

Appt. Date: _____ Time: _____ () FP () PSL Today's Date: _____ Sex: () Male () Female

Patient Name: _____ D.O.B: _____ Pt. Phone: _____ Cell: _____

Insurance: _____ Authorization # _____ Exp. Date: _____

Referring Physician: _____ Signature: _____ CC: _____

Fax To: _____ () STAT () WETREAD () HOLD PATIENT () CALL REPORT

Diagnosis: _____ **Do you want us to schedule Appt. for Patient?** Y ☐ N ☐

Please bring: Doctor's Prescription, Insurance Card/Info & Photo ID. **Do you want us to help with the Authorization?** Y ☐ N ☐

A note to Patients/Doctors regarding CT, IVP or MRI, studies with contrast: If the patient is over 50 years old OR diabetic OR has kidney problems, the patient's blood work results (in particular, the creatinine and eGFR) must be sent to us prior to the scheduled appointment. If recent labs (3 months) are not available, would you like us to perform labs with the SmartSensor Radiology Creatinine Meter to obtain the eGFR and Creatinine? ☐ yes ☐ no

If you must change your appointment, please give us at least 24 hours' notice. Thank you for your cooperation.

MRI (PSL & Ft. Pierce)

HEAD/NECK w/o w & w/o
☐ Routine Brain ☐ 70551 ☐ 70553
☐ Diffusion Tensor Imaging w/ Tractography
☐ TMJ ☐ 70336
☐ IAC's ☐ 70551 ☐ 70553
☐ Orbits ☐ 70540 ☐ 70543
☐ Pituitary/Sella ☐ 70551 ☐ 70553
☐ Soft Tissue Neck ☐ 70540 ☐ 70543
☐ Brachial Plexus ☐ 70540 ☐ 70543

UPPER EXTREMITIES w/o w & w/o
☐ Shoulder ☐ L ☐ R ☐ 73221 ☐ 73223
☐ Elbow ☐ L ☐ R ☐ 73221 ☐ 73223
☐ Wrist ☐ L ☐ R ☐ 73221 ☐ 73223
☐ Hand ☐ L ☐ R ☐ 73218 ☐ 73220
☐ Forearm ☐ L ☐ R ☐ 73218 ☐ 73220
☐ Humerus ☐ L ☐ R ☐ 73218 ☐ 73220

LOWER EXTREMITIES w/o w & w/o
☐ Hip ☐ L ☐ R ☐ 73721 ☐ 73723
☐ Knee ☐ L ☐ R ☐ 73721 ☐ 73723
☐ Flexion Imaging
☐ Ankle ☐ L ☐ R ☐ 73721 ☐ 73723
☐ Foot ☐ L ☐ R ☐ 73718 ☐ 73720
☐ Tib/Fib ☐ L ☐ R ☐ 73718 ☐ 73720
☐ Femur ☐ L ☐ R ☐ 73718 ☐ 73720

SPINE w/o w & w/o
☐ Cervical ☐ 72141 ☐ 72156
☐ *Upright Cervical ☐ 72141 ☐ 72156
ADDITIONAL VIEWS (Upright MRI Only) ☐ 76498
☐ *Flexion Upright ☐ *Extension Upright
☐ *Alar Ligament Whiplash Series
☐ Thoracic ☐ 72146 ☐ 72157
☐ Kyphotic Neuro Imaging
☐ *Upright Thoracic ☐ 72146 ☐ 72157
☐ Lumbosacral ☐ 72148 ☐ 72158
☐ *Upright Lumbosacral ☐ 72148 ☐ 72158
ADDITIONAL VIEWS (Upright MRI Only) ☐ 76498
☐ *Flexion Upright ☐ *Extension Upright
☐ Myelogram
***Port St. Lucie Only**

BODY w/o w & w/o
☐ Abdomen Complete (Kidney, Liver, Pancreas, Adrenals) ☐ 74181 ☐ 74183
☐ Enterography ☐ 74181 ☐ 74183
& 72195 & 72197
☐ Sacrum/Coccyx ☐ 72195 ☐ 72197
☐ Pelvis-Bone ☐ 72195 ☐ 72197

