

Providers: Please fax clinical/office notes, insurance information, labs and outside imaging reports. Appt. Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_

**REQUIRED INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Provider Printed Name: \_\_\_\_\_ Signature of Provider: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
First Last Credential (Required)  
 Provider Address: \_\_\_\_\_  
 Diagnostic Indications/ Chief Complaint/ ICD-10: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  STAT Read Only (No Call)  
 Insurance: \_\_\_\_\_ Auth/Referral # \_\_\_\_\_  STAT Read/Call #: (\_\_\_\_)

**X-RAY**

- Head: \_\_\_ Sinus \_\_\_ Skull \_\_\_ Orbits
- Spine: \_\_\_ Cervical \_\_\_ Thoracic w/ Swimmers \_\_\_ Lumbar  
 AP/LAT  FLEX/EXT  w/ Obliques
- Chest PA & LAT
- Rib Series with PA CXR  R  L  w/o PA CXR
- Abdomen Series (Flat and Erect with PA Chest)
- Abdomen (Flat and Erect only)  KUB (only)
- Pelvis
- Hip with Pelvis  Hip Only  R  L
- Upper Extremity  R  L \_\_\_\_\_
- Lower Extremity  R  L \_\_\_\_\_
- Other: \_\_\_\_\_

**DEXA**

**MRI \***  w/o Contrast  w/ and w/o Contrast ♦

*With Clearance X-Ray if Needed.*

- Brain  Temporal Bones/IAC's  Pituitary
- Orbits  Sinuses  Temporomandibular Joint
- Neck - Soft Tissue
- Spine: \_\_\_ Cervical \_\_\_ Thoracic \_\_\_ Lumbar \_\_\_ Sacrum
- Bony Pelvis  Soft Tissue Pelvis  Prostate
- Defecography
- Liver  Pancreas / MRCP  Kidneys  Adrenals
- Upper Extremity  R  L \_\_\_\_\_
- Lower Extremity  R  L \_\_\_\_\_
- Other: \_\_\_\_\_

**MR Angiography ♦**

- Cerebral (Head) (w/o Contrast)  Carotid (Neck)
- Aorta: \_\_\_ Thoracic \_\_\_ Abdominal
- Renals  Runoff: Abdomen & Lower Extremities Bilat
- Other: \_\_\_\_\_

**MR Cardiac ♦♦**

- Cardiac MRI ♦
  - w/ Flow Quantification if Indicated
  - w/o Flow Function
  - for LV Function w/ Flow Quantification if Indicated
  - for LV w/o Flow
- Stress (Adenosine) ♦
- MRA Chest (Pulmonary Veins) ♦

**CT IMAGING**

*If giving IV contrast, no oral contrast is necessary unless specified*

*No food/water restrictions unless instructed otherwise.*

- Brain  w/o Contrast  w/ and w/o Contrast
- Sinus
- Sinus Surgical Planning - Vendor Name: \_\_\_\_\_
- Maxillofacial  w/o Contrast  w/ Contrast
- Neck Soft Tissue  w/o Contrast  w/ Contrast
- Chest  w/o Contrast  w/ Contrast
- Chest - Hi Res w/o Contrast (Supine & Prone Thin Slice)  
Only Ordered for Interstitial Lung Disease or Bronchiectasis
- Bronchoscopy Chest Navigation - Vendor: \_\_\_\_\_
- Low Dose Lung Screen
  - Yes  No Patient between age 50-80
  - Yes  No Patient is asymptomatic
  - Yes  No Current smoker or quit within 15 years
  - Yes  No Smoking history of 20 pack years
- Abdomen
- Pelvis  Bony Pelvis  Sacrum
- Stone Protocol (Abd & Pelv w/o IV or Oral Contrast)
- Urogram (Abd / Pelv)\* ♦
- Enterography (Abd / Pelv)\* ♦
- 3 Phase♦ \_\_\_ Liver \_\_\_ Kidney \_\_\_ Adrenals \_\_\_ Pancreas  
 w/ Pelvis
- Spine: \_\_\_ Cervical \_\_\_ Thoracic \_\_\_ Lumbar  Myelogram
- Upper Extremity  R  L \_\_\_\_\_  
 Scan as Surgical Planning- Vendor: \_\_\_\_\_
- Lower Extremity  R  L \_\_\_\_\_  
 Scan as Surgical Planning- Vendor: \_\_\_\_\_
- Calcium Score (Screening)
- Aortic Valve Score (For Aortic Valve Stenosis)
- Heart w/ Contrast ♦ Indication: \_\_\_\_\_
- Coronary CTA w/ FFR-CT if Needed ♦
- CT Angiography of: \_\_\_\_\_ ♦
- CTA Aorta w/ Runoff ♦
- Other: \_\_\_\_\_

