



a Rezolut partner

PHYSICIAN REFERRAL FORM

REF DR: Phone #:

REF DR SIGNATURE:

STAT REPORT FAX:

PRECERT/REF #S:

PATIENT NAME: TODAY'S DATE: / /
DOB: CONTACT #:

INDICATION/DIAGNOSIS:

MRI

I.V. CONTRAST: GFR CREAT
WITH CONTRAST
W/O WITH+W/O

- NEURO
BRAIN
PITUITARY
IAC
ORBITS, FACE
TMJ
NECK-SOFT TISSUE
BRACHIAL PLEXIS
CERVICAL SPINE
THORACIC SPINE
LUMBAR SPINE

BODY
ABDOMEN, SPECIFY:
MRCP
PELVIS

- EXTREMITIES
SHOULDER R L
ELBOW R L
WRIST R L
HAND R L
HIP R L
KNEE R L
ANKLE R L

OTHER:

MR ANGIOGRAPHY
I.V. CONTRAST: GFR
BRAIN
CAROTID
RENAL

MR ARTHROGRAM
WRIST R L
SHOULDER R L
HIP R L
KNEE R L

OTHER:

- BIOPSIES
LYMPH NODE CORE BIOPSY
SOFT TISSUE MASS CORE BIOPSY
SOFT TISSUE NECK
THYROID FINE NEEDLE ASPIRATION R L

CT-SCAN

I.V. CONTRAST: GFR CREAT
W/O WITH WITH+W/O
AT RADIOLOGIST'S DISCRETION

- NEURO
HEAD
ORBITS/IAC/SELLA
SINUSES
FACIAL
NECK-SOFT TISSUE
CERVICAL SPINE
THORACIC SPINE
LUMBAR SPINE
IAC

BODY
CHEST
ABDOMEN
PELVIS
ABDOMEN/ PELVIS

MSK:
OTHER:

ULTRASOUND

- GENERAL
ABDOMEN LTD (RUQ) COMP
PELVIS TRS ABD ENDO
TV FETAL OB 1ST TRIMESTER
THYROID
SCROTUM/TESTICULAR
BLADDER
RENAL
LOWER EXTREMITY ARTERIAL VENOUS
HYSTEROSONOGRAM
CAROTID
RENAL DOPPLER R L

OTHER:

BREAST IMAGING

- SCREENING MAMMOGRAM
DIAGNOSTIC MAMMOGRAM R L B
BREAST ULTRASOUND R L B
BREAST MRI
BIOPSY R L B
GALACTOGRAM R L B

BONE DENSITY - DEXA

BASELINE FOLLOW UP

FLOUROSCOPY

- ESOPHGRAM/BARIUM SWALLOW
UPPER GI SERIES
SMALL BOWL SERIES
HYSTEROSALPINGOGRAM (HSG)

PAIN MANAGEMENT INJECTION

- SHOULDER R L
HIP R L
KNEE R L

X-RAY

- HEAD
SKULL ORBITS FACIAL BONES
SINUS MANDIBLE NASAL BONES

- BODY
CHEST 1 VIEW 2 VIEWS
RIBS R L
STERNUM
ABDOMEN FLAT ERECT DECUB
PELVIC AP

- SPINE STANDING FLEX/EXT
C-SPINE 2 VIEWS 5 VIEWS
T-SPINE
L-SPINE 2 VIEWS 5 VIEWS
SCOLIOSIS SERIES
AC JOINTS
SACRUM/COCCYX

- EXTREMITIES WEIGHTBEARING Y N
CLAVICLE R L B
SCAPULA R L B
SHOULDER R L B
HUMERUS R L B
ELBOW R L B
FOREARM R L B
WRIST R L B
HAND R L B
FINGER R L B
HIP R L B
FEMUR R L B
KNEE R L B
TIB-FIB R L B
ANKLE R L B
HEEL R L B
FOOT R L B
TOE R L B

OTHER:

PRE-APPOINTMENT INSTRUCTIONS

CAREFULLY READ THE DO'S AND DONT'S FOR YOUR EXAM:

X-RAY

DO inform your doctor as well as our staff and technologists if you may be pregnant.

