



Advanced Imaging Centers

MRI / MRA / CT Exam Request

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

Medical Park West
8150 SW SR 200
Ocala, Florida 34481

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

Patient's Name: _____ Phone: _____ Date of Birth: _____ Male Female

SSN: _____ Auth #: _____ Appointment Date/Time: _____

Clinical / Symptoms / Diag. / Allergies: _____

Patient Instructions & Direction on reverse side.

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| <p>MRI <input type="checkbox"/> W/ & W/O contrast <input type="checkbox"/> W/O contrast <input type="checkbox"/> Plain films as needed</p> <p>_____ Brain _____ IACS _____ Pituitary _____ Orbitis/Face/Neck (Circle One) _____ TMJ _____ Cervical Spine _____ Thoracic Spine _____ Lumbar _____ Brachial Plexus _____ Bicep R or L (Circle) _____ Shoulder R or L (Circle) _____ (Post Arthrogram) _____ Elbow R or L (Circle) _____ Enterography</p> <p>_____ Wrist R or L (Circle) _____ (Post Arthrogram) _____ Hand R or L (Circle) _____ Pelvis _____ Hip R or L (Circle) _____ Knee R or L (Circle) _____ (Post Arthrogram) _____ Ankle R or L (Circle) _____ Foot R or L (Circle) _____ Kidney _____ Adrenal _____ MCRP _____ Liver _____ Pancreas _____ Breast _____ Other _____</p> | <p>MRA</p> <p>_____ Circle of Willis _____ Carotid _____ Thoracic & Abdomen Aorta _____ Abdomen & renal Arteries w/contrast _____ Aortogram & Runoff (Aorta to Ankles) w/contrast _____ Other _____</p> |
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CT W/IV contrast W/O IV contrast W/ & W/O IV contrast Plain films as needed

| | | |
|---|--|---|
| <p>_____ Brain _____ Orbits _____ Mastoids _____ Soft tissue neck _____ C-Spine w/reconstructions _____ T-Spine w/reconstructions - specific level _____ _____ L-Spine w/reconstructions _____ Shoulder w/reconstructions R or L (Circle) _____ Elbow w/reconstructions R or L (Circle) _____ Wrist w/reconstructions R or L (Circle) _____ Hand w/reconstructions R or L (Circle) _____ Pelvis (bone detail) _____ Hip w/reconstructions R or L (Circle) _____ Knee w/reconstructions R or L (Circle) _____ Foot w/reconstructions R or L (Circle)</p> | <p>_____ Sinus _____ Sinus Survey (Limited) _____ Max Facial</p> | <p>_____ Chest _____ Chest High Resolution _____ Chest-for Pulmonary Embolism _____ Chest-CT HeartScore (Cardiac Risk Assessment) _____ Abdomen Only (Diaphragm to Crest) _____ Pelvis Only (Crest to Symphysis) _____ Abdomen & Pelvis _____ CT Abdomen & Pelvis (w & w/o IV contrast only) _____ CT / IVP COMBO (Hematuria Work-up) _____ CT KUB (no oral contrast-needs bowel prep only) _____ Adrenals-Adrenal mass work-up (no oral contrast) _____ Angiogram Aorta 3D reconstruction (no oral contrast) _____ Angiogram Carotids 3D reconstruction _____ Angiogram Renal Arteries 3D reconstruction (no oral contrast) _____ Angiogram w/runoff to the knee _____ Angiogram Brain _____ Other _____</p> |
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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: _____ Stat (please check and include contact info): _____



PREPARATION INSTRUCTIONS FOR THE PATIENT

Please follow these instructions unless your physician has indicated otherwise.

MRI/MRA Exams

It is important that patient scheduled for an MRI/MRA study call our office at 867-7205 at least 24-48 hours prior to your exam for prescreening. Certain surgeries and/or implants can prevent some patients from having an MRI/MRA. Our scheduling will ask you a few questions to ensure an MRI/MRA is appropriate for you.

- Wear no jewelry.
- Wear no metal (zippers, snaps, hooks). Athletic wear with elastic waistband is a good choice.
- Patient's having MRI's of the head or neck should not wear makeup.
- Check with your physician regarding claustrophobic medication if needed.
- You may eat and drink normally with the exception of Abdominal studies.
- If on pain medication, please take 30 minutes prior to exam.

*MRI - Bldg 300

CT Exams

If cancellation is necessary, please call at least 24 hours in advance to cancel your appointment. Your courtesy will allow other patients needing exams to use your reservation time. All patients may continue to take medication as needed.

CT for acute renal colic does not require any prep or oral contrast.

Prep supplies are available for you to pick up at the location where your exam is scheduled.

If you have any questions, please call us at 867-9606.

CT Abdomen and Pelvis:

- Requires a 4 hour prep time.
- Nothing to eat 6 hours prior to appointment time.
- Nothing to drink 1 hour prior to appointment time.

CT Chest or CT Brain:

- Nothing to eat or drink 1 hour prior to appointment time.

*CT - Bldg 800

