



4440 Sheridan ST. Suite B, Hollywood, FL 33021
Tel: (786) 756-3038, Fax: (786) 756-3039
www.totalmridiagnostic.com
E-mail: schedule@totalmridiagnostic.com

Patient Name: DOB: AGE: Phone #: Email: Type of payment (Circle one): INSURANCE OR SELF-PAY ATTORNEY NAME: ATTORNEY PHONE #: DATE OF ACCIDENT: CLAIM #:

MRI

CT SCAN

X-RAY

ULTRASOUND

- SPINE
Cervical
Lumbar
Thoracic
Sacrum/Coccyx
Without Contrast
With And Without Contrast

- SPINE
Cervical
Lumbar
Thoracic
Without Contrast
With Contrast
With And Without Contrast

- KUB
Abdomen AP/ Oblique
Abdomen Complete
Abdomen Complete Decubitus
Ankle 2 Views
Ankle Complete 3 Views
C Joints Bil w/wo Weight Distraction
Bone Age Studies
Calcaneus (2 Views)
Clavicle Complete
Cervical Spine (2 or 3 Views)
Cervical Spine (4 or 5 Views)
Cervical Spine (6 or more Views)
Chest Single View
Chest (2 Views)
Chest Oblique View
Chest w/Apical (3 Views)
Chest Complete (4 Views)
Chest Decubitus
Elbow (2 Views)
Elbow Complete (3 Views)
Eyes for Foreign Body
Facial Bones Complete 3 Views
Femur Views: 1 2
Finger 2 Views
Foot Views: 1 2
Forearm 2 Views
Hand Views: 1 2
Hip Unilateral Views: 1 2-3 4
Hip Bilateral Views: 2 3-4 5
Humerus 2 Views Views: 1-2 3
Knee
Knee Complete
Knees Bilateral (standing anteroposterior)
Entire Spine AP
Lumbosacral w/bending 2 or 3 views
Lumbosacral Complete w/bending 6 views
Lumbosacral 4 Views
Lumbosacral 2 or 3 Views
Mandible Partial less than 4 Views
Mastoids Complete 3 Views
Nasal Bones Complete 3 View
Neck Soft Tissue
Orbit Complete 4 Views
Sternoclavicular Joints 3 Views
Tibia/Fibula 2 Views
Thoracic Spine Views: 2 3
Thoracolumbar Junction 2 Views
Toes 2 Views
TMJ Unilateral open & closed Mouth
TMJ Bilateral open & closed Mouth
Wrist 2 Views
Wrist Complete 3 Views

- GENERAL ULTRASOUND
Abdominal
Renal
Pelvic
Transvaginal
Testicles/Scrotum
Thyroid/Parathyroid
Chest

- HEAD/ FACE/ NECK
Brain
Orbits
Pituitary
IAC
Neck Soft Tissue
TMJ/ Mandible
Without Contrast
With And Without Contrast

- HEAD/ FACE/ NECK
Brain
Orbit
Sinus
TMJ/ Mandible
Maxillofacial
Neck Soft Tissue
CTA Brain/ COW
CTA/ Neck/ Carotid
Without Contrast
With Contrast
With And Without Contrast

- MRA
Head
Neck/ Carotid
Without Contrast
With and Without Contrast

- CHEST
Chest/ Thorax
CTA Chest
CT calcium score
Without Contrast
With Contrast
With And Without Contrast

- BODY
Abdomen
Chest/ Brachial Plexus
Pelvis Prostate
MRCP
Without Contrast
With And Without Contrast

- ABDOMEN/ PELVIS
Abdomen
Pelvis
Abdomen/ Pelvis
Urogram
CTA Abdomen
CTA Abdomen/ Pelvis
Without Contrast
With Contrast
With And Without Contrast

- UPPER EXTREMITY
Elbow
Finger
Forearm
Hand
Shoulder
Wrist
Humerus
Without Contrast
With And Without Contrast
Left
Right
Specify Area:

- EXTREMITIES
Upper Extremities
Lower Extremities
Without Contrast
With Contrast
With and Without Contrast
Left
Right
Specify Area:

- LOWER EXTREMITY
Ankle
Foot
Tibia/ Fibula
Toe
Heel
Hip
Knee
Femur
Without Contrast
With And Without Contrast
Left
Right
Specify Area:

BONE DENSITY (DEXA)

- DEXA

Please indicate the body part(s) you need to be scanned with the Ultrasound:

