The Radiology Clinic

208 McFarland Circle, North
Tuscaloosa, Alabama 35406

Main Options (205) 345-7000
Scheduling Call Queue (205) 345-2000
ORDERS FAX LINE (205) 758-5888
www.tuscaloosaradiology.com
NPI # 1649235243 TAX ID # 63-0313602

Patient: _____ DOB: _____ Phone # _____

Appointment Date: _____ Time: _____ ☐ CALL REPORT ☐ FAX REPORT ☐ Leave after exam ☐ Return to my office

Referring Provider: (PRINT) _____ MD / DO / DC / OD / CRNP / PA / DPM NPI # _____

(SIGN) _____ Date: _____

GENERAL	PREP INSTRUCTIONS
☐ Chest XR	No prep
☐ Other General XR	No prep
FLUORO	**PREP INSTRUCTIONS**
☐ Upper GI Series W/AIR ☐ Upper GI Series W/SBS ☐ SBS	No food or drink after midnight prior to exam
☐ Barium Swallow	Light breakfast on day of exam
☐ Barium Enema W/AIR (ROUTINE) ☐ BA Enema WO AIR	Pick up prep kit at Clinic 2 days before exam
☐ OTHER SPECIALS EXAMS (ie. LP, STEROID INJECTIONS, ASPIRATIONS, ETC)	Call the clinic for exam specific prep
ULTRASOUND	**PREP INSTRUCTIONS**
☐ Upper Abdomen Complete ☐ Aorta ☐ AAA Screening	No food or drink after midnight prior to exam
☐ Abdomen Limited ☐ Pelvic Limited	No prep
☐ Liver (RUQ) ☐ Gallbladder ☐ Pancreas ☐ Spleen	No food or drink after midnight prior to exam
☐ Liver Elastography (AKA FIBROSCAN / SHEARWAVE)	No food or drink 4 hours before exam
☐ Renal Artery Doppler Complete	No food or drink 12 hours prior to exam
☐ Pelvic Complete (TV if warranted) ☐ Pregnancy (TV if warranted)	Drink 32oz water 45min prior - Do not empty bladder
☐ Breast: COMP / LTD RT / LT ☐ Scrotum (Doppler if warranted)	No prep
☐ Neck Soft Tissue ☐ Thyroid ☐ Carotid ☐ Kidney	No prep
☐ Extremity Arterial COMP W/ABI'S: UPPER / LOWER ☐ ABI'S ONLY	No prep
☐ Extremity Venous: UPPER / LOWER LT / RT / COMPLETE (BILAT)	No prep
☐ Extremity Non-vascular: UPPER / LOWER LT / RT	No prep
☐ NUCLEAR MEDICINE	**PREP INSTRUCTIONS**
☐ HIDA ☐ Gastric Emptying – 4HR ☐ Meckel's Scan	No food or drink after midnight prior to exam
☐ I-123 Thyroid Scan	Return to Clinic in 4 to 6 hours after dose for scan
☐ I-123 Thyroid Uptake Only	Return to Clinic in 24 hours after dose for scan
☐ I-123 Thyroid Scan & Uptake	Return to Clinic 4 to 6 hrs after dose & again in 24 hrs
☐ Parathyroid Scan	Return to Clinic 3 to 4 hours after dose for scan
☐ Liver / Spleen Scan ☐ MUGA	No prep
☐ Renal Scan w/Lasix ☐ Renal Scan (WO Lasix)	No prep
☐ Bone Scan ☐ LTD ☐ MULT ☐ Whole Body ☐ 3-Phase ☐ SPECT	Return to Clinic in 2 to 3 hours after dose for scan