There are no preparations required for an x-ray exam.

ULTRASOUND (ABDOMEN)

DO take any medications as prescribed.

DON'T eat or drink during the 8hrs before your appointment.

MRI/MRA

DO take any medications as prescribed.

inform our office at least 24 hours before your appointment if you are claustrophobic or feel uncomfortable in enclosed spaces, have a pacemaker, brain aneurysm clip, artificial heart valve(s) or vascular stent(s), nerve stimulator, metal fragment in the eyes, hearing implants or hearing aids.

arrange to have a friend or family member drive you to and from your appointment if you are receiving sedation for your scan.

wear comfortable clothing without metal clips, buttons, or decorations.

DON'T wear any jewelry or metal items

CT (WITH CONTRAST) OR CTA

DO inform our office at least 24 hours in advance if you have any of the following:

- You are over 55 years old
- Have diabetes
- Have hypertension
- Have a history of renal disease
- Have severe allergies

wear comfortable clothing & take any medications as prescribed.

DON'T eat or drink anything except water during the four hours before your appointment.

Helpful Hints for Patients

- Please give our office 24 hours notice if you cannot keep your appointment.
- Please arrive 15 minutes before your scheduled appointments.
- Please bring your prescription or physician referral form with you at time of appointment.
- You must have insurance information at time of exam.
- Previous imaging studies should accompany patients when possible.

**INFORM OUR OFFICE IMMEDIATELY
IF YOU THINK YOU MAY BE PREGNANT.**

DEXA

DO wear comfortable clothing.
(no buttons or zippers on pants - elastic waist only)

DON'T take any calcium or osteoporosis medication for 48hrs prior to your exam.

ULTRASOUND (ABDOMEN)

DO drink 8 ounces of water every 15 min. for one hour before your appointment. (Should be a total of four 8 oz. glasses)

DON'T empty your bladder for two hours before your appointment. This exam requires a full bladder.

MRI/MRA (WITH CONTRAST)

DO inform our office at least 24 hours in advance if you have any of the following:

- You are over 55 years old
- Have diabetes
- Have hypertension
- Have a history of renal disease
- Have severe allergies

wear comfortable clothing & take any medications as prescribed.

DON'T eat or drink anything except water during the four hours before your appointment.

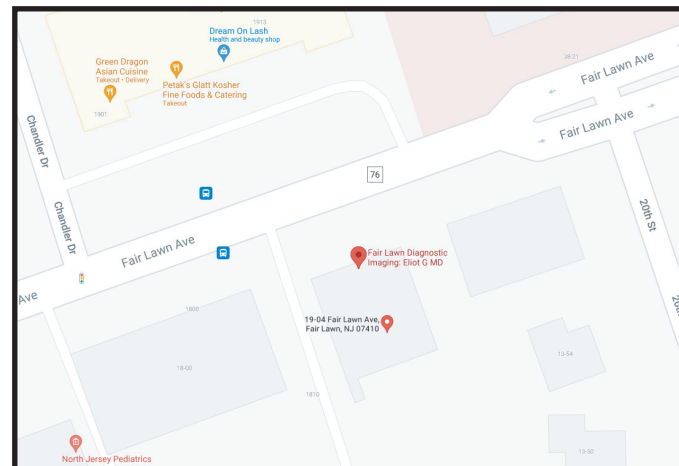
MAMMOGRAPHY

DO inform our office of any previous mammograms you have had, and bring any previous films.

If you are lactating or think you are pregnant, please notify the technologist.

wear a two-piece outfit for easy changing of upper garments.

DON'T wear deodorant, lotion, or perfume on your breast or underarms.



SCHEDULE YOUR APPOINTMENT: (201) 794-3132