**INTERVENTIONAL**

- Ultrasound Soft Tissue Core Biopsy
- Ultrasound Lymph Node Biopsy
- Ultrasound Thoracentesis
- Ultrasound Thyroid FNA (No Thyroid Cores at this time)
- Ultrasound Liver Biopsy
- CT Bone Marrow Biopsy
- CT Liver Biopsy

**PET/CT \***

- Brain ♦  Skull Base to Thigh  Whole Body
- Copper Cu64 Detectnet
- PSMA Drug Name: \_\_\_\_\_

**ULTRASOUND**

- Thyroid/Parathyroid  Soft Tissue Head/Neck
- Aorta\*  AAA Screening\*
- Abdomen Complete (Liver, Gallbladder, Pancreas, Spleen, Kidneys)\*
- Retroperitoneum Complete (Aorta, IVC, Kidneys, Bladder)\*
- Abdomen Limited: \_\_\_\_\_ \*
- Renal Only  Renal/Bladder
- Transrectal Prostate\*
- Scrotum w/ Duplex if Indicated  w/o Duplex
- Pelvis\*  w/ Transvaginal if Medically Indicated
- Transvaginal Only
- Soft Tissue Mass, Specify Area: \_\_\_\_\_
- OB <14 Weeks w/ Transvaginal if Medically Indicated\*
- OB >14 Weeks w/ Transvaginal if Medically Indicated\*
- OB Growth/Limited: \_\_\_\_\_  OB Biophysical Profile
- Other: \_\_\_\_\_

**Ultrasound Vascular**

- Venous (DVT)  Upper  Lower  R  L
- Venous Insufficiency  R  L
- Arterial ABI w/ Duplex if Indicated  Upper  Lower
- Echo Complete Spectral Doppler / Color Flow  
 Echo Limited: Must Specify \_\_\_\_\_
- Carotid Duplex  Hepatic Duplex\*
- Renal Vessels Duplex\*  Mesenteric Arteries\*
- Other: \_\_\_\_\_

**BREAST IMAGING**

- Screening Mammogram w/ Diagnostic Views and/or US (Breast or Axilla) if Indicated\*
- Diagnostic Mammogram w/ US (Breast or Axilla) if Indicated\*  
 R  L
- Ultrasound: \_\_\_ Breast \_\_\_ Axilla  R  L  
(US Performed Only for Abnormal Breast Imaging or Breast Symptoms)
- MRI Breast (Bilateral) ♦♦
 

- If abnormal breast imaging, proceed with Diagnostic, Ultrasound, Breast MRI, and Biopsy
  - If pathology result is breast cancer, proceed with Breast MRI, if not already performed
- Breast Biopsy w/ Post Biopsy Mammo  R  L  
 Stereo  US  MRI ♦
- Needle Localization w/ Post Loc. Mammo ♦  R  L  
 Stereo  US  MRI
- US Axilla/Lymph Node Biopsy w/ Post Mammo ♦  R  L
- Lymphoscintigraphy ♦  Injection Only  R  L

♦ These exams are available at Radiology Regional's Port Charlotte Imaging Center

♦ REQUIRES IV CONTRAST \* SPECIAL INSTRUCTIONS - SEE OTHER SIDE

Note: Additional imaging exams are available at our other locations.

Payment of co-pay, deductible, and / or co-insurance is expected at the time of service.

## SPECIAL INSTRUCTIONS

### \*ULTRASOUND

#### **AORTA, ABDOMEN, RETROPERITONEUM, RENAL VESSELS DUPLEX, HEPATIC DUPLEX, MESENTERIC ARTERIES**

Nothing to eat, drink, or chew after midnight. You may take prescription medication with small sips of water.

#### **ALL PELVIS (even when scheduled with abdomen), RENAL/BLADDER, ALL OBSTETRIC**

Drink 20 ounces of water 1 hour prior to your appointment to ensure your bladder is full for the study. Do not urinate during these hours before your procedure. Your bladder must be uncomfortably full to perform the exam.

#### **PROSTATE**

Take a Fleet's enema two hours prior to your appointment time. Do not eat any solid foods after you take the enema.

### \*CT IMAGING

#### **CT ENTEROGRAPHY**

Only clear liquids 24 hours prior to exam. Nothing to eat, drink or chew 3 hours prior to your arrival time. Arrive 1 hour prior to your appointment time. You will be given special prep when you arrive at your appointment. Note to referring provider: do not give patient Readi-Cat.

#### **CT UROGRAM**

Drink 32oz of water 30 minutes prior to exam. You are not required to withhold from urinating.

### \*MAMMOGRAPHY

Try to schedule your examination for the week after your period, when your breasts are less tender.

If your prior mammograms were taken at a different facility, please obtain your images and bring them to your appointment. This allows our radiologist to do a comparison and give you a more complete reading.

If possible, wear a comfortable two-piece outfit that will allow you to wear a gown from the waist up.

Do not use underarm deodorant, talcum powder or cream. These can interfere with test results.