CT	PREP INSTRUCTIONS
☐ Head WO ☐ Chest WO ☐ Chest HR ☐ Sinuses ☐ IAC's WO	*no prep for wo* NO ORAL OR IV
☐ Chest W ☐ Neck Soft Tissues W ☐ Dynamic Liver	Clear liquid diet 4 hours prior to exam NO ORAL
☐ Urogram ☐ Three-Phase ☐ Renal Mass Protocol	Clear liquid diet 4 hours prior to exam NO ORAL
☐ Enterography ☐ Pancreatic Protocol *arrive 30 min early*	Clear liquid diet 4 hrs before exam*ARRIVAL TIME* NO ORAL
☐ Stone Study *NO ORAL OR IV*	Drink 16oz water before exam – Do not empty bladder
☐ Abdomen & Pelvis ☐ Upper Abd ONLY ☐ Pelvis ONLY *PLEASE SPECIFY CONTRAST* ☐ ORAL & IV ☐ IV ONLY ☐ ORAL ONLY	Pick up oral prep at Clinic the day before exam Clear liquid diet 4 hours prior to exam
☐ CTVC Virtual Colonography	Pick up prep kit at Clinic 1 week before exam
☐ Cervical ☐ Thoracic ☐ Lumbar *CHOOSE* ☐WO ☐ MYELOGRAM W/*	No prep for WO *Call TRC for myelogram prep*
☐ CTA Head ☐ CTA Neck ☐ CTA Aorta w/Runoff ☐ CTA Abd	Clear liquid diet 4 hours prior to exam NO ORAL
☐ CTA Chest w/3D ☐ CTA Chest r/o PTE ☐ CTA Abd/Pelvis	Clear liquid diet 4 hours prior to exam NO ORAL
MRI *NO PREP UNLESS OTHERWISE STATED*	
☐ Brain WO ☐ Brain WO/W ☐ Orbits WO/W	
☐ Cranial Nerves – IAC's WO/W ☐ Pituitary Protocol WO/W	
☐ TMJ ☐ Chest/Mediastinum ☐ Neck Soft Tissue WO/W	
☐ Adrenals WO ☐ Abdomen WO/W ☐ Pelvis (ORGANS) WO/W	
☐ Liver WO/W ☐ Kidneys WO/W ☐ Pancreas WO/W	
☐ Enterography WO/W (NPO 6 HRS) ☐ MRCP W/3D WO/W (NPO 6HRS)	
☐ Prostate WO/W ☐ Breast (Bilateral W/ CAD) W/WO	
☐ Brachial OR ☐ Lumbar Plexus WO/W ☐ Spine Survey WO	
☐ Cervical WO ☐ Thoracic WO ☐ Lumbar WO ☐ Lumbar WO/W (SURG HX)	
☐ SI Joint ☐ Sacrum ☐ Coccyx ☐ Bony Pelvis ☐ Hip LT / RT	
☐ Knee LT / RT ☐ Ankle LT / RT ☐ Foot LT / RT	
☐ Shoulder LT / RT ☐ Elbow LT / RT ☐ Wrist LT / RT ☐ Hand LT / RT	
☐ Arm UPPER / LOWER LT / RT ☐ Leg UPPER / LOWER LT / RT	
☐ Myositis Protocol Bilateral Lower Ext UPPER / LOWER	
☐ MRA: Brain WO / Neck (Carotid) WO/W / Abd (Renal) WO/W / Pelvis WO/W	
☐ Arthrogram: Shoulder / Elbow / Wrist / Hip / Knee / Ankle LT / RT	

