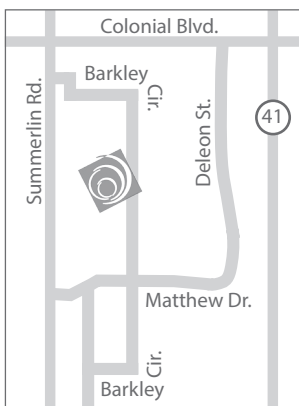
CARDIOLOGY

- Nuclear Stress w/Treadmill
- Nuclear Stress, NON walking
- Gated Cardiac (MUGA)
- Stress EKG, NON Nuclear
- EKG

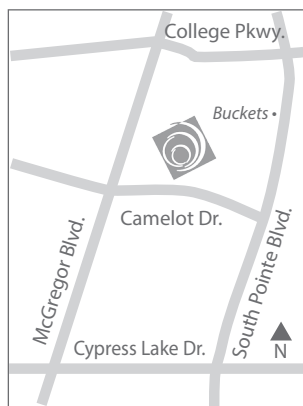
BONE DENSITOMETRY

- QCT
- DEXA

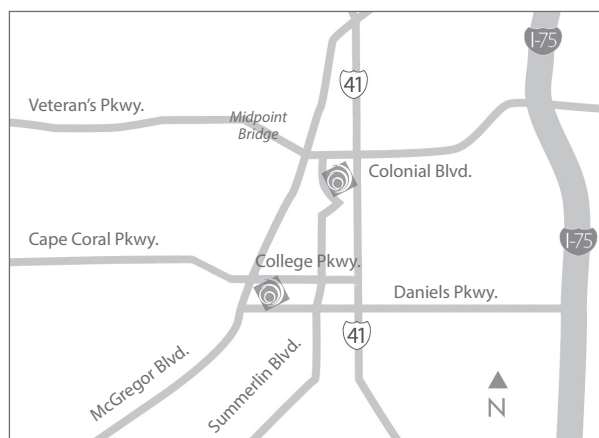
OTHER Coordination Services



63 Barkley Circle, Ste. 101



6311 S. Pointe Blvd., Ste. 600



Concierge Service: For the convenience of our patients, we are pleased to offer a first of its kind service. Contact our medical records department and they will arrange for the delivery of your films or preparation materials to your home or office with no delivery charge.

Sedation: For claustrophobic and anxiety-ridden patients, we offer a number of sedation options. Consult your referring physician for your best solution and they will inform us of your personal needs.

PATIENT PREPARATIONS FOR PROCEDURES

Be sure to follow instructions for your exam preparations.

Please bring the following items with you to your appointment:

- Insurance card
- Physician's order (prescription)
- Picture ID
- Prior imaging/x-ray examination information: location, dates
- A staff member will be contacting you within 24 hours of your appointment to discuss preparation for your exam and any financial responsibility you may have.
- Please arrive at least 30 minutes prior to your appointment.
- If you need to check out your x-rays, please call us 24 hours in advance.
- Exam results will be sent to your physician within 48 hours.
- If you have any questions about preparation or your exam, please contact us.

- Barium Enema:** Your physician will give you an order for Colyte. Follow instructions. Prep is required 24 HOURS PRIOR to exam.
- Bone Scan:** Arrive for injection, return 2-3 hours later for scan.
- Cardiac Imaging Stress Test:** This is a 2-day study. Day 1, the resting baseline portion, eat normally. Day 2, the stress portion, eat a light meal 3-4 HOURS PRIOR to the test. Discontinue caffeine and beta blockers the day before your test, unless otherwise instructed by your physician. Wear loose, comfortable clothing.
- CT Abdomen Only:** Drink two bottles of oral contrast liquid 1 HOUR PRIOR to the exam.
- CT Abdomen and/or Pelvis:** Drink one bottle of oral contrast liquid 2 HOURS PRIOR to the scan, and another 1 HOUR PRIOR to the exam. Except for contrast, DO NOT eat anything after midnight, or for at least 4 HOURS PRIOR to the exam.
- CT Pelvis Only:** Drink two bottles of oral contrast liquid 2 HOURS PRIOR to the exam.
- CT Exam Requiring I.V. Contrast (other than Abdomen/Pelvis):** DO NOT eat anything after midnight, or for at least 4 HOURS PRIOR to the exam.
- Esophogram/Barium Swallow:** DO NOT to eat or drink 4 HOURS PRIOR.
- Gastric Emptying:** DO NOT eat or drink 8 HOURS PRIOR to appointment.
- Hepatobiliary Scan:** DO NOT eat or drink anything 5 HOURS PRIOR to study.
- IVP:** Your physician will give you an order for Colyte. Follow instructions. Prep is required 24 HOURS PRIOR to exam.
- MRCP:** DO NOT eat or drink anything after midnight or for at least 4 HOURS PRIOR to the exam
- MRI:** Notify staff if you have a pacemaker, brain aneurysm clip, or metal anywhere in your body.
- MRI/CT/Enterography:** DO NOT eat or drink anything after midnight or for at least 4 HOURS PRIOR to the exam. Arrive 90 minutes prior to exam.
- Thyroid Scan w/ or w/o Uptake:** Thyroid with uptake is a 2-day exam, without uptake is 1 day. You will be asked to return to the center 3 or 5 hours after your initial appointment. No thyroid medications, iodine treatments, CT or IVP dye 3-6 weeks prior to your appointment.
- Ultrasound - Abdomen/Gallbladder/Kidney/Arota:** DO NOT eat anything after midnight, or for at least 6 HOURS PRIOR to the exam.
- Ultrasound - Pelvic/OB:** Drink four 8oz. glasses of liquid 1 HOUR PRIOR to appointment. DO NOT empty bladder. Bladder must be full for exam.
- Upper GI:** DO NOT eat or drink anything after midnight or for at least 6 HOURS PRIOR to the exam.

**** If you are allergic to iodine or IVP DYE, notify our office PRIOR to your appointment.**

**** If you are DIABETIC, you will require lab work prior to your exam. You must NOT take GLUCOPHAGE (Metformin) for 48 HOURS AFTER YOUR EXAM and you will be required to have additional labwork, if you had a CT.**



Scheduling: (239) 938-3535 FAX: (239) 938-3580
 Medical Records: (239) 938-3511 FAX: (239) 938-3582
 Administrative Office: (239) 938-3500

www.FLRad.com