

SCHEDULING: (239) 936-4068 or (941) 255-7945

FAX: (239) 936-6989 or (941) 255-7923

FAX AUTHORIZATIONS TO: (239) 936-5734

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: ___/___/___

Provider Address: _____
First Last Credential (Required)

Diagnostic Indications/ Chief Complaint/ ICD-10: _____

Special Instructions: _____ STAT Read Only (No Call)

Insurance: _____ Auth/Referral # _____ STAT Read/Call #: (____) _____

UROLOGY

X-RAY

- Abdomen Series (Flat & Erect w/PA Chest)
- Abdomen (Flat & Erect only)
- KUB (only)
- Pelvis
- Other: _____

MRI *

With Clearance X-Ray if Needed.

- Spine: ___ Cervical ___ Thoracic ___ Lumbar
- Bony Pelvis Soft Tissue Pelvis ◆
- Prostate ◆
- Defecography*
- Urogram (Abd/Pelvis w/ and w/o Contrast) ◆
- Kidneys ◆ MRA Kidneys ◆
- MRA Aorta ◆
- Other: _____

CT IMAGING

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

No food/water restrictions unless instructed otherwise.

- Abdomen
- Pelvis Bony Pelvis
- Stone Protocol (Abd & Pelvis w/o IV or Oral Contrast)
- Urogram* ◆
- 3 Phase Kidney (Renal Mass Protocol - w/wo IV Contrast Only) ◆
 w/ Pelvis
- Cystogram (Patient must come with catheter in place) ◆
 Remove Catheter After Imaging
- CTA Renal Arteries ◆
- Other: _____

PET/CT*

- Skull Base to Thigh Whole Body
- PSMA (Pylarity)

ULTRASOUND

- Abdomen Complete (Liver, Gallbladder, Pancreas, Spleen, Kidneys)*
- Retroperitoneum Complete (Aorta, IVC, Kidneys, Bladder)*
- Renal Only Renal/Bladder* Renal Vessels w/ Duplex*
- Transrectal Prostate* Transabdominal Male Pelvis*
- Scrotum w/ Duplex if Indicated w/o Duplex
- Pelvis* w/ Transvaginal if Indicated
- Transvaginal Only
- Other: _____

NUCLEAR MEDICINE

- Renal Scan for Basic Flow & Function
 w/ Lasix for Obstruction w/ Captopril for Hypertension*
- Bone Scan
- Other: _____

GASTROENTEROLOGY / COLORECTAL

MRI Elastography - w/o IV contrast *

MRI Elastography only available at North Naples office

Fibroscan - US Elastography*

MRI * ◆

Performed w/ and w/o IV Gadolinium unless noted

With Clearance X-Ray if Needed.

- Neck - Soft Tissue Pelvis - Soft Tissue
- Defecography (no IV contrast)*
- Rectal Fistula* Rectal Cancer Staging*
- Prostate
- Liver
- Eovist Liver (Bile Leak, Adenoma vs FNH, Pre-op Colorectal Mets)
- Liver w/ MRCP for Cholangiocarcinoma*
- Liver w/o Contrast (Hemochromatosis Iron Quantification Only)
 w/ and w/o IV Contrast
- Pancreas / MRCP* w/o IV Contrast (Cyst follow-up)*
- Adrenal
- Enterography (Abd / Pelv)*
- Abdomen/Pelvis Peritoneal Surface Malignancy (PCI)
- MRA Abdominal Aorta
- MRA Pelvis
- MRV Abdomen Pelvis _____
- Other: _____

X-RAY

- Abdomen Series (Flat and Erect w/PA Chest)
- Abdomen (Flat and Erect only)
- KUB (only)
- Pelvis
- Sitz Marker Study
- Other: _____

CT IMAGING

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

No food/water restrictions unless instructed otherwise.

- Chest w/ IV contrast w/o IV contrast
- Abdomen
- Pelvis Bony Pelvis
- Pelvis for Colovesical or Colovaginal Fistula ◆
(w/ and w/o IV and Rectal Contrast)
 Include Abdomen
- Enterography (Abd / Pelv) ◆*
- Gastric Distension (Abd / Pelv)*
- 3-4 Phase ◆ ___ Liver ___ Pancreas ___ Kidneys ___ Adrenals
 w/ Pelvis
- CT Colonography*
- CT Angiography of: _____ ◆
- Other: _____

PET/CT*

- Skull Base to Thigh Dotatate
- Whole Body

ULTRASOUND

- Aorta* Right Upper Quadrant*
- Abdomen Limited*: _____
- Abdomen Complete (Liver, Gallbladder, Pancreas, Spleen, Kidneys)*
- Retroperitoneum Complete (Aorta, IVC, Kidneys, Bladder)*
- Pelvis* w/ Transvaginal if Indicated
- Transvaginal only
- Soft Tissue Mass, Specify Area: _____
- Paracentesis
 Therapeutic Diagnostic Send for: _____
- Thoracentesis Right Left
 Therapeutic Diagnostic Send for: _____
- Other: _____

Ultrasound Vascular

- Venous (DVT) Upper Lower R L
- Hepatic Vessels* Mesenteric Arteries*

NUCLEAR MEDICINE

- Hepatobiliary Scan*(HIDA) w/EF w/o EF
- Liver - Spleen Scan
- Hemangioma Liver RBC Scan w/SPECT & Flow
 w/o SPECT w/o Flow
- Gastric Emptying Scan (90 min)*
- White Blood Cell Scan w/o SPECT (Ceretec) w/ SPECT
- Tumor or Inflammation Imaging w/ SPECT (Octroskan, MIBG)
- Bone Scan

SPECIAL INSTRUCTIONS

*FIBROSCAN - US ELASTOGRAPHY

Nothing to eat or drink 3 hours prior to exam.

*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) and RENAL/BLADDER

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 Barium(Readi-Cat).

CT COLONOGRAPHY

You will need to obtain a special prep and instruction sheet 3 days prior to your exam at any one of our imaging centers.

CT GASTRIC DISTENSION

Nothing to eat or drink for 12 hours prior to exam. You will be instructed to drink 3 bottles of contrast prior to being scanned. This will be given on the day of the scheduled exam in office.

CT UROGRAM

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

*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 and services available at each location,
go to www.radiologyregional.com/locations

*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.

MRI ALL ABDOMEN/PANCREAS/MRCP

Nothing to eat or drink for 4 hours prior to exam.

MRI ELASTOGRAPHY

Nothing to eat or drink for 4 hours prior to exam.

MRI ENTEROGRAPHY

Clear fluids the day prior to exam. Nothing to eat or drink for 4 hours prior to exam. You need to arrive 1 hour and 15 minutes prior to scheduled test. You will be instructed to drink 3 bottles of contrast one hour prior to being scanned. This will be given on the day of the scheduled exam.

MRI DEFECOGRAPHY / RECTAL FISTULA / RECTAL CANCER STAGING

Clear liquids the day prior to exam. Fleet enema 2 hours prior to exam.

*NUCLEAR MEDICINE

You may be told not to eat, drink, or take certain medications before your scan.

You will be given a small amount of radioactive tracer. It is most often injected, but it may be swallowed or inhaled. After you receive the radioactive tracer, you may need to wait a few minutes, hours or days before having your scan.

