



**MIAMI
CENTER**
7101 S.W. 99th Ave.
Suite 106
Miami, FL 33173

**SOUTH MIAMI
CENTER**
6161 SW 72nd Ave.
Miami, FL 33173

**BRICKELL / GABLES
CENTER**
3146 Coral Way
Miami, FL 33145

**HIALEAH
CENTER**
3320 Palm Ave.
Hialeah, FL 33012

**HOMESTEAD
CENTER**
692 N. Homestead Blvd.
Suite 106
Homestead, FL 33030

**SLEEP LAB
CENTER**
9835 SW 72nd St.
Suite 107
Miami, FL 33173

Tel: 305.596.9992 • Fax: 305.596.0942

NAME	
SSN	DATE OF BIRTH
PHONE # (HOME)	(CELL) (WORK)
ADDRESS	APT. #
INSURANCE NAME:	POLICY #

PHYSICIAN NAME & PHONE # (PLEASE PRINT)

PHYSICIAN SIGNATURE (PLEASE SIGN)

DX _____
(ICD-9)

OTHER _____

DATE _____

MRI <input type="checkbox"/> TMJ (Temporo-Mandibular Joint) <input type="checkbox"/> MRCP <input type="checkbox"/> BRAIN <input type="checkbox"/> PITUITARY GLAND <input type="checkbox"/> IAC's (INTERNAL AUDITORY CANAL) <input type="checkbox"/> ORBITS <input type="checkbox"/> NECK-SOFT TISSUE <input type="checkbox"/> PARANASAL SINUSES <input type="checkbox"/> FACE <input type="checkbox"/> CERVICAL SPINE <input type="checkbox"/> LUMBAR SPINE <input type="checkbox"/> THORACIC SPINE <input type="checkbox"/> CHEST <input type="checkbox"/> ABDOMEN <input type="checkbox"/> BREAST <input type="checkbox"/> PELVIS <input type="checkbox"/> PELVIC RELATAXION STUDY (Urinary Incontinence) <input type="checkbox"/> RUN-OFF <input type="checkbox"/> WITH & WITHOUT CONTRAST <input type="checkbox"/> WITHOUT CONTRAST <table><tr><td></td><td>RIGHT</td><td>LEFT</td></tr><tr><td><input type="checkbox"/> SHOULDER</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> ELBOW</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> WRIST</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> HIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> KNEE</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> ANKLE</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> FOOT</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> HAND</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> UPPER EXT. 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 Facebook

For your patient's safety, please provide BUN_____and Creatinine_____for CT or MRI exams ordered with contrast. • Patient's instructions: please turn to the back of this page →

PATIENT INSTRUCTIONS

Note: You must bring this sheet with you to your examination. Your appointment has been specifically reserved for you. Cancellations should be made with 24 hours notice.
Please bring any previous films or reports with you to your appointment.

FILMS RELEASE POLICY:

Release requests require 72 hours advance notice. (Between the hours 10:00 am and 4:00 pm).

X-RAY PREPARATIONS:

- q General X-Ray: No preparation needed.
- q IVP: Nothing to eat or drink for eight (8) hours / Labs results are required • The day before: 8 oz of clear liquids at 2pm and 3pm, and Magnesium citrate: 10 oz at 8pm after that, clear liquids (apple, cranberry grape juice, Tea) (NO milk, NO cream).

CT SCAN PREPARATIONS:

- q CTA's Angiography: Nothing to eat or drink four (4) hours prior to appointment.
- q CT's With IV Contrast: Nothing to eat or drink four (4) hours prior to appointment.
For patients over 60 years of age, blood labs results required (Bun and Creatinine results)
- q CT Urogram & Enterography: Nothing to eat or drink six (6) hours prior to appointment.
- q CT Abdomen or Pelvis: Nothing to eat or drink four (4) hours prior to appointment.
Please pick up prep-kit and follow enclosed instructions.
Upon Scheduling a CT Scan with IV contrast, you will be asked:

All studies: Have you had previous studies with iodine contrast? Any previous reactions to iodine studies? Allergies to food or drugs? Do you have asthma or respiratory problems? Are you diabetic? Are you taking Glucovance, Glucophage or Medformin? Any cardiac disease? Renal or Kidney problems?

