



Advanced Imaging Centers

Tealbrooke Professional Center
2300 SE 17th Street
Ocala, Florida 34471

Medical Park West
8150 SW SR 200
Ocala, Florida 34481

X-Ray / Fluoroscopy
Ultrasound / Nuclear Medicine

To Schedule:
Ph: 867-9606, option 2
Toll-free Fax: 844-212-9295

Patient's Name: _____ Phone: _____ Male Female

SSN: _____ Auth #: _____ Date of Birth: _____

ICD-10 Diagnosis: _____ Appointment Date/Time: _____

ICD-10 Code: _____

No appointment necessary for General X-Ray

Patient Instructions & Direction on reverse side.

X-RAY (No Appointment Necessary - all sites)

Thoracic

- Chest (PA & Lat)
- Chest (PA only)
- Lordotic AP
- Chest (4 Views)
- Ribs, Unilateral (PA Chest included) R or L (Circle)
- Ribs, Bilateral (PA Chest included)
- Sternum

Lower Extremity

- Pelvis
- Hip (Pelvis included) R or L (Circle)
- Hips, Bilateral (Pelvis included)
- Femur R or L (Circle)
- Knee R or L (Circle)
- Knee Weight Bearing R or L (Circle)
- Knee 4 View (Sunrise included) R or L (Circle)
- Tibia & Fibula R or L (Circle)
- Ankle R or L (Circle)
- Foot R or L (Circle)
- Calcaneus (heel) R or L (Circle)
- Toes _____ Digit R or L (Circle)

Upper Extremity

- A/C Joints
- Clavicle R or L (Circle)
- Shoulder R or L (Circle)
- S/C Joints
- Scapula R or L (Circle)
- Humerus (upper arm) R or L (Circle)
- Elbow R or L (Circle)
- Forearm (lower arm) R or L (Circle)
- Wrist Complete 3 views R or L (Circle)
- Hand
- Fingers _____ Digit R or L (Circle)
- Bone Age
- Bone Survey (Appointment Only)

Abdomen

- KUB (1 View)
- Abdomen Flat & Upright (2 Views)
- Abdomen Series (3 Viewst)
- PA Chest included

Spine

- Cervical Spine, AP & Lat (3 Views)
- Cervical Spine, Flex & Ext (3 Views)
- Cervical Spine, w/Obliques (5 Views)
- Cervical Spine, w/Obliques & Flex & Ext (7 Views)
- Thoracic Spine (3 Views)
- Lumbar Spine, AP (3 Views)
- Lumbar Spine, Flex & Ext (3 Views)
- Lumbar Spine, w/Obliques (5 Views)
- Lumbar Spine, w/Obliques & Flex & Ext (7 Views)
- Sacrum & Coccyx
- SI Joints
- Scoliosis Series (AP & Lat of Thoracic & Lumbar Spine)

Head

- TMJ
- Nasal Bones
- Skull AP & Lat
- Skull Series
- Sinuses
- Facial Bones
- Orbits
- Orbits (foreign body clearance)
- Mastoids
- Mandible

Other

- Soft Tissue Neck (2 Views)
- Shunt Series

ULTRASOUND (Call for Appointment)

- Abdomen - RUQ Limited
- Abdomen - Complete
- Aorta (w/Doppler)
- Renal (includes bladder)
- Thyroid
- Thyroid FNA
- Scrotal w/Doppler
- Soft Tissue extremity
- Breast R or L (Circle)
- OB First Trimester (w/probe if needed)
- OB Second & Third Trimester
- OB followup
- OB Fetal Position only
- Pelvic (w/vaginal probe if needed)
- Echocardiogram
- Carotid Doppler
- Arterial Doppler
 - _____ lower extremity
 - _____ R or L (Circle)
 - _____ bilateral
- Venous Doppler
 - _____ upper extremity
 - _____ lower extremity
 - _____ R or L (Circle)
 - _____ bilateral
- Other

NUCLEAR MEDICINE

- Hepatobiliary Scan w/EF
- Hepatobiliary Scan w/o EF
- Thyroid Uptake & Scan
- Whole Body Bone Scan w/X-Rays as needed
- Limited Bone Scan w/X-Ray as needed
- Bone Scan 3 phase
- Renal Scan
- Renal Scan w/Lasix
- Parathyroid Scan
- Parathyroid Scan SPECT
- Gastric Emptying

