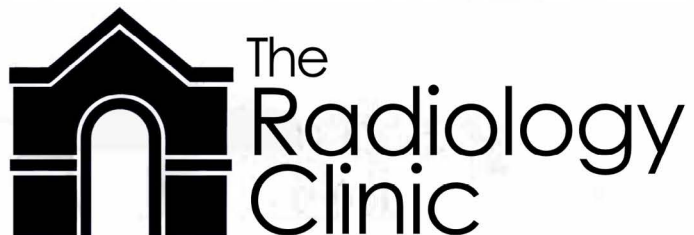
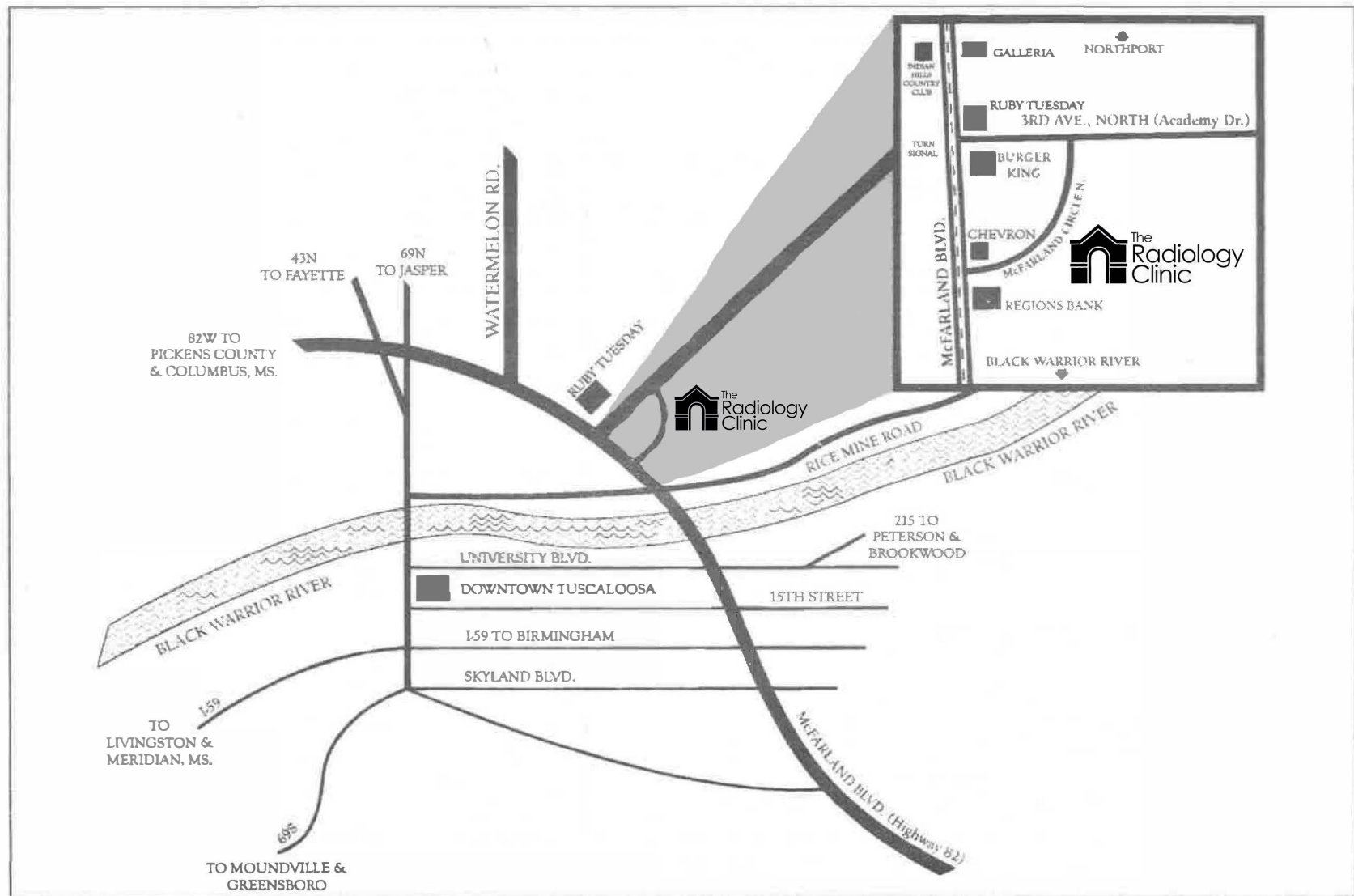


GENERAL	Prep Instructions	CT	Prep Instructions
<input type="checkbox"/> Chest XR	No prep	<input type="checkbox"/> Head wo <input type="checkbox"/> Chest wo <input type="checkbox"/> Chest HR <input type="checkbox"/> Sinuses <input type="checkbox"/> IAC's	No prep for WO NO ORAL OR IV
<input type="checkbox"/> Other General XR	No prep	<input type="checkbox"/> Chest <input type="checkbox"/> Neck Soft Tissues <input type="checkbox"/> Dynamic Liver	Clear liquid diet 4 hours prior to exam NO ORAL
FLUORO	Prep Instructions	<input type="checkbox"/> Urogram <input type="checkbox"/> Three-Phase <input type="checkbox"/> Renal Mass Protocol	Clear liquid diet 4 hours prior to exam NO ORAL
<input type="checkbox"/> Upper GI Series w/AIR <input type="checkbox"/> Upper GI Series w/SBS <input type="checkbox"/> SBS	No food or drink after midnight prior to exam	<input type="checkbox"/> Enterography *arrive 1hr early* <input type="checkbox"/> Pancreas *arrive 30 min early*	*Clear liquid diet 4 hours prior to exam NO ORAL
<input type="checkbox"/> Barium Swallow	Light breakfast on day of exam	<input type="checkbox"/> Stone Study NO ORAL OR IV	Drink 16 oz prior to exam – Do not empty bladder
<input type="checkbox"/> Barium Enema w/AIR* <input type="checkbox"/> BA Enema WO AIR	Pick up prep kit at Clinic 2 days before exam	<input type="checkbox"/> Abd/Pelvis <input type="checkbox"/> Upper Abd <input type="checkbox"/> Pelvis *CHOOSE OPTION BELOW*	Pick up oral prep at Clinic the day prior to exam
<input type="checkbox"/> OTHER SPECIALS EXAMS (ie. LP, steroid injections, aspirations, etc)	Call the clinic for exam specific prep	<input type="checkbox"/> ORAL & IV <input type="checkbox"/> IV ONLY <input type="checkbox"/> ORAL ONLY	Clear liquids 4 hours prior to exam
ULTRASOUND	Prep Instructions	<input type="checkbox"/> CT VC Virtual Colonography	Pick up prep kit at Clinic 2 days before exam
<input type="checkbox"/> Upper Abdomen Complete <input type="checkbox"/> Aorta <input type="checkbox"/> AAA	No food or drink after midnight prior to exam	<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> WO <input type="checkbox"/> MYELOGRAM w/*	No prep for WO *Call Clinic for myelogram prep
<input type="checkbox"/> Abdomen Limited <input type="checkbox"/> Pelvic Limited	No prep	<input type="checkbox"/> CTA: <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Aorta w/Runoff <input type="checkbox"/> Abd	Clear liquid diet 4 hours prior to exam NO ORAL
