



Phone: **352-637-6100** Fax: 352-637-6900
2105 Highway 44 West, Inverness, FL 34452

NAME: _____

Appt. DATE / TIME: _____ DOB: _____

CLINICAL INDICATION: _____

Requested by Dr. _____ Signature: _____ Date: _____

CT

HEAD & NECK

Brain
 IAC / Temp Bones
 Orbits
 Sinuses
 Maxillofacial
 Soft Tissue neck

IV CONTRAST

YES
 NO
 Radiologist
 Discretion
 Draw BUN/CR

SPINE

Cervical spine
 Thoracic spine
 Lumbar spine
 Myelogram

CHEST & BODY

Chest
 Lung - interstitial disease (high res.)
 Low dose lung screening
 Abdomen
 Pelvis
 Enterography - small bowel
 Urogram
 Kidney stone study

MUSCULOSKELETAL

R L Shoulder / Upper arm / Elbow
 R L Forearm / Wrist / Hand
 R L Pelvis / Hip / Femur
 R L Knee / Lower Leg
 R L Ankle / Foot
 Leg length study

CT ANGIOGRAPHY / CTA

Intracranial (Circle of Willis)
 Carotid / vertebral arteries
 Subclavian arteries
 Thoracic aorta / Arch
 Coronary calcium score
 Coronary arteries & calcium score
 Pulmonary arteries - embolism
 Abdominal aorta
 Aorta & lower extremity arteries
 Renal arteries
 Mesenteric arteries

MR

HEAD & NECK

Brain
 IAC / Post fossa
 Orbits
 Pituitary
 Soft tissue neck

IV CONTRAST

YES
 NO
 Radiologist
 Discretion
 Draw BUN/CR

SPINE

Cervical spine
 Brachial plexus
 Thoracic spine
 Lumbar spine
 Sacrum / lumbosacral plexus

BREAST & BODY

Breasts
 Abdomen
 MRCP / liver / pancreas
 Pelvis

MUSCULOSKELETAL

R L Shoulder
 R L Shoulder arthrogram
 R L Elbow
 R L Wrist
 R L Wrist arthrogram
 R L Hand / finger
 R L Hip
 R L Knee
 R L Ankle
 R L Heel (hindfoot)
 R L Foot (midfoot & forefoot)

Other _____

MR ANGIOGRAPHY / MRA

Intracranial (Circle of Willis)
 Carotid / vertebral arteries
 Thoracic aorta / Arch
 Renal arteries
 Mesenteric arteries
 Abdominal aorta
 Aorta & lower extremity arteries

X-RAY

HEAD & CHEST & ABDOMEN

Skull series (4v) Skull (2v)
 Sinuses Orbits
 Facial bones Nasal bones
 Mandible TMJ
 Soft tissue neck Sternum
 Chest PA & Lat Decubitus chest
 R L Ribs (including chest)
 KUB (supine abdomen)
 Abdomen series (supine & upright)

UPPER EXTREMITY

AC joints (wo/w weights)
 R L Clavicle R L Forearm
 R L Shoulder R L Wrist
 R L Humerus R L Hand
 R L Elbow R L Fingers

SPINE

C-Spine (5v) C-Spine (2v)
 L-Spine (5v) L-Spine (2v)
 T-Spine AP & LAT Sacrum / coccyx
 Scoliosis study SI Joints

LOWER EXTREMITY

Pelvis-AP
 Hips bilateral (incl. AP pelvis)
 R L Hip unilateral
 R L Femur
 R L Knee (3v)
 R L Knee (4v) incl. weight bearing
 R L Tibia & fibula
 R L Ankle
 R L Heel / Calcaneus
 R L Foot
 R L Toes

FLUOROSCOPY

IVP
 Esophagram
 Upper GI (incl. KUB)
 Small bowel study
 Barium enema Double contrast

DIGITAL MAMMOGRAPHY

Screening Mammography with Tomosynthesis - Ultrasound if needed
 Diagnostic Mammography with Tomosynthesis - Ultrasound if needed

BONE DENSITY

Bone density
 Bone density w/fracture assessment

ULTRASOUND

Right Breast Thyroid
 Left Breast Obstetric
 Kidneys
 Echocardiogram
 Abdomen (complete) Carotid & vertebral arteries
 Gallbladder (limited abdomen-RUQ) Renal arteries (incl. Kidneys)
 Abdominal aorta (AAA) Arm veins (DVT)
 Pylorus (hypertrophic stenosis) Leg veins (DVT)
 Pelvis - Transabdominal & Transvaginal Lower extremity arterial duplex
 Pelvis - Transvaginal only ABI & PVR (with BP cuffs)
 Pelvis - Transabdominal only ABI only
 Scrotum - Testicles Soft tissue non vascular

Other _____

NUCLEAR MEDICINE

Bone Scan - whole body
 Bone Scan - triple phase
 Bone scan - SPECT
 Thyroid scan & uptake
 DaTscan (Parkinson's)
 Liver / Spleen scan
 MUGA (ventriculogram)
 Gall Bladder (Hepatobiliary)
 Gall Bladder with EF
 Gastric emptying
 Renogram with Mag-3

EXAM PREPS

CT

CT EXAMS with IV CONTRAST	No solid food 2 hours prior to exam.
CT ABDOMEN and/or PELVIS	You may be asked to drink a liquid (called oral contrast) that will coat the lining of your GI tract and help evaluate your condition. If so instructed, drink one bottle 4 hours before the examination (or the night before) and a second bottle one hour before the examination.
CT MYLOGRAM	No solid food 2 hours prior to exam. Call Inverness Medical Imaging for additional instructions.
CORONARY CTA	No solid food 2 hours prior to exam. Additional preparation will be done @ Inverness Medical Imaging. Oral medication may be needed one hour prior to exam to slow down the heart rate.

MRI

ALL MRI EXAMS	Wear comfortable clothing. No metal and no eye makeup. Please let us know if you have a pacemaker or if you have a brain aneurysm clip or any METAL in your body.
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ULTRASOUND

ALL ABDOMINAL US EXAMS	Nothing to eat or drink 6 hours before exam.
PELVIS US EXAM OB (early pregnancy) US EXAM	Drink 4 cups (32 ounces) of liquid (water, tea, coffee etc.) 1 hour prior to exam. Do not void. The bladder needs to be extremely full for a good quality examination.

X-RAY PROCEDURES

IVP	Drink 10 ounces of Magnesium Citrate (cold) the night before the examination Clear liquids only after midnight up to the time of the examination.
UPPER GI and/or SMALL BOWEL STUDY	Nothing to eat or drink after midnight.
BARIUM ENEMA	Pick up LoSo preparation at least 24 hours prior to examination from Inverness Medical Imaging and follow instructions.

NUCLEAR MEDICINE

BONE SCANS	Please drink 2 glasses of water prior to examination.
HIDA SCANS WITH EF	Fasting after midnight. No medications in the morning.
GASTRIC EMPTYING SCAN	Fasting after midnight. No cigarettes or medications after midnight.
RENOGRAM WITH MAG-3	Drink plenty of fluids prior to examination.
MUGA SCAN	No preparation.
THYROID UPTAKE & SCAN	Nothing to eat or drink after midnight. No thyroid medications for 2 weeks prior to exam. No CT or X-Ray dye for 6 weeks prior to exam. No multi vitamins for 1 week prior to exam.
STRESS TEST	Call Inverness Medical Imaging for instructions.

Unless instructed to the contrary, you may take your usual prescription medications the day of the exam with liquid.
If you have any questions contact your physician or IMI at 352-637-6100

