



Advanced Imaging Centers

Tealbrooke Professional Centre
2300 SE 17th Street, Building 800
Ocala, Florida 34471

X-Ray / Fluoroscopy
Ultrasound
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: _____

No Appointment Necessary for General X-Ray

Patient Instructions & Directions on Reverse Side

X-RAY (No Appointment Necessary)

- 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 R or L (Circle)
 - ____ Hand R or L (Circle)
 - ____ Fingers _____ Digit R or L (Circle)
 - ____ Bone Age
 - ____ Bone Survey (Appointment Preferred)

- Abdomen**
- ____ KUB (1 View)
 - ____ Abdomen Flat & Upright (2 Views)
 - ____ Abdomen Series (3 Views)
 - ____ 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 (2 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 w/Doppler - RUQ Limited
- ____ Abdomen w/Doppler - 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/Doppler (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

FLUOROSCOPY (Call for an Appointment)

- | | | |
|--------------------------------------|--|---|
| ____ Barium Swallow-Esophagram | ____ Hysterosalpingogram | ____ Wrist Arthrogram w/CT R or L (Circle) |
| ____ Upper G.I. Series | ____ Shoulder Arthrogram w/CT R or L (Circle) | ____ Wrist Arthrogram w/MRI R or L (Circle) |
| ____ Upper G.I. Series w/Small Bowel | ____ Shoulder Arthrogram w/MRI R or L (Circle) | ____ Elbow Arthrogram w/CT R or L (Circle) |
| ____ Barium Enema | ____ Knee Arthrogram w/CT R or L (Circle) | ____ Elbow Arthrogram w/MRI R or L (Circle) |
| ____ Barium Enema w/air | ____ Knee Arthrogram w/MRI R or L (Circle) | ____ Knee Injection R or L (Circle) |
| ____ Gastrografin Enema | ____ Hip Arthrogram w/CT R or L (Circle) | ____ Hip Injection R or L (Circle) |
| ____ CT/IVP Combo | ____ 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 include backline and/or 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 5 days prior to your appointment, must be physician approved. This includes ALL prescription blood thinners, as well as over-the-counter blood thinners such as Aspirin, Aleve, Ibuprofen, Advil, Naproxen, etc.
2. You must have a driver for your appointment.

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.

