RADIOLOGY ASSOCIATES ORANGE PARK

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www.OrangeParkImaging.com

PATIENT NAME _____ **DOB** _____ **CELL PHONE #** _____

EMAIL ADDRESS _____ **ORDER DATE** _____ **APPT. DATE/TIME** _____

REFERRING CLINICIAN _____ **REASON FOR EXAM** _____

CLINICIAN SIGNATURE _____ **INSURANCE CO.** _____ **POLICY #** _____

MR

IV CONTRAST: ☐ W/O ☐ WITH

- ☐ MR Angiography of (specify)
  - ☐ Carotid
  - ☐ Circle of Willis
  - ☐ Aorta
  - ☐ Renal
  - ☐ Run-off
  - ☐ Other _____
- ☐ MR Brain
- ☐ MR Cervical Spine
- ☐ MR Thoracic Spine
- ☐ MR Lumbar Spine
- ☐ MR TMJ
- ☐ MR Abdomen - *Specify:* _____
- ☐ MR Chest
- ☐ MR Breast Bilateral
- ☐ MRCP
- ☐ MR Prostate
- ☐ MR Pelvis - *Specify:* _____
- ☐ MR Shoulder . . . . . ☐ R ☐ L
- ☐ MR Elbow . . . . . ☐ R ☐ L
- ☐ MR Wrist . . . . . ☐ R ☐ L
- ☐ MR Hand . . . . . ☐ R ☐ L
- ☐ MR Knee . . . . . ☐ R ☐ L
- ☐ MR Hip . . . . . ☐ R ☐ L
- ☐ MR Foot . . . . . ☐ R ☐ L
- ☐ MR Ankle . . . . . ☐ R ☐ L
- ☐ MR Other _____

X-RAY

- ☐ Chest PA/LAT
- ☐ Abdomen/KUB
- ☐ Skull
- ☐ Nasal Bones
- ☐ Sinuses
- ☐ Rib Series . . . . . ☐ B ☐ R ☐ L
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Pelvis
- ☐ Sacrum/Coccyx
- ☐ Clavicle . . . . . ☐ R ☐ L
- ☐ Shoulder . . . . . ☐ R ☐ L
- ☐ Humerus . . . . . ☐ R ☐ L
- ☐ Elbow . . . . . ☐ R ☐ L
- ☐ Forearm . . . . . ☐ R ☐ L
- ☐ Wrist . . . . . ☐ R ☐ L
- ☐ Hand . . . . . ☐ R ☐ L
- ☐ Fingers _____ ☐ R ☐ L
- ☐ Hip . . . . . ☐ R ☐ L
- ☐ Femur . . . . . ☐ R ☐ L
- ☐ Tibia/Fibula . . . . . ☐ R ☐ L
- ☐ Knee . . . . . ☐ R ☐ L
- ☐ Ankle . . . . . ☐ R ☐ L
- ☐ Foot . . . . . ☐ R ☐ L
- ☐ Heel . . . . . ☐ R ☐ L
- ☐ Toes _____ ☐ R ☐ L
- ☐ Other _____