### \*MRI

At time of scheduling, you must disclose anything implanted in your body from any prior surgery/procedure.

Patients with any of the following devices cannot be examined at Radiology Regional:

- Pacemaker
- Defibrillator
- Deep Brain Stimulator

MRI Imaging may require preparation prior to exam. You will be given instructions prior to your exam.

### \*PET/CT

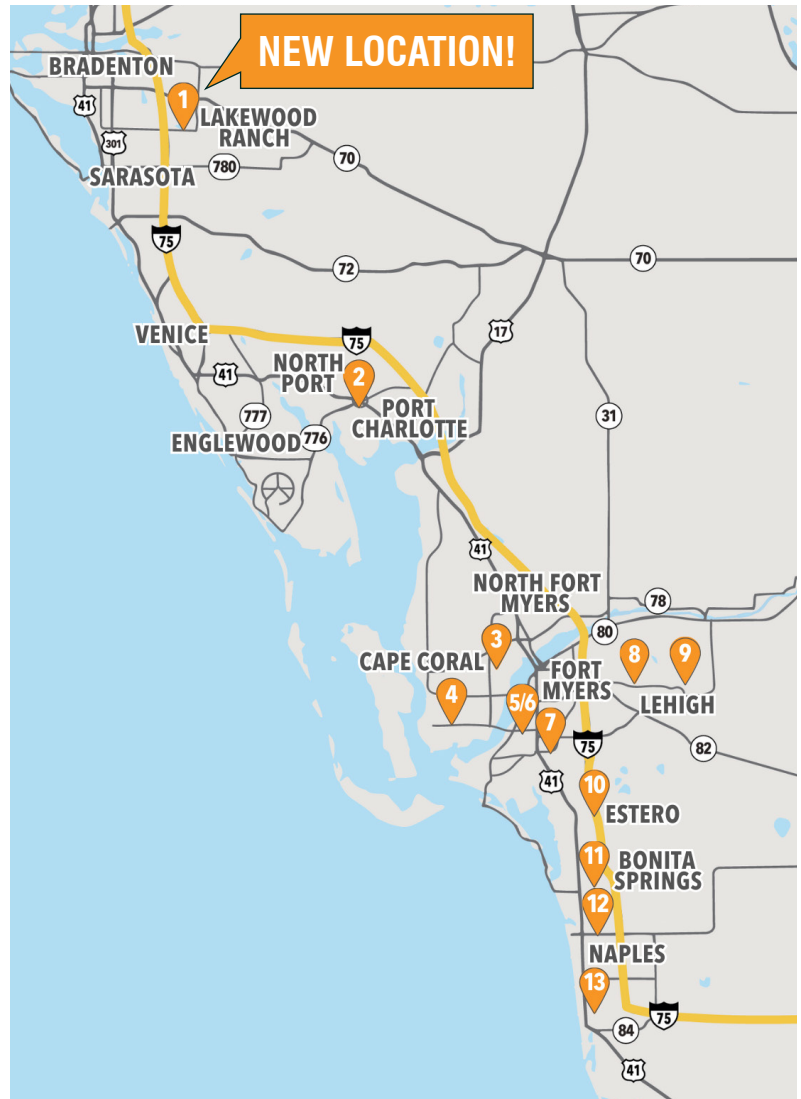
Only plain water allowed after midnight prior to exam. (If appointment is 3p.m. or later, call office for specific instructions).

The morning of the scan, drink at least 32 oz. of plain water.

No metal on clothing and no jewelry.

Please limit your physical activity and do not exercise or chew gum after midnight prior to your exam.

If you need medication to help you relax for your exam you must have a driver.



## LOCATIONS

1. 6600 University Pkwy, Suite 102, Sarasota, Florida 34240
2. 18300 Murdock Circle, Building 15, Port Charlotte, FL 33948
3. 805 Del Prado Blvd, Cape Coral, FL 33990
4. 1708 Cape Coral Pkwy W, Suite 3, Cape Coral, FL 33914
5. 6140 Winkler Rd, Fort Myers, FL 33919
6. 6100 Winkler Rd, Fort Myers, FL 33919
7. 14551 Hope Center Loop, Suite 100, Fort Myers, FL 33912
8. 5220 Lee Blvd, Building 1, Lehigh, FL 33971
9. 1110 Lee Blvd, Lehigh, FL 33936
10. 10201 Arcos Ave, Suite 101, Estero, FL 33928
11. 9776 Bonita Beach Rd, Bonita Springs, FL 34135
12. 1875 Veterans Park Dr, Suite 2101, Naples, FL 34109
13. 700 Goodlette Rd, Naples, FL 34102

For directions, go to [www.radiologyregional.com/locations](http://www.radiologyregional.com/locations)

Radiology Regional offers additional exams at other locations throughout Southwest Florida.

Visit our website for a complete list of services available at each location.  
[www.radiologyregional.com](http://www.radiologyregional.com)