



Advanced Imaging Centers

Tealbrooke Professional Centre
2300 SE 17th Street
Ocala, Florida 34471
MRI-MRA Bldg. 300 | CT-CTA Bldg. 800

MRI / MRA / CT / CTA Exam Request
To Schedule:
Ph: 352-867-9606
Toll-free Fax: 844-212-9295
Tax ID: 900610573 / NPI: 1023318060

STAT (Please include backline and/or mobile number): _____

Patient's Name: _____ Phone: _____

Date of Birth: _____ Authorization #: _____

Diagnosis: _____ ICD 10 Code: _____

Patient Instructions & Directions on Reverse Side

MRI

W/ & W/O contrast W/O contrast

- | | | | | |
|--------------------------|--------|---------------------------------------|--------|----------|
| _____ Brain | | _____ Shoulder | R or L | (Circle) |
| _____ IACS | | _____ Bicep | R or L | (Circle) |
| _____ Pituitary | | _____ Humerus | R or L | (Circle) |
| _____ Orbits | | _____ Elbow | R or L | (Circle) |
| _____ Face | | _____ Forearm | R or L | (Circle) |
| _____ Neck (soft tissue) | | _____ Wrist | R or L | (Circle) |
| _____ TMJ | | _____ Hand | R or L | (Circle) |
| _____ Cervical Spine | | | | |
| _____ Thoracic Spine | | | | |
| _____ Lumbar | | _____ Hip | R or L | (Circle) |
| _____ Brachial Plexus | R or L | (Circle) | | |
| _____ Enterography | | _____ Thigh | R or L | (Circle) |
| | | _____ Femur | R or L | (Circle) |
| _____ Pelvis | | _____ Knee | R or L | (Circle) |
| _____ Kidney | | _____ Calf | R or L | (Circle) |
| _____ Adrenal | | _____ Tib/FIB | R or L | (Circle) |
| _____ MRCP | | _____ Ankle | R or L | (Circle) |
| _____ Liver | | _____ Foot | R or L | (Circle) |
| _____ Pancreas | | | | |
| _____ Other _____ | | _____ Post Arthrogram (Specify Joint) | | |

MRA

- _____ Circle of Willis
- _____ Carotid
- _____ Thoracic & Abdomen Aorta
- _____ Abdomen & Renal Arteries
- _____ Aortogram & Runoff (Aorta to Ankles)
- _____ Other _____

CT

W/IV contrast W/O IV contrast W/ & W/O IV contrast Contrast at Radiologist Discretion

- | | | | |
|--|------------------------------|-------------------------------------|-------------------------------------|
| _____ Brain | _____ Sinus | _____ Chest | |
| _____ Orbits | _____ Sinus Survey (Limited) | _____ Chest High Resolution | |
| _____ Mastoids / IAC's | _____ Maxillofacial | _____ Chest-CT HeartScore | (Cardiac Risk Assessment) |
| _____ Soft Tissue Neck | | _____ Abdomen Only | (Diaphragm to Crest Only) |
| _____ C-Spine w/reconstructions | | _____ Adrenals-Adrenal Mass Work-up | |
| _____ T-Spine w/reconstructions - specific level _____ | | _____ Pelvis Only | (Crest to Symphysis) |
| _____ L-Spine w/reconstructions | | _____ Abdomen & Pelvis | (oral & IV contrast) |
| _____ Shoulder w/reconstructions | R or L (Circle) | _____ Abdomen & Pelvis | (w & w/o IV contrast only, no oral) |
| _____ Humerus w/reconstructions | R or L (Circle) | _____ CT / IVP COMBO | (Hematuria Work-up, IVP Prep) |
| _____ Elbow w/reconstructions | R or L (Circle) | | |
| _____ Forearm w/reconstructions | R or L (Circle) | | |
| _____ Wrist w/reconstructions | R or L (Circle) | | |
| _____ Hand w/reconstructions | R or L (Circle) | | |
| _____ Pelvis (bone detail w/reconstructions) | | | |
| _____ Hip w/reconstructions | R or L (Circle) | | |
| _____ Femur w/reconstructions | R or L (Circle) | | |
| _____ Knee w/reconstructions | R or L (Circle) | | |
| _____ Tib/Fib w/reconstructions | R or L (Circle) | | |
| _____ Ankle w/reconstructions | R or L (Circle) | | |
| _____ Foot w/reconstructions | R or L (Circle) | | |

CTA

- _____ Angiogram Aorta 3D reconstruction
- _____ Angiogram Carotids 3D reconstruction
- _____ Angiogram Chest (Pulmonary Embolism w/reconstruction)
- _____ Angiogram Renal Arteries 3D reconstruction
- _____ Angiogram w/runoff (Aorta to Ankles)
- _____ Angiogram Brain (includes CT Brain)
- _____ Other _____

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 include backline and/or mobile number): _____



PREPARATION INSTRUCTIONS FOR THE PATIENT

Please follow these instructions unless your physician has indicated otherwise.

MRI/MRA Exams

It is important that patients 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 department 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.

CT or MR Enterography

- You will prep in our office.
- Plan to be at the center for approximately 3 hours.
- Nothing to eat/drink 4 hours prior to your appointment.
- Recent (within last 8 weeks) lab work is required.

CT/CTA 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 Abdomen and Pelvis

- Please call our office for your specific prep instructions.

CT/CTA

- If ordered with IV Contrast (all body parts), nothing to eat or drink 1 hour prior to appointment time. Recent (within last 8 weeks) lab work is required.

CT/IVP Combo

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

- The night before your appointment, eat a light dinner of clear soup and crackers, followed by four tablespoons of Milk of Magnesia.
- You may have clear liquids up until midnight before your appointment. These include water, Jell-O (no red coloring), popsicles (no red coloring), unsweetened tea, broth/bouillon (chicken, beef, vegetable), black coffee (no cream or sweetener).
- Nothing to eat or drink after midnight the night before your appointment, EXCEPT WATER. You may have WATER ONLY up until 1 hour prior to your appointment.
- You may take any medications as needed with WATER ONLY, preferably 3 hours prior to your appointment.
- Recent (within last 8 weeks) lab work is required.

