



(205) 345-2000

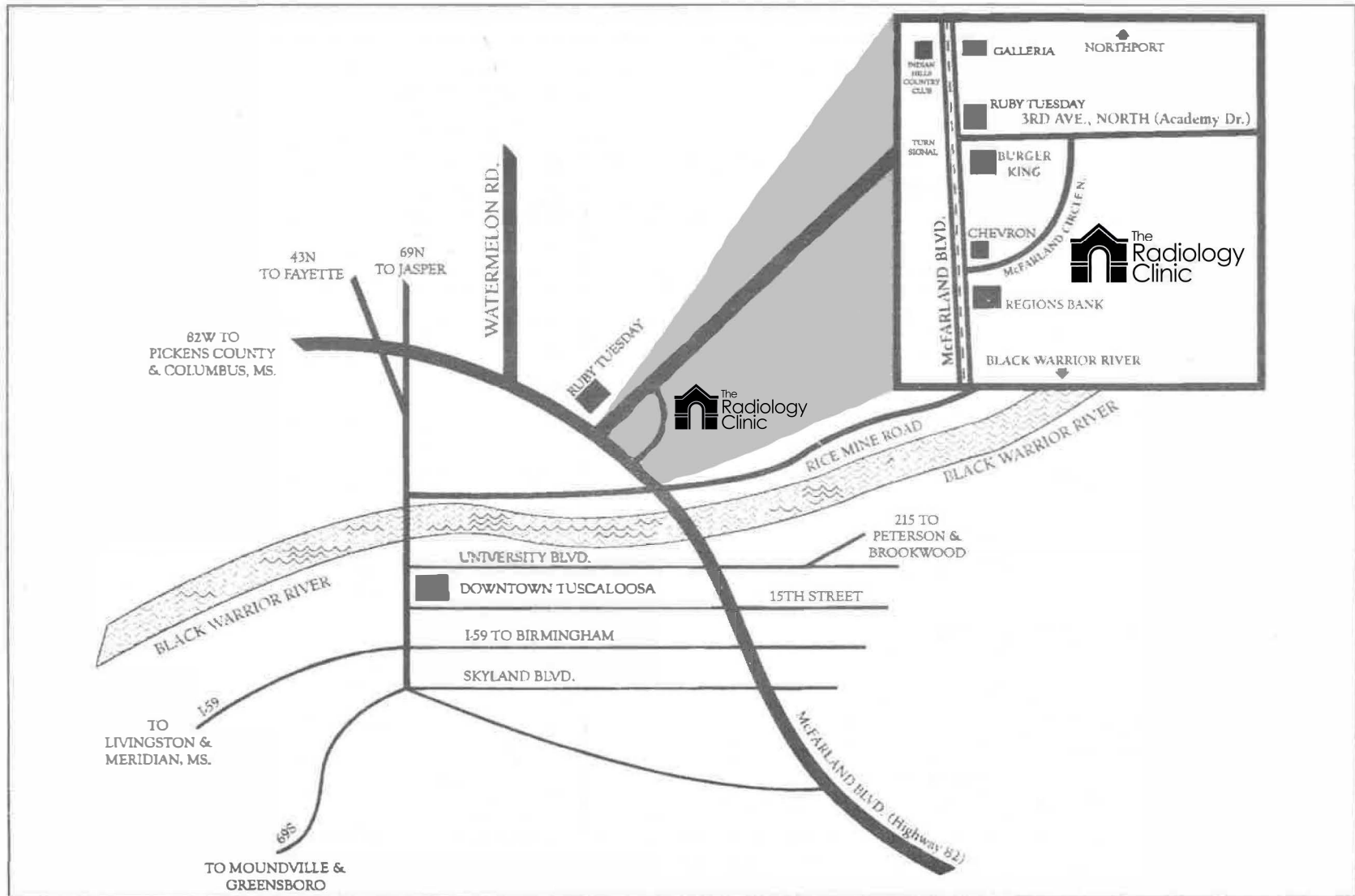
208 McFarland Circle, North
Tuscaloosa, AL 35406
For Appointment: 345-2000
Scheduling Fax 758-5888
Pre-Cert Phone 345-2071
tuscaloosaradiology.com

