

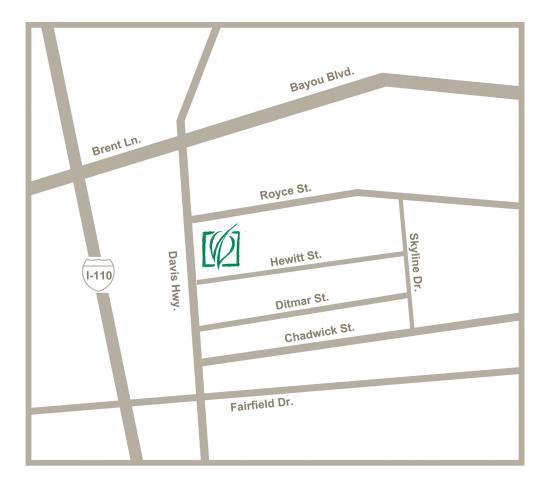
IMAGING ORDER FORM

Patient Name	Phone	SSN
Diagnosis and Symptoms		
Scheduled: Date:	Time:Pre-Author	ization #:
XRAY	CT SCAN	MRI
Chest PA and Lateral Abdomen (KUB) Abdomen (flat & upright) Bone Densitometry - DEXA NUCLEAR MEDICINE Bone Scan (limited) Bone Scan (whole body) HIDA Prep 1 MUGA Gastric Emptying Renal Scan (W and WO Lasix) Nuclear Stress (Chemical) Nuclear Stress (Exercise) Stress Test (Treadmill) Parathyroid Scan Only Liver Spleen Scan Bone Scan (3 Phase)	Perform BUN & Creatinine BUN/Creat within 45 days Performed on BUN Creatinine Brain - no contrast Brain (W and WO IV contrast) Prep 1 Abdomen (W and WO IV contrast) ** Prep 1 Abdomen (with IV contrast) ** Prep Abdomen (without IV contrast) Abdomen/Pelvis (W and WO IV contrast) ** Prep 1 Abdomen/Pelvis (with IV contrast only) ** Prep 1 SINUSES/Maxillofacial Chest (No IV contrast) Chest (W and WO IV contrast) Prep 2 RENAL STONE STUDY (no Contrast) Soft Tissue Neck (W & WO contrast) Prep 2 Chest/Abdomen/Pelvis (W & WO) ** Prep 1 CTA Aorta (W and WO IV contrast) Prep 2 CTA Abdomen (W and WO IV contrast) Prep 2 CTA Pelvis (W and WO IV contrast) Prep 2 CTA Chest (W and WO IV contrast) Prep 2	Perform BUN & Creatinine BUN/Creat within 45 days Performed on BUN Creatinine Brain - no contrast Brain (W and WO IV contrast) Prep 2 Breast (W and WO IV contrast) Prep 2 Chest Abdomen - no contrast Abdomen (W and WO IV contrast) Prep 2 C-Spine - no contrast C-Spine (W and WO IV contrast) Prep 2 C-Spine (With contrast only) Prep 2 T-Spine (W and WO IV contrast) Prep 2 T-Spine (W and WO IV contrast) Prep 2 T-Spine (W and WO IV contrast) Prep 2 L-Spine - no contrast L-Spine (W and WO IV contrast) Prep 2 MRA Neck MRA Head
ULTRASOUND Abdomen-Complete	for Pulmonary Embolus ** Requires Oral Contrast in ADVANCE PET/CT Skull Base to Mid Thigh Prep 1 Head to Toe *** Prep 1 *** Melanoma, Merkel Cell Sarcoma, Multiple Myeloma	 □ MRA Carotids □ BREAST HEALTH SERVICES □ Digital Screening Mammogram □ Digital Diagnostic Mammogram R L B □ Breast US if indicated by Mammo □ Breast Biopsy as indicated □ Breast - Unilateral R L
Lower Venous Doppler R L B	Ordering MD Name	Office Phone

PLEASE CALL TO SCHEDULE 850.696.4200 - THEN FAX COMPLETED FORM TO 850.607.7553

4724 N. Davis Highway ··· Between Brent and Fairfield

Questions about your Appointment?? Call us at 850.696.4200



PATIENT PREPARATIONS

- 1. Nothing to eat or drink after Midnight or 6 hours before your appointment.
- 2. Nothing to eat or drink for two hours prior to your appointment.
- 3. Drink 32 ounces of liquid over the hour before your appointment. You will need a FULL bladder.

Refer your patients to Woodlands Diagnostic Imaging for both cost-savings and quality imaging.

NO FACILITY FEES.

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