CARDIAC ULTRASOUND

VASCULAR ULTRASOUND

- Echocardiogram
Carotid
Upper Ext Venous w/Doppler
Lower Ext Venous w/Doppler
Upper Ext Arteries w/Doppler
Lower Ext Arteries w/Doppler

OB ULTRASOUND

WOMEN'S IMAGING

MAMMOGRAPHY (2D-3D TOMO)

- Screening
Diagnostic
Spot Compression
Bilateral
Left
Right

BREAST ULTRASOUND

- Bilateral
Left
Right

PHYSICIAN NAME: NPI #: SIGNATURE: PHONE #: FAX #:

PREPARATIONS/ PROTOCOLS

If you are 60 years or older and you are having an MRI or CT Scan with IV contrast we kindly request that you have bun/creatinine bloodwork done (no older than 60 days) to assess any kidney issues.

MRI

Patients cannot have:

- No surgeries within 8 weeks prior to your exam.
- Pacemaker
- Surgical Vascular Clips
- Neurostimulators
- IVC Filter
- Cochlear Implants
- Breast Tissue Expander
- Silver Backed Dermal Patches
- Any kind of Pump in your body
- Patient cannot be pregnant

** If you have any kind of stent, ear implant, aneurysm clip and any type of metal. Please bring documentation identifying it.

** If you have any previous MRI exams or relevant diagnostic exams to correlate with the MRI ordered, please bring them with you for your appointment.

CT SCANS

Please bring prior scans related to the area being scanned.

Dialysis Patients: Patients currently on dialysis require blood work (BUN & Creatinine) no older than 60 days. Patients should have CT exam performed prior to dialysis treatment. Dialysis treatment is to be performed the same day after the appointment time or the next day to clear all contrast materials from the patient's system.

Diabetic Patients: Patients who are diabetic require blood work (BUN & Creatinine) no older than 60 days. Patients taking Glucophage, Glucovance or any other medication containing metformin must discontinue use of this medication for the day of and 48 hours after the exam.

Asthma History: Patients who have any history of asthma require pre-medication. (Your doctor will write a prescription.) Patient must pick up medication from the pharmacy no later than noon the day before the scan.

Allergies: Patients with allergies to shellfish, seafood or iodine may require pre-medication. If the patient has itchiness/hives/rash pre-medicate the patient. If the patient has shortness of breath/closing of throat we cannot perform exam with contrast.

IV Contrast (Abdomen/Pelvis):

NOTHING to eat or drink 4 hours prior to the exam. You will be given contrast to drink at our facility. There will be 30 to 90 minutes' period between drinking the contrast and your exam.

IV Contrast (Chest, Neck or Head):

NOTHING to eat or drink 4 hours prior to the exam.

X-RAY

No preparation needed

BONE DENSITY (DEXA)

- 1) No recent IV/contrast, barium for at least 2 weeks prior to your scheduled appointment.
- 2) Remove any jewelry and piercing. You can drink water and other clear liquids before the test and also take any medication as well

ULTRASOUND

Abdominal Area: (Gallbladder, Liver, Pancreas, Spleen, Aorta.) NOTHING to eat or drink 6 hours prior to the exam.

Pelvic: (Ovaries, Uterus, Prostate, Bladder.) MUST drink 32 ounces of water 1 hour prior to the exam. Your bladder must be full. Do not urinate before the exam.

Obstetrical: More than 14 weeks, drink 32 ounces of water 1 hour prior to your exam time. Less than 14 weeks, drink 32 ounces of water 30 minutes before your exam time.

Breast: No perfume, powder, lotion, or deodorant on the date of the exam.

No preparation necessary for the following exams:

Renal (Kidney)	Testicles
Thyroid	Echocardiogram
Carotid	Vascular (Arterial/Venous)

WOMEN'S IMAGING

SCREENING or DIAGNOSTIC MAMMOGRAMS:

- 1) No perfume, powder, lotion, or deodorant on the date of the exam.
- 2) Mammogram should be scheduled one-week after your menstrual cycle.
- 3) Bring any previous mammogram images Within the last 5 years (if any).
- 4) Nothing in the whole body.

SPOT COMPRESSION MAMMOGRAMS:

- 1) Need Ultra-Sound report and last Mammo report.
- 2) No perfume, powder, lotion, or deodorant on the date of the exam.

FOR ALL PATIENTS IN GENERAL

- Please bring your insurance cards (if any)
- Referral/ Authorization,
- And/ or any previous images of the body area scanned with this prescription.