Patient Name: _____ D.O.B: _____ Date: _____
 Appointment Date: _____ Time: _____
 Doctor Signature: _____ MD / DO / DC / OD / CRNP / PA (Stamped Signatures are not acceptable)
 CDS # (if Medicare patient): _____

CALL Report FAX Report
 Leave after exam Return to my office

GENERAL	Prep Instructions:	CT	Prep Instructions:
<input type="checkbox"/> Chest X-Ray	No prep	<input type="checkbox"/> CTA's w/3D Recon <input type="checkbox"/> CTA Chest 3D <input type="checkbox"/> CTA Chest for PTE	Clear liquid diet 4 hours prior to exam
<input type="checkbox"/> Other Body Part X-Ray (Specify Below)	No prep	<input type="checkbox"/> Chest w/contrast <input type="checkbox"/> Neck Soft Tissue	Clear liquid diet 4 hours prior to exam
	No prep	<input type="checkbox"/> Sinuses <input type="checkbox"/> Chest w/o <input type="checkbox"/> Head	No prep
<input type="checkbox"/> IVP	Laxative night before/no food or drink after midnight	<input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> LS-Spine <input type="checkbox"/> Bony Pelvis	No prep
FLUORO	Prep Instructions:	<input type="checkbox"/> Upper Abdomen w/contrast	Pick up oral prep at Clinic day before exam
<input type="checkbox"/> GI Series w/air (routine) <input type="checkbox"/> GI Series w/o air	No food or drink after midnight prior to exam	<input type="checkbox"/> Pelvis w/contrast	Clear liquid diet 4 hours prior to exam
<input type="checkbox"/> Small Bowel Series <input type="checkbox"/> Upper GI Series w/SBS	No food or drink after midnight prior to exam	<input type="checkbox"/> CT Abdomen/Pelvis *choose one below*	Pick up oral prep at Clinic day before exam
<input type="checkbox"/> Barium Swallow	No prep	<input type="checkbox"/> Oral only <input type="checkbox"/> IV only <input type="checkbox"/> Oral & IV	Clear liquid diet 4 hours prior to exam
<input type="checkbox"/> Barium Enema w/air (routine) <input type="checkbox"/> BA Enema w/o air	Pick up prep kit at Clinic 2 days before exam	<input type="checkbox"/> CT Stone Study	Drink 16oz. prior to exam - Do not empty bladder
<input type="checkbox"/> Other (ie. arthrogram, injection, myelogram)	Call for prep if necessary	<input type="checkbox"/> CT Urogram (IV only)	Clear liquid diet 4 hours prior to exam
ULTRASOUND	Prep Instructions:	<input type="checkbox"/> CT Colonograph	Pick up prep kit at Clinic 2 days before exam
<input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Liver <input type="checkbox"/> Gallbladder <input type="checkbox"/> Pancreas	No food or drink after midnight prior to exam	MRI (No Prep unless Specified)	DEXA (no multivitamin or calcium day before/day of exam)
<input type="checkbox"/> Renal Artery Doppler	No food or drink 12 hours prior to exam	<input type="checkbox"/> Brain <input type="checkbox"/> Brain wo/w contrast	<input type="checkbox"/> Bone Density Study <input type="checkbox"/> Body Composition
<input type="checkbox"/> Pelvic, transvaginal if warranted <input type="checkbox"/> Pregnancy	Drink 32 oz. 45 mins. prior - Do not empty bladder	<input type="checkbox"/> IACs Cranial Nerves	MAMMOGRAM (no deodorant or powder)
<input type="checkbox"/> Breast <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Scrotum/Doppler	No prep	<input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary	<input type="checkbox"/> Screening MAMM/CAD w/3D (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	No prep	<input type="checkbox"/> TMJ <input type="checkbox"/> Chest	<input type="checkbox"/> Diagnostic MAMM/CAD w/3D (Breast US or add'l views if mamm yields positive or equivocal results or otherwise warranted.)