FLUOROSCOPY (call for an Appointment)

- | | | |
|--|--|---|
| <input type="checkbox"/> Barium Swallow-Esophagram | <input type="checkbox"/> Hysterosalpingogram | <input type="checkbox"/> Wrist Arthrogram w/CT R or L (Circle) |
| <input type="checkbox"/> Upper G.I. Series | <input type="checkbox"/> Shoulder Arthrogram w/CT R or L (Circle) | <input type="checkbox"/> Wrist Arthrogram w/MRI R or L (Circle) |
| <input type="checkbox"/> Upper G.I. Series w/Small Bowel | <input type="checkbox"/> Shoulder Arthrogram w/MRI R or L (Circle) | <input type="checkbox"/> Elbow Arthrogram w/CT R or L (Circle) |
| <input type="checkbox"/> Barium Enema | <input type="checkbox"/> Knee Arthrogram w/CT R or L (Circle) | <input type="checkbox"/> Elbow Arthrogram w/MRI R or L (Circle) |
| <input type="checkbox"/> Barium Enema w/air | <input type="checkbox"/> Knee Arthrogram w/MRI R or L (Circle) | <input type="checkbox"/> Knee Injection R or L (Circle) |
| <input type="checkbox"/> Gastrografin Enema | <input type="checkbox"/> Hip Arthrogram w/CT R or L (Circle) | <input type="checkbox"/> Hip Injection R or L (Circle) |
| <input type="checkbox"/> CT/IVP Combo | <input type="checkbox"/> Hip Arthrogram w/MRI R or L (Circle) | |

Please FAX a signed copy of this form to Centralized Scheduling at 844-212-9295

Phone Number: _____ Fax Number: _____

Signature of Referring Physician: _____ Printed Name: _____

Copies to other MD's: _____ Date: _____

STAT (please check and include mobile number): _____



PREPARATION INSTRUCTIONS FOR THE PATIENT

Please follow these instructions unless your physician has indicated otherwise.

ULTRASOUND

GB, Liver, Pancreas, Retroperitoneal Space, Abdomen, Aorta:

1. Nothing by mouth (including smoking or chewing gum) after midnight the night before your exam or 8 hours prior to exam.

Pelvic - OB and Non OB, Renal

1. Drink 32 ounces of water one hour before exam. **DO NOT USE THE RESTROOM.** You must have a full bladder.
**If over 22 weeks not necessary.*

GASTROINTESTINAL SERIES (GI) AND/OR SMALL BOWEL

1. Nothing by mouth (including smoking or chewing gum) after midnight the night before your exam or 8 hours prior to exam.

BARIUM SWALLOW / ESOPHAGRAM

1. Nothing by mouth (including smoking or chewing gum) after midnight the night before your exam or 8 hours prior to exam.

BARIUM ENEMA / COLON

The day before your exam:

1. Pick up exam prep instructions at Advanced Imaging Centers or online at www.ocalahealthaic.com under "Patient Information."
2. If via ostomy, bring clean bag.

INJECTION/ARTHROGRAMS

1. Stop all blood thinners (including aspirin) 5 days prior to your appointment, must be physician approved.
2. We advise someone driving you home after your procedure.

IVP AND CT SCAN COMBINATION

1. Nothing by mouth (including smoking or chewing gum) after midnight the night before your exam or 8 hours prior to exam.
2. Pick up exam prep at least 2 days prior to exam at Advanced Imaging Centers.

NUCLEAR MEDICINE INSTRUCTIONS

IF CANCELLATION IS NECESSARY, PLEASE CALL AT LEAST 24 HOURS IN ADVANCE TO CANCEL APPOINTMENT.

HEPATOBIILIARY & GASTRIC EMPTYING:

1. Nothing by mouth (including smoking or chewing gum) after midnight the night before your exam or 8 hours prior to exam.

THYROID SCANS:

1. No IV contrast 8 weeks prior to scan.
2. No thyroid meds 4 weeks prior.

RENAL SCANS WITH LASIX:

1. Drink 24 ounces of water 1 hour prior to exam.

BONE SCANS:

1. Bring prior X-rays to appointment.

