



IMAGING ORDER FORM

Patient Name _____ Phone _____ DOB _____

Diagnosis and Symptoms _____

Scheduled: Date: _____ Time: _____ Pre-Authorization #: _____

XRAY

- 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)
- _____

ULTRASOUND

- Abdomen-Complete *Prep #1*
- Abdomen- RUQ only *Prep #1*
- Pelvis *Prep #3*
- Breast R L
- Renal *Prep #3*
- Aorta
- Echocardiogram
- Scrotum
- Thyroid
- Pelvic/Transvaginal *Prep #3*
- Upper Venous Doppler R L B
- Lower Venous Doppler R L B
- _____

CT SCAN

- 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*
Requires Oral Contrast in ADVANCE
- Abdomen (with IV Contrast) *Prep #1*
Requires Oral Contrast in ADVANCE
- Abdomen (without IV contrast)
- Abdomen/Pelvis (W and WO IV contrast) *Prep #1*
Requires Oral Contrast in ADVANCE
- Abdomen/Pelvis (with IV contrast only) *Prep #1*
Requires Oral Contrast in ADVANCE
- 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*
Requires Oral Contrast in ADVANCE
- 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*
for Pulmonary Embolus
- _____

PET/CT

- Skull Base to Mid Thigh *Prep #1*
- Head to Toe (DX: Melanoma, Merkel Cell Sarcoma, Multiple Myeloma) *Prep #1*

MRI

- 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 - no contrast
- T-Spine (W and WO IV contrast) *Prep #2*
- T-Spine (With contrast only) *Prep #2*
- L-Spine - no contrast
- L-Spine (W and WO IV contrast) *Prep #2*
- L-Spine (With contrast only) *Prep #2*
- MRA Neck
- MRA Head
- 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

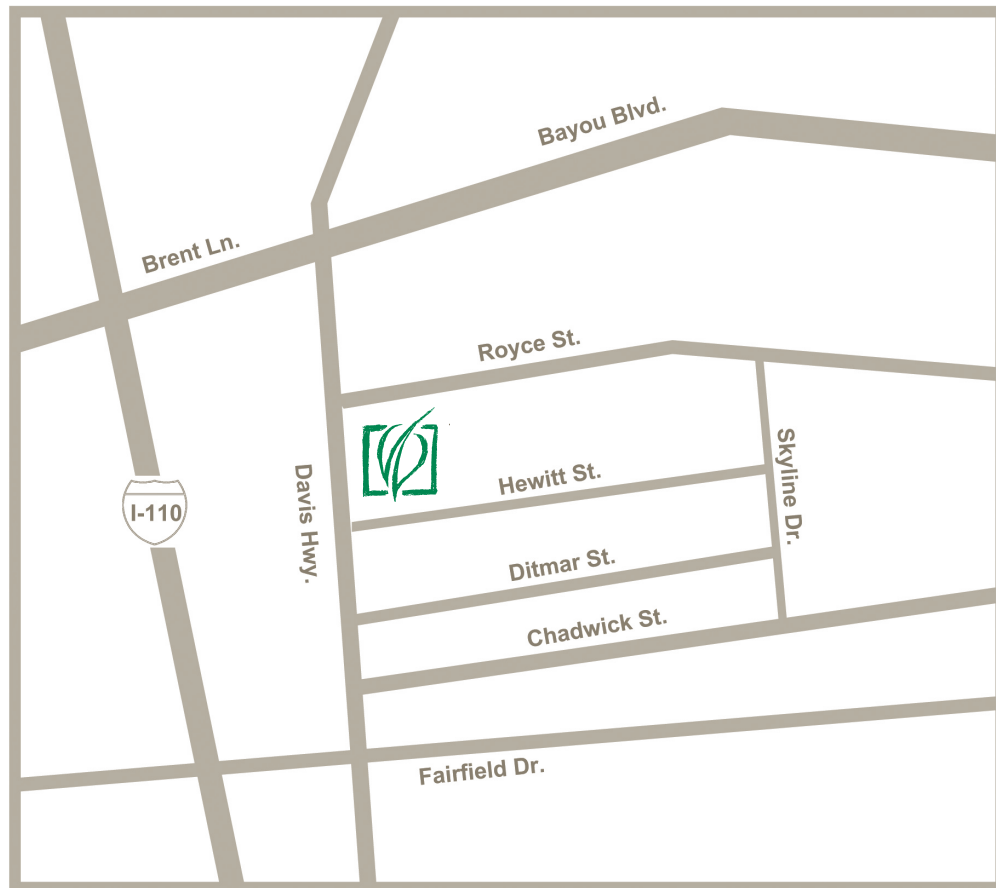
Ordering MD Name _____ Office Phone _____

Signature _____ Date _____

PLEASE FAX COMPLETED FORM TO 850.607.7553 – THEN CALL TO SCHEDULE 850.696.4200
CLINICAL DOCUMENTATION IS NEEDED FOR NUC MED, MRI, CT AND PET SCANS - PLEASE SUBMIT WITH ORDER

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

Questions about your Appointment?? Call us at 850.696.4200



PATIENT PREPARATIONS

- Prep #1 Nothing to eat or drink after Midnight or 6 hours before your appointment.
- Prep #2 Nothing to eat or drink for two hours prior to your appointment.
- Prep #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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