<input type="checkbox"/> Liver <input type="checkbox"/> Gallbladder <input type="checkbox"/> Pancreas <input type="checkbox"/> Spleen	No food or drink after midnight prior to exam	<input type="checkbox"/> CTA Chest w/3D <input type="checkbox"/> CTA Chest r/o PTE <input type="checkbox"/> CTA Abd/Pelvis	Clear liquid diet 4 hours prior to exam NO ORAL
<input type="checkbox"/> Liver Elastography (aka Shearwave / Fibroscan)	No food or drink 4 hours before exam	MRI	DEXA NO CA+ OR MULTI-VITAMIN DAY BEFORE/DAY OF EXAM
<input type="checkbox"/> Renal Artery Doppler	No food or drink 12 hours prior to exam	<input type="checkbox"/> Brain wo <input type="checkbox"/> Brain wo/w <input type="checkbox"/> Orbits wo/w	<input type="checkbox"/> Bone Density Study <input type="checkbox"/> Body Composition
<input type="checkbox"/> Pelvic COMP, TV if warranted <input type="checkbox"/> Pregnancy, TV if warranted	Drink 32oz water 45min prior – Do not empty bladder	<input type="checkbox"/> Cranial Nerves-IAC's Protocol wo/w <input type="checkbox"/> Pituitary wo/w	MAMMOGRAM
<input type="checkbox"/> Breast COMP/ LTD LT / RT <input type="checkbox"/> Scrotum, Doppler if warranted	No prep	<input type="checkbox"/> TMJ <input type="checkbox"/> Chest / Mediastinum <input type="checkbox"/> Neck Soft Tissue wo/w	<input type="checkbox"/> Screening 3D MAMM TOMOSYNTHESIS W/CAD (Breast US or add'l views if mamm yields positive or equivocal results or otherwise warranted)
<input type="checkbox"/> Neck Soft Tissue <input type="checkbox"/> Thyroid <input type="checkbox"/> Carotid <input type="checkbox"/> Kidney	No prep	<input type="checkbox"/> Adrenals <input type="checkbox"/> Abd wo/w <input type="checkbox"/> Pelvis (organs) wo/w	<input type="checkbox"/> Diagnostic 3D MAMM TOMOSYNTHESIS W/CAD (Breast US or add'l views if mamm yields positive or equivocal results or otherwise warranted)
<input type="checkbox"/> Extremity Arterial w/ABI'S UPPER / LOWER <input type="checkbox"/> ABI'S ONLY	No prep	<input type="checkbox"/> Liver wo/w <input type="checkbox"/> Kidneys wo/w <input type="checkbox"/> Pancreas wo/w	*US Breast LTD is warranted by lump/mass/nodule*
<input type="checkbox"/> Extremity Venous UPPER / LOWER LT / RT / COMP	No prep	<input type="checkbox"/> Enterography wo/w (NPO 6 hrs) <input type="checkbox"/> MRCP w/3D (NPO 6 hrs)	COMMENTS - DIAGNOSIS