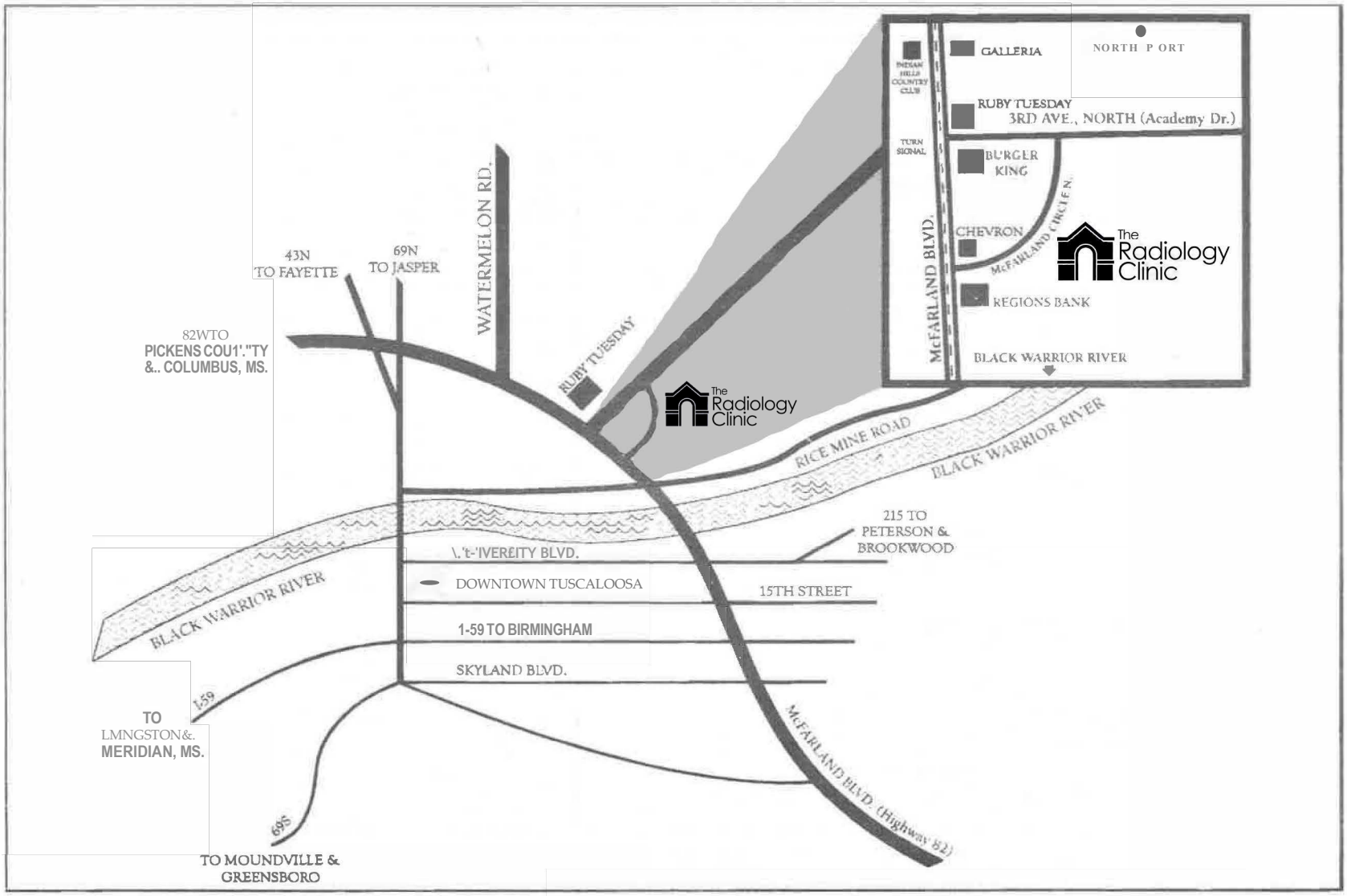
DEXA NO CA+ OR MULTI-VIT DAY BEFORE/DAY OF EXAM
☐ Bone Density Study (Appendicular DEXA, if warranted) ☐ Body Composition Study

MAMMOGRAM
☐ Screening 3D MAMM TOMOSYNTHESIS W/CAD (Breast US or add'l views if mamm yields positive or equivocal results or otherwise warranted)
☐ Diagnostic 3D MAMM TOMOSYNTHESIS W/CAD (Breast US or add'l views if mamm yields positive or equivocal results or otherwise warranted) *US BREAST LTD WARRANTED BY MASS/LUMP/NODULE/CYST*

DIAGNOSIS • COMMENTS
****If exam(s) ordered are not listed on this form, please specify below. Please also provide any additional details we should be aware of.****
PREAUTHORIZATION # _____

Now offering Walk-In Screening Mammogram Clinic Monday – Friday 1:00 pm – 4:00 pm

The Location for The Radiology Clinic



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