



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: ___/___/___
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 EKG Stress EKG (ETT)

FLUOROSCOPY

- Arthrogram of _____
 MRI to Follow CT to Follow
- Myelogram ___ Cervical ___ Thoracic ___ Lumbar
 CT to Follow
- Other: _____

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 Stress (Adenosine)

PET/CT *

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

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
 - Colonography*
 - 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: _____

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

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: _____

FIBROSCAN

NUCLEAR MEDICINE *

- Bone Scan w/ SPECT w/o SPECT
- Triple Phase w/o SPECT
- Myocardial Perfusion Stress w/ SPECT
- Gated Cardiac (MUGA) Scan
- Hepatobiliary Scan* (HIDA) w/ Ejection Fraction
 w/o Ejection Fraction
- Liver - Spleen Scan
- Hemangioma Liver RBC Scan w/ SPECT & Flow
 w/o SPECT
- Gastric Emptying Scan*
- Renal Scan* w/ Captopril w/ Lasix
- Thyroid Scan & Uptake (I-123)* Scan Only
- I-131 Therapy (Hyperthyroidism) Cancer Ablation
- I-131 Thyroid Cancer (Whole Body Scan)*
- Parathyroid Scan w/ SPECT
- Lung Scan (Ventilation-Perfusion) w/ CXR
- White Blood Cell Scan w/o SPECT (Cereteq) w/ SPECT
- Tumor or Inflammation Imigion w/ SPECT
(Octreoscan, MIBG, Proscint, Gallium)
- DaTscan w/ SPECT
- Sentinel Dose Melanoma

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 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 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.

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.

*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.

*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.

FOR THYROID IMAGING WITH IODINE:

You will be given specific instructions prior to your exam.