<input type="checkbox"/> Extremity Non-vascular UPPER / LOWER LT / RT	No prep	<input type="checkbox"/> Prostate wo/w	
NUCLEAR MEDICINE	Prep Instructions	<input type="checkbox"/> Brachial or <input type="checkbox"/> Lumbar Plexus <input type="checkbox"/> Spine Survey wo	
<input type="checkbox"/> HIDA <input type="checkbox"/> Gastric Emptying Scan <input type="checkbox"/> Meckel's Scan	No food or drink after midnight prior to exam	<input type="checkbox"/> Cervical wo <input type="checkbox"/> Thoracic wo <input type="checkbox"/> Lumbar wo	
<input type="checkbox"/> I-123 Thyroid Scan	Return to Clinic in 4 to 6 hours after dose for scan	<input type="checkbox"/> SI Joint <input type="checkbox"/> Sacrum <input type="checkbox"/> Coccyx <input type="checkbox"/> Bony Pelvis <input type="checkbox"/> Hip LT / RT	
<input type="checkbox"/> I-123 Thyroid Scan & Uptake	Return to Clinic in 4-6 hrs after dose & again in 24 hrs	<input type="checkbox"/> Knee LT / RT <input type="checkbox"/> Ankle LT / RT <input type="checkbox"/> Foot LT / RT	
<input type="checkbox"/> I-123 Thyroid Uptake Only	Return to Clinic in 24 hours after dose for scan	<input type="checkbox"/> Shoulder LT / RT <input type="checkbox"/> Elbow LT / RT <input type="checkbox"/> Wrist LT / RT <input type="checkbox"/> Hand LT / RT	
<input type="checkbox"/> Parathyroid Scan	Return to Clinic 3 to 4 hours after dose for scan	<input type="checkbox"/> Arm UPPER / LOWER LT / RT <input type="checkbox"/> Leg UPPER/LOWER LT / RT	
<input type="checkbox"/> Liver / Spleen Scan <input type="checkbox"/> MUGA	No prep	<input type="checkbox"/> Myositis Protocol Bilateral Lower Ext Upper / Lower	
<input type="checkbox"/> Renal Scan <input type="checkbox"/> Renal Scan w/Lasix	Return to Clinic in 2 to 3 hours after dose for scan	<input type="checkbox"/> MRA: Brain / Neck (Carotid) / Abd (Renal) / Pelvis	
Bone Scan: <input type="checkbox"/> Limited <input type="checkbox"/> Multiple <input type="checkbox"/> Whole Body <input type="checkbox"/> Three-Phase <input type="checkbox"/> SPECT	Return to Clinic in 2 to 3 hours after dose for scan	<input type="checkbox"/> Arthrogram: Shoulder / Elbow / Wrist / Hip / Knee / Ankle LT / RT	

The Location for The Radiology Clinic



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For Appointments
Scheduling Fax (205) 758-5888
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