ULTRASOUND PREPARATIONS:

- q Abdomen, Gallbladder, Liver, Pancreas
Aorta and both Kidneys: Nothing to eat or drink six (6) hours prior to appointment.
- q Pelvis / Obstetrical (OB) / Bladder: Drink at least 32 ounces of any fluid one (1) hour prior to exam. (Transvaginal Ultrasound ONLY does not need to drink).
Once you begin drinking, do not void until after your exam.
- q Renal Artery: Nothing to eat or drink for eight (8) hours. Administer fleet enema the evening prior to the exam. Clear liquids the day before the exam.

MRI PREPARATIONS:

- All studies:
Please do not wear clothing containing metal.
Your technologist will review a complete list of medical devices not permitted in the MRI.
"If you have a pacemaker or any metal in your body, please call ahead for additional information.
- q For head Studies: No make-up (Specially eye make-up)
- q MRCP: Nothing to eat or drink four (4) hours prior to exam.
- q MRI's and MRA's (with & w/o contrast): Blood Labs (Bun and Creatinine) required. Results 3 months old maximum.
- q MRI Breast: Please bring all previous breast studies / Blood Labs (bun and creatinine) required.

SLEEP STUDIES PREPARATIONS:

Day of the study avoid caffeine and naps. Wash your hair and do not use any hair products. Bring two piece pajamas, bring all the medicines you take at night time or early in the morning. Don't forget Ins card, Photo ID and prescription. Studies start aprox. from 8pm to 6am. Free transportation.

NUCLEAR MEDICINE PREPARATIONS:

- q Thyroid and/or whole body scan: 1. Avoid Iodine containing contrast media for radiological procedures two months prior the test.
2. Avoid high Iodine containing foods or medications for two weeks prior to the test.
What you CANNOT eat: white bread, white pasta, white rice, NO mango, NO cough medication, Iodine salt, seafood.
What you CAN eat: wheat bread, brown rice, fruits, vegetables, Iodine FREE salt.
3. Please be aware that there are several medications that cannot be taken prior to a thyroid scan. Please consult your physician for a list of these medications.
- q Pipida hepatobiliary, Gallbladder or Hida: Nothing to eat or drink for 6-8 hours prior to the exam.
- q Stress / Cardiac Test: Nothing to eat or drink for 8 hours prior to the exam.
- q Gastric Emptying: Nothing to eat or drink after midnight.

All other studies: No preparation needed, but good hydration (drink lots of fluids) is essential.

DIGITAL MAMMOGRAPHY PREPARATIONS:

If you are having a mammogram performed: please remember to bring your prior films the day of your appointment. Results will not be completed if prior films are not available for comparison. Also remember not to wear any deodorant or body lotions the day of the exam. There is a charge for all digital images provided.

PET PREPARATIONS

- q Brain & Oncology: No food or liquid for a minimum of four (4) hours prior to the exam; water is okay.
Patient may take regular medications as long as they are tolerated on an empty stomach.
Diabetic patients should stay on their regular regimen and bring medication.
Subcutaneous-insulin-dependent diabetics should have their last injection 2 hours prior to exam.
No exercise prior to exam.
- q Cardiac Viability: Patient must eat a full meal 30 min before scan.
Meal should be high in carbohydrates, protein, sugar and caffeine.
Diuretic meds and oral fluids should be limited to small quantities. (please consult with your physician)
Oral-insulin-dependent diabetics should hold off on taking their insulin until after the scan.
- q Myocardial Perfusion Cardiogen-82: Patient must not drink caffeine.
Patient should not take any blood medications. (please consult with your physician).
Patient should not eat for four (4) hours prior to exam.