



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

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

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

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

CTA

- Angiogram Aorta 3D reconstruction
- Angiogram Carotids 3D 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.

