



Appointment date: \_\_\_\_\_ Appointment time: \_\_\_\_\_ Call to schedule? Y N Today's date: \_\_\_\_\_

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Insurance (Fax front & back of patient's card and any clinical information): \_\_\_\_\_

Clinical Indications/Signs/Symptoms: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Referring provider: \_\_\_\_\_ Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

**STAT (Referring provider direct line) #** \_\_\_\_\_  **Fax STAT Report to:** \_\_\_\_\_

MRI	CT	ULTRASOUND	X-RY
<p><b>CONTRAST</b>    <input type="radio"/> W    <input type="radio"/> W/O <input type="radio"/> Radiologist Discretion</p> <p><input type="radio"/> Brain  <input type="radio"/> Brain IACs/7th &amp; 8th Nerve C S  <input type="radio"/> Brain Pituitary/Sella C S</p> <p><input type="radio"/> MRA  <input type="radio"/> Head  <input type="radio"/> Neck C S  <input type="radio"/> Abdomen C S</p> <p><input type="radio"/> Orbits/Brain C S</p> <p><input type="radio"/> Spine  <input type="radio"/> C-Spine  <input type="radio"/> T-Spine  <input type="radio"/> L-Spine</p> <p><input type="radio"/> TMJ</p> <p><input type="radio"/> Abdomen  <input type="checkbox"/> Specify: _____</p> <p><input type="radio"/> MRCP</p> <p><input type="radio"/> Pelvis    <input type="radio"/> Female    <input type="radio"/> Male</p> <p><input type="radio"/> Bony Pelvis</p> <p><input type="radio"/> Coccyx</p> <p><input type="radio"/> Sacrum</p> <p><input type="radio"/> Brachial Plexus</p> <p><input type="radio"/> Soft Tissue Neck</p> <p><input type="radio"/> Trigeminal Nerve</p> <p><input type="radio"/> Extremity  <input type="radio"/> Ankle (hind foot)    R    L  <input type="radio"/> Foot (mid foot to toe)    R    L  <input type="radio"/> Hip    R    L  <input type="radio"/> Thigh    R    L  <input type="radio"/> Lower Leg    R    L  <input type="radio"/> Shoulder    R    L  <input type="radio"/> Humerus    R    L  <input type="radio"/> Forearm    R    L  <input type="radio"/> Wrist    R    L  <input type="radio"/> Elbow    R    L  <input type="radio"/> Hand    R    L  <input type="radio"/> Knee    R    L</p>	<p><b>CONTRAST</b>    <input type="radio"/> W    <input type="radio"/> W/O <input type="radio"/> Radiologist Discretion  <input type="radio"/> Perform 3-D Reconstruction  <b>All CT patients over 60 years old and/or diabetic are required to have a current creatinine.</b>            Creatinine level: _____ Date: _____</p> <p><b>Abdomen</b>  <input type="radio"/> Abdomen  <input type="radio"/> Pelvis</p> <p><b>Abd/Pelvis</b>  <input type="radio"/> Renal Protocol (mass)  <input type="radio"/> Appendix Protocol (IV and Oral)  <input type="radio"/> Urogram (Stone Protocol)</p> <p><b>Head</b>  <input type="radio"/> Head  <input type="radio"/> Orbits w/coronals  <input type="radio"/> Paranasal Sinus  <input type="radio"/> Temporal Bones w/coronals  <input type="radio"/> Facial Bones w/coronals  <input type="radio"/> Soft Tissue Neck</p> <p><b>Chest</b>  <input type="radio"/> Chest  <input type="radio"/> Chest - High Res  <input type="radio"/> Cardiac Calcium Scoring</p> <p><b>CT Enterography</b>  <input type="radio"/> Enterography w/contrast</p> <p><b>Spine w/reconstruction</b>  <input type="radio"/> Cervical    <input type="radio"/> Thoracic    <input type="radio"/> Lumbar</p> <p><b>CT Angiogram</b>  <input type="radio"/> Chest (Aorta)  <input type="radio"/> Abdomen/Pelvis with Runoffs (Aorta)  <input type="radio"/> Extremity w/reconstruction  <input type="radio"/> Ankle    R    L    <input type="radio"/> Knee    R    L  <input type="radio"/> Elbow    R    L    <input type="radio"/> Wrist    R    L  <input type="radio"/> Foot    R    L    <input type="radio"/> Shoulder    R    L  <input type="radio"/> Other (specify): _____</p>	<p><input type="radio"/> Abdomen - Complete  <input type="radio"/> Abdomen - Limited (RUQ and Gallbladder)  <input type="radio"/> Abdomen Wall (hernia)  <input type="radio"/> Aorta  <input type="radio"/> Arterial  <input type="radio"/> Upper Ext    R    L  <input type="radio"/> Lower Ext    R    L</p> <p><input type="radio"/> Carotid</p> <p><input type="radio"/> OB (Transvaginal as indicated)</p> <p><input type="radio"/> Pelvic (Women-Transvaginal as indicated)</p> <p><input type="radio"/> Transvaginal Only</p> <p><input type="radio"/> Renal    <input type="radio"/> With Bladder</p> <p><input type="radio"/> Soft Tissue: _____</p> <p><input type="radio"/> Testicular (scrotum doppler for arterial inflow and venous outflow)</p> <p><input type="radio"/> Thyroid (Neck)</p> <p><input type="radio"/> Venous  <input type="radio"/> Upper Ext    R    L  <input type="radio"/> Lower Ext    R    L</p> <p><input type="radio"/> Other: _____</p>	<p style="text-align: center;">(X-rays are done on a work-in basis)</p> <p><input type="radio"/> Abdomen Complete (Flat &amp; Upright KUB)  <input type="radio"/> Abdominal Series (Flat &amp; Upright KUB, including PA Chest)  <input type="radio"/> KUB  <input type="radio"/> Chest  <input type="radio"/> Sinuses  <input type="radio"/> Soft Tissue Neck  <input type="radio"/> Pelvis  <input type="radio"/> Facial Bones  <input type="radio"/> Mandible  <input type="radio"/> TMJ  <input type="radio"/> Skull  <input type="radio"/> Ribs    <input type="radio"/> R    <input type="radio"/> L (PA Chest Included)  <input type="radio"/> Spine (Specify):  <input type="radio"/> Cervical    <input type="radio"/> Thoracic    <input type="radio"/> Lumbar  <input type="radio"/> Limited    <input type="radio"/> Complete</p> <p><input type="radio"/> Hip</p> <p><input type="radio"/> Coccyx</p> <p><input type="radio"/> Sacrum</p> <p><input type="radio"/> Nasal Bones</p> <p><input type="radio"/> Extremity  <input type="radio"/> Ankle    R    L  <input type="radio"/> Toe    R    L  <input type="radio"/> Elbow    R    L  <input type="radio"/> Femur    R    L  <input type="radio"/> Foot    R    L  <input type="radio"/> Forearm    R    L  <input type="radio"/> Hand    R    L  <input type="radio"/> Finger    R    L  <input type="radio"/> Humerus    R    L  <input type="radio"/> Knee    R    L  <input type="radio"/> Clavicle    R    L  <input type="radio"/> Shoulder    R    L  <input type="radio"/> Tibia/Fibula    R    L  <input type="radio"/> Wrist    R    L  <input type="radio"/> Other (specify): _____</p>