CT

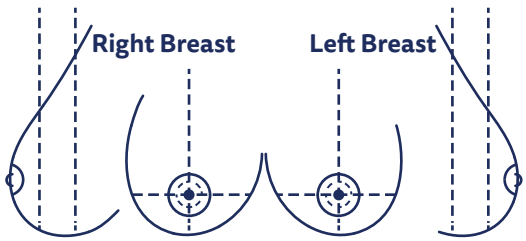
IV CONTRAST: ☐ W/O ☐ WITH

- ☐ CT Chest/Thorax
- ☐ CT Pelvis
- ☐ CT Enterography
- ☐ CT Urogram w/ 3D
- ☐ CT Abdomen & Pelvis
- ☐ CT Abdomen - *Specify:* _____
- ☐ CT Brain
- ☐ CT Sinuses
- ☐ CT Angiography of (specify)
  - ☐ Carotid
  - ☐ Circle of Willis
  - ☐ Chest
  - ☐ Abdominal Aorta
  - ☐ Renal
  - ☐ Run-off
  - ☐ Other _____
- ☐ CT Soft Tissue Neck
- ☐ CT Cervical Spine . . . . . ☐ w/ 3D
- ☐ CT Thoracic Spine . . . . . ☐ w/ 3D
- ☐ CT Lumbar Spine . . . . . ☐ w/ 3D
- ☐ CT Shoulder . . . . . ☐ w/ 3D ☐ R ☐ L
- ☐ CT Elbow . . . . . ☐ w/ 3D ☐ R ☐ L
- ☐ CT Wrist . . . . . ☐ w/ 3D ☐ R ☐ L
- ☐ CT Hand . . . . . ☐ w/ 3D ☐ R ☐ L
- ☐ CT Knee . . . . . ☐ w/ 3D ☐ R ☐ L
- ☐ CT Hip . . . . . ☐ w/ 3D ☐ R ☐ L
- ☐ CT Foot . . . . . ☐ w/ 3D ☐ R ☐ L
- ☐ CT Ankle . . . . . ☐ w/ 3D ☐ R ☐ L
- ☐ CT Other _____

ULTRASOUND

- ☐ Abdomen - *Specify:*
- ☐ ABI (Ankle Brachial Index)
- ☐ Aorta
- ☐ Arterial Duplex (For Graft Eval Only)
- ☐ Axilla . . . . . ☐ R ☐ L
- ☐ Breast
- ☐ Breast Biopsy . . . . . ☐ B ☐ R ☐ L
- ☐ Carotid Doppler
- ☐ Gallbladder
- ☐ Pevic
- ☐ Transvaginal (Uterus, Ovaries)
- ☐ Renal (Kidneys, Bladder)
- ☐ Testicular
- ☐ Venous Doppler, Extremity
- ☐ Segmental Doppler, lower extremity
- ☐ Thyroid
- ☐ Echocardiogram
- ☐ US Other _____

☐ **STAT**



MAMMOGRAPHY/BONE DENSITY

- ☐ Screening Mammogram
- ☐ Diagnostic Mammogram . . . . ☐ B ☐ R ☐ L
  - US if indicated
- ☐ 3D Mammography
- ☐ Bone Density (DEXA)
- ☐ Unilateral Screening Mammogram
  - Post Mastectomy . . . . . ☐ R ☐ L

SPECIAL PROCEDURES

- ☐ Stereotactic Breast Biopsy ☐ B ☐ R ☐ L
- ☐ Ultrasound Guided Cyst Aspiration and Possible Biopsy . . . . . ☐ B ☐ R ☐ L
  - Part to be Aspirated: _____
- ☐ Ultrasound Guided Biopsy . . . ☐ B ☐ R ☐ L
  - Part to be Biopsied: _____
- ☐ Thyroid FNA

Area Map:

Test Preparations

The patient may still take prescribed medicines **with a small amount of water.**

MRCP: DO NOT EAT OR DRINK four (4) hours before exam.

MRI: Remove all jewelry and eye make-up. Wear comfortable clothes without metal closures.

CT Abdomen/Pelvis: DO NOT EAT OR DRINK four (4) hours before exam, for IV Contrast studies. May drink water up to appointment time.

Mammography: Do not use powders, deodorant/ antiperspirant or perfume on the day of your test. These products contain substances that show up on x-ray film and can cause an unsatisfactory exam. Please bring your most recent mammogram if done at another facility. Prior mammograms are needed prior to appointment date.

Ultrasound Studies:
Abdomen, Gallbladder: DO NOT EAT OR DRINK anything six (6) hours before exam.
CHILDREN: 4 hours fasting.
Pelvic Ultrasound: Two (2) hours before exam time, EMPTY your bladder. One (1) hour prior to your exam t ime (before arriving), drink at least 32 ounces of fluid. Bladder must be FULL for this exam. Do NOT urinate until after your exam. No fasting is necessary.

Special Procedures: Please call for special instructions.

For more information, please call us @ **904-385-5219** or visit us online at: **www.OrangeParkImaging.com**

Directions

From I-295:
Follow I-295 to US-17 S/Roosevelt Blvd. Take exit 10 from I-295. Follow US-17 S to destination on the right, Radiology Associates Orange Park.

From Green Cove Springs:
Follow US-17 N for approximately 12.5 miles. The destination, Radiology Associates Orange Park will be on the left.

From State Rd. 21:
Follow State Rd. 21/Blanding Blvd. to Bolton Road. Take Bolton Road to Moody Ave. Make a left on Moody Ave. Take Moody Ave. to Doctors Lake Dr. and make a left. Take a right on Dogwood Lane. Take a left on Milwaukee Avenