



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

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 - 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

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.

