



(205) 345- 2000

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

Patient Name: _____ D.O.B. _____ Date _____

Appointment Date: _____ Time: _____

- Call Report FAX Report
 Leave after exam Return to my office

Doctor Signature: _____ MD / DO / DC / OD (Stamped Signatures are not acceptable)

GENERAL	Prep Instructions:	CT:	Prep Instructions:	
<input type="checkbox"/> Chest X-Ray	No Prep	<input type="checkbox"/> Head <input type="checkbox"/> CTA w/3D Recon	Clear liquid diet 4 hours prior to exam	
<input type="checkbox"/> Other Body Part X-Ray (Specify Below)	No Prep	<input type="checkbox"/> Sinuses <input type="checkbox"/> Neck Soft Tissue	No prep	
	No Prep	<input type="checkbox"/> Chest <input type="checkbox"/> Chest for PTE	Clear liquid diet 4 hours prior to exam	
<input type="checkbox"/> IVP	Laxative night before & no food/drink after midnight	<input type="checkbox"/> CT UROGRAM	Clear liquid diet 4 hours prior to exam	
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 <input type="checkbox"/> GI Series <input type="checkbox"/> Small Bowel Series	No food or drink after midnight prior to exam	<input type="checkbox"/> Pelvis w/contrast	Pick up oral prep at Clinic day before exam	
<input type="checkbox"/> Barium Swallow	No Prep	<input type="checkbox"/> CT Abd/Pelvis *choose below	Drink 16 oz before exam/do not empty bladder	
<input type="checkbox"/> Barium Enema	Pick up prep kit at Clinic 2 days before exam	<input type="checkbox"/> Oral only <input type="checkbox"/> IV only <input type="checkbox"/> IV & Oral	Pick up oral prep at Clinic day before exam	
<input type="checkbox"/> Barium Enema with Air Contrast	Pick up prep kit at Clinic 2 days before exam	<input type="checkbox"/> CT Stone Study <input type="checkbox"/> Bony Pelvis	No Prep	
<input type="checkbox"/> Other (inc. arthrogram, myelogram)	Call for prep if necessary	<input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> LS-Spine	No Prep	
ULTRASOUND	Prep Instructions:	<input type="checkbox"/> CT Colonograph	Clear liquid diet 4 hours prior to exam	
<input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Liver <input type="checkbox"/> Gallbladder <input type="checkbox"/> Spleen	No food or drink after midnight prior to exam		Pick up oral prep at Clinic 2 days before exam	
<input type="checkbox"/> Renal Artery Doppler <input type="checkbox"/> Pancreas	No food or drink 12 hours prior to exam	MRI: (No Prep unless Specified)	Mammogram (No Deodorant or Powder)	
<input type="checkbox"/> Pelvis, transvaginal if warranted <input type="checkbox"/> Pregnancy	Drink 32 oz. 45 mins. prior - Do not empty bladder	<input type="checkbox"/> Brain <input type="checkbox"/> Brain wo/w Contrast	<input type="checkbox"/> Screening MAMM/CAD (Breast US or add'l views if mamm yields positive or equivocal results or otherwise warranted).	
<input type="checkbox"/> Breast L/R <input type="checkbox"/> Breast - Bilateral	No prep	<input type="checkbox"/> Pituitary <input type="checkbox"/> Orbits	<input type="checkbox"/> Diagnostic MAMM/CAD (Breast US or add'l views if mamm yields positive or equivocal results or otherwise warranted.)	
<input type="checkbox"/> Thyroid <input type="checkbox"/> Kidneys <input type="checkbox"/> Scrotum/Doppler	No prep	<input type="checkbox"/> IACs <input type="checkbox"/> TMJ <input type="checkbox"/> Chest		
<input type="checkbox"/> Soft Neck Tissue <input type="checkbox"/> Carotid <input type="checkbox"/> ABI Arterial	No prep	<input type="checkbox"/> Neck Soft Tissue <input type="checkbox"/> Brachial Plexus	Comments:	
<input type="checkbox"/> Bilateral Lower Extremity <input type="checkbox"/> Venous <input type="checkbox"/> Arterial	No prep	<input type="checkbox"/> MR Enterography w/wo con. (NPO 6 hrs)		
<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		
<input type="checkbox"/> Upper Extremity Unilateral Venous	No prep	<input type="checkbox"/> Lumbar <input type="checkbox"/> Bony Pelvis		
<input type="checkbox"/> Extremity non-vascular <input type="checkbox"/> Right <input type="checkbox"/> Left	No prep	<input type="checkbox"/> Lumbar Plexus <input type="checkbox"/> Sacrum		
<input type="checkbox"/> DEXA <input type="checkbox"/> Bone Density Study <input type="checkbox"/> Body Composition	No multivitamin or calcium day prior	<input type="checkbox"/> SI Joint <input type="checkbox"/> Coccyx		
NUCLEAR MEDICINE	Prep Instructions:	<input type="checkbox"/> Hip L/R <input type="checkbox"/> Knee L/R		
<input type="checkbox"/> Hida <input type="checkbox"/> Hida with EF (Could take 1-4 hours)	No food or drink after midnight prior to exam	<input type="checkbox"/> Ankle L/R <input type="checkbox"/> Foot L/R		
<input type="checkbox"/> Bone Scan <input type="checkbox"/> Limited <input type="checkbox"/> Multiple <input type="checkbox"/> Full Body <input type="checkbox"/> SPECT	Will receive injection and return 2-3 hours later	<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 dosage	<input type="checkbox"/> Liver <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 dosage	<input type="checkbox"/> Pancreasw/3D <input type="checkbox"/> MRCPw/3D (NPO 6 hrs)		
<input type="checkbox"/> I-123 Thyroid Scan and Uptake	Return to Clinic 4-6 hours & 24 hours after dosage	<input type="checkbox"/> Adrenal <input type="checkbox"/> Kidney <input type="checkbox"/> Pelvis(organs)		
<input type="checkbox"/> Gallium Scan	Will return to Clinic usually at 24, 48 & 72 hours	<input type="checkbox"/> Arm Upper/Lower L/R		
<input type="checkbox"/> Gastric Emptying	No food or drink after midnight prior to exam	<input type="checkbox"/> Leg Upper/Lower L/R		
<input type="checkbox"/> Liver/Spleen <input type="checkbox"/> Muga Scan	No prep	<input type="checkbox"/> Myositis Upper/Lower L/R		
<input type="checkbox"/> Meckels Scan	Nothing to eat or drink 4 hours prior to exam	<input type="checkbox"/> MRA:Brain / Cartoid / Renal / Abd.		
<input type="checkbox"/> Parathyroid Scan	Will return to Clinic 2-4 hours after dosage	<input type="checkbox"/> Arthrogram-MRI		
<input type="checkbox"/> Renal Scan <input type="checkbox"/> Renal with Lasix	Must be well hydrated	Shoulder / Wrist / Hip / Knee L/R		