<input type="checkbox"/> Kidneys <input type="checkbox"/> Spleen <input type="checkbox"/> Arterial ABI's only	No prep	<input type="checkbox"/> Neck Soft Tissue <input type="checkbox"/> Brachial Plexus	
<input type="checkbox"/> Bilateral Upper Extremity <input type="checkbox"/> Venous <input type="checkbox"/> Arterial	No prep	<input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine	
<input type="checkbox"/> Bilateral Lower Extremity <input type="checkbox"/> Venous <input type="checkbox"/> Arterial w/ABI's	No prep	<input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Lumbar Plexus	
<input type="checkbox"/> Unilateral Upper Extremity Venous <input type="checkbox"/> Left <input type="checkbox"/> Right	No prep	<input type="checkbox"/> Sacrum <input type="checkbox"/> Coccyx <input type="checkbox"/> SI Joint	
<input type="checkbox"/> Unilateral Lower Extremity Venous <input type="checkbox"/> Left <input type="checkbox"/> Right	No prep	<input type="checkbox"/> Hip L/R <input type="checkbox"/> Bony Pelvis <input type="checkbox"/> Pelvis (organs)	
<input type="checkbox"/> Extremity Non-vascular Upper / Lower <input type="checkbox"/> Left <input type="checkbox"/> Right	No prep	<input type="checkbox"/> MR Enterography wo/w contrast (NPO 6 hrs)	COMMENTS
NUCLEAR MEDICINE	Prep Instructions:	<input type="checkbox"/> Pancreas w/3D <input type="checkbox"/> MRCP w/3D (NPO 6 hrs)	
<input type="checkbox"/> HIDA <input type="checkbox"/> HIDA with EF (Could take 1-3 hours)	No food or drink after midnight prior to exam	<input type="checkbox"/> Adrenal <input type="checkbox"/> Liver <input type="checkbox"/> Kidney	
<input type="checkbox"/> Bone Scan Limited <input type="checkbox"/> Multiple <input type="checkbox"/> Whole Body <input type="checkbox"/> SPECT	Return to Clinic 2 to 3 hours after dose for scan	<input type="checkbox"/> Shoulder L/R <input type="checkbox"/> Elbow L/R	
<input type="checkbox"/> I-123 Thyroid Scan	Return to Clinic 4 to 6 hours after dose for scan	<input type="checkbox"/> Wrist L/R <input type="checkbox"/> Hand L/R	
<input type="checkbox"/> I-123 Thyroid Uptake	Return to Clinic 24 hours after dose for scan	<input type="checkbox"/> Arm Upper/Lower L/R	
<input type="checkbox"/> I-123 Thyroid Scan and Uptake	Return to Clinic 4-6 hours & 24 hours after dose	<input type="checkbox"/> Leg Upper/Lower L/R	
<input type="checkbox"/> Gastric Emptying (Could take up to 4 hours)	No food or drink after midnight prior to exam	<input type="checkbox"/> Knee L/R <input type="checkbox"/> Ankle L/R <input type="checkbox"/> Foot L/R	
<input type="checkbox"/> Liver/Spleen Scan <input type="checkbox"/> MUGA Scan	No prep	<input type="checkbox"/> Myositis Bilateral Lower Extremity <input type="checkbox"/> Upper <input type="checkbox"/> Lower	
<input type="checkbox"/> Meckels Scan	No food or drink after midnight prior to exam	<input type="checkbox"/> MRA: Brain / Carotid (Neck) / Renal (Abdomen)	
<input type="checkbox"/> Parathyroid Scan	Return to Clinic 3 to 4 hours after dose for scan	<input type="checkbox"/> Arthrogram MRI: Shoulder / Elbow / Wrist / Hip / Knee / Ankle <input type="checkbox"/> Left <input type="checkbox"/> Right	
<input type="checkbox"/> Renal Scan <input type="checkbox"/> Renal Scan with Lasix	Patient will need to be well hydrated		

The Location for The Radiology Clinic



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