Provider name (printed): \_\_\_\_\_ Provider signature: \_\_\_\_\_

# PATIENT INSTRUCTIONS: PREPARING FOR YOUR EXAM

## BRING THIS ORDER WITH YOU TO YOUR SCHEDULED EXAM

### MRI (Magnetic Resonance Imaging)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

**Do not wear eye makeup or mascara for ANY Brain & Neck studies. Do not wear any jewelry or hairpins. Wear comfortable clothing.**

#### Let us know if you have:

- Metallic fragments in your eyes or previous injury to the eye involving a metal object
- Any type of implanted mechanical pump
- Any type of surgery within the past 8 weeks
- A history of cancer
- A pacemaker/ defibrillator/ stimulator
- An aneurysm clip
- Any metallic/ electronic implant

#### Let us know if you are:

- Allergic to CT or MRI contrast
- Claustrophobic
- Pregnant/Nursing
- In need of special assistance

### CT (Computed Tomography)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

#### Oral prep

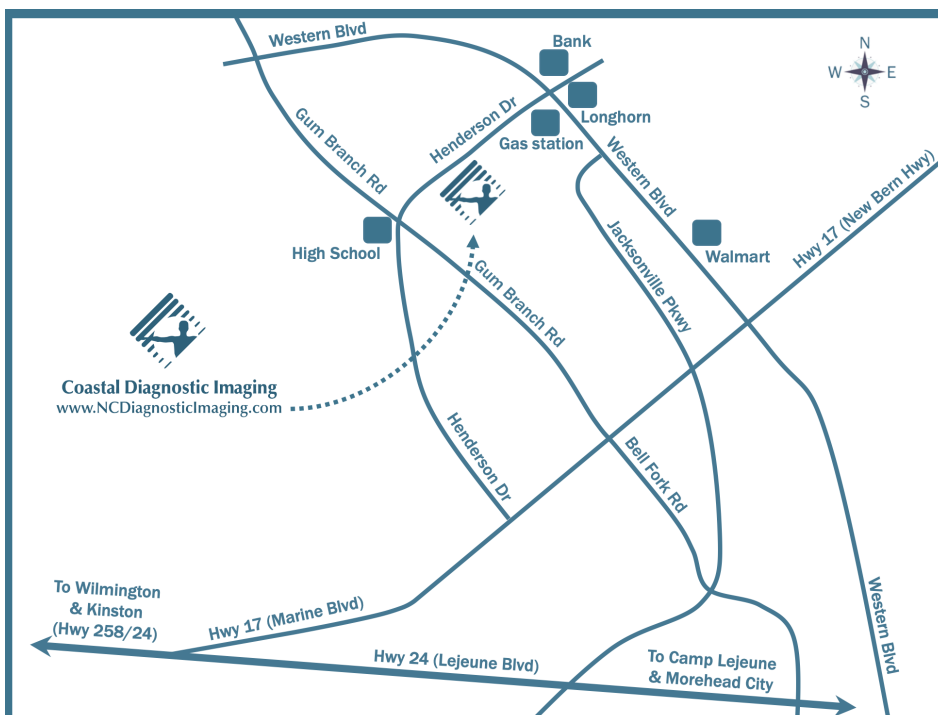
- You may be given Read-Cat, a Barium Sulfate suspension, to drink for your CT Scan.
- This is not a laxative. Its purpose is to enhance your digestive tract so that the radiologist can better visualize your anatomy during your CT Scan.
- If eating prior to exam, please eat only a light meal or snack.
- If you have ever had any reaction to X-ray dye, please call us at 877.361.4757 **prior** to your exam.

### Ultrasound

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.



**Coastal Diagnostic Imaging**  
[www.NCDiagnosticImaging.com](http://www.NCDiagnosticImaging.com)



### Coastal Diagnostic Imaging

Tax ID# XX-XXXXXXX OCM# XXXX  
**3606 Henderson Drive**  
**Jacksonville, NC 28546**  
**Phone: 877.361.4757**

#### 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