MRI (PSL & Ft. Pierce) continued

☐ Pelvis-Female ☐ 72195 ☐ 72197
(Uterus, Ovaries & Endometrium)
☐ Upright MRI Only Pelvis ☐ 72195 ☐ 72197
Pelvic Floor Dysfunction
☐ Pelvis-Male (Prostate w/CAD) ☐ 72195 ☐ 72197

MRI / MRA SCAN (PSL & Ft. Pierce)

w/o w & w/o
☐ *Chest ☐ 71550 ☐ 71552
☐ *Breast w/CAD Bilat. ☐ 77059
☐ *MRI Breast Biopsy ()R ()L
☐ MRA Carotid / Neck ☐ 70547 ☐ 70549
☐ MRA Head / COW ☐ 70544 ☐ 70546
☐ *MRA Thoracic Aorta ☐ 71555
☐ *MRA Abdominal Aorta ☐ 74185
☐ *MRA Renal / MRI Kidneys ☐ 74185
☐ *MRA Abdominal Aorta & Bilateral LE Runoff
w & w/o ☐ 74185 & 73725
☐ *MRCP Cholangiogram (NPO) ☐ 74181
☐ *Thoracic Outlet Syndrome/ Brachial Plexus
w & w/o ☐ 73218 & 73225 & 73220
***Fort Pierce Only (1.5 T Open High Field)**

X-RAY (PSL & Ft. Pierce)

☐ Skull - Facial Bones
☐ Sinuses ☐ Orbits
☐ Clavical ()R ()L ☐ Scapula ()R ()L
☐ Chest - 2 views
☐ Thoracic Spine
☐ Lumbar Spine
☐ Scoliosis Series
☐ Abd Series ☐ KUB
☐ Ribs ()R ()L
☐ Cervical Spine
☐ Sacrum / Coccyx
☐ Shoulder ()R ()L ☐ Elbow ()R ()L
☐ Forearm ()R ()L ☐ Humerus ()R ()L
☐ Wrist ()R ()L ☐ Hands ()R ()L
☐ Pelvis ()R ()L ☐ Hips ()R ()L
☐ Tib / Fib ()R ()L ☐ Femur ()R ()L
☐ Knee ()R ()L ☐ Ankle ()R ()L
☐ Foot ()R ()L
☐ IVP w/o Tomos Xray
☐ XRAY Cystogram

DIGITAL MAMMOGRAPHY

(PSL & Ft. Pierce)

☐ Bilateral Screening w/CAD w/3D TOMO
☐ Bilateral Diagnostic w/CAD w/3D TOMO
☐ Unilateral Diagnostic w/CAD w/3D TOMO

CT / CTA SCAN (PSL & Ft. Pierce)

16 SLICE LOW DOSE

w/o w & w/o
☐ Lung Cancer Screening ☐ 71250
☐ Virtual Colonoscopy Diag. ☐ 74261 ☐ 74262
☐ Head / Brain ☐ 70450 ☐ 70470
☐ Sinus / Facial Bones ☐ 70486 ☐ 70488
☐ Soft Tissue Neck ☐ 70490 ☐ 70492
☐ Cervical Spine ☐ 72125 ☐ 72127
☐ Thoracic Spine ☐ 72128 ☐ 72130
☐ Lumbar Spine ☐ 72131 ☐ 72133
☐ Chest ☐ 71250 ☐ 71270
☐ PE Protocol ☐ 71260
☐ Abdomen ☐ 74150 ☐ 74170
☐ Pelvis ☐ 72192 ☐ 72194
☐ CT Abd./Pelvis ☐ 74176 ☐ 74178
☐ CT Renal Study (Stone Protocol) ☐ 74176
☐ CT Hematuria Protocol/ Kub/ Lmt IVP ☐ 74178
☐ CT Cystogram ☐ 74430
☐ CT Lower Extremities ☐ 73700 ☐ 73702
☐ CT Upper Extremities ☐ 73200 ☐ 73202
☐ CTA Head / Brain ☐ 70496
☐ CTA Carotids / Neck ☐ 70498
☐ CTA Thoracic Aorta ☐ 71275
☐ CTA Abdominal Aorta ☐ 74175
☐ CTA Runoff ☐ 75635

ULTRASOUND (PSL & Ft. Pierce)

☐ Elastography/Fibroscan (KPA Score) _____ (PSL Only)
☐ Abdomen Complete
☐ Abd Ltd (panc, liv, gb)
☐ Pelvic Transabdomen
☐ Transvaginal
☐ Renal Bilateral
☐ Retro Complete (panc, aorta, renal)
☐ Bladder PVR
☐ Scrotum/Testicular Color Flow
☐ Thyroid
☐ Breast ()R ()L ()Bilat.
☐ 3D Breast ()R ()L ()Bilat. (PSL Only)
☐ Carotid Bilateral
☐ Aorta
☐ Venous Leg ()R ()L ()Bilat.
☐ Venous Arm ()R ()L
☐ Arterial Leg-ABI ()R ()L ()Bilat.
☐ Arterial Arm ()R ()L

DEXA SCAN (PSL & Ft. Pierce)

☐ Bone Density

Payment is expected at the time of service unless prior arrangements have been made.

**WE ARE A MEDICARE PARTICIPATING FACILITY.
WE ACCEPT MOST INSURANCES.**

EXAM PREP INSTRUCTIONS

US

PELVIC TRANSABDOMEN/TRANSVAGINAL -
Drink six eight-ounce glasses of water 1 hour before the scan and DO NOT urinate (your bladder must be full).

ABDOMEN / RENAL / RETRO / ABDOMEN LIMITED - Nothing to eat or drink 4 - 6 hours prior to examination.

If having a abdomen and pelvis, then nothing to eat 4 - 6 hours prior and must have full bladder (recommended drinking six eight - ounce glasses of water prior).

MRI

Patients with cardiac pacemakers, neuro-stimulators, or brain aneurism clips, including patients with medtronic pain pump stimulators, cannot have an MRI.

MRCP - Nothing to eat or drink 6 hours prior to the test.

CONTRAST EXAMS FOR CT, MRI, IVP

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CT

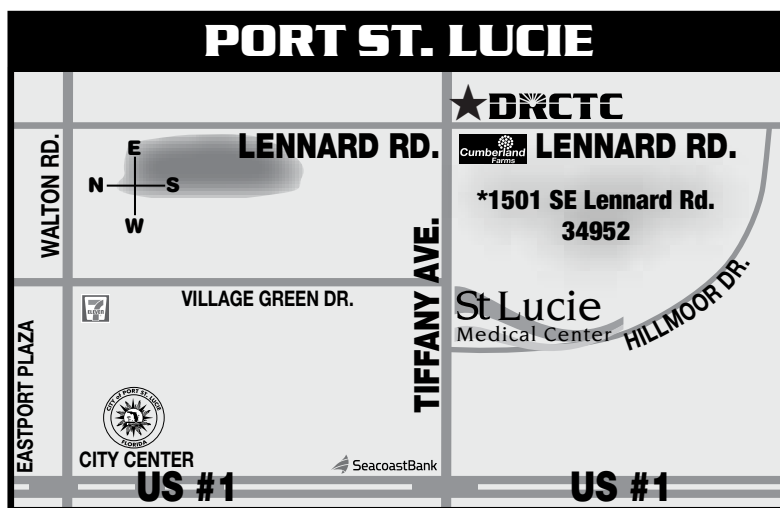
ABDOMEN / PELVIS - WITH OR WITHOUT CONTRAST - Nothing to eat or drink 4 hours prior to the test.

Prior to exam pick up barium from our office.

ALL OTHER CT / WITH CONTRAST - Nothing to eat or drink 2 - 4 hours prior to the test.

Cystogram CT and X-RAY - Need foley catheter in place prior to the test.

All films are kept on file in a computerized digital format. Your physician may request that you pick up those records. Please call before arriving so that we can have them ready for you.
24 hour notice is required.



* If using GPS use 1579 SE Lennard Road

CENTRAL SCHEDULING

772-468-7020

MAIN FAX (772) 924-3231

ALT. FAX: (772) 468-7698

ALT. FAX: (772) 878-7498

If you have any questions about your procedure, or if you need to know about preparation for your exam, please call us and we will be happy to give you the information you need.

Arrive 15 minutes prior to your scheduled appointment to allow time to fill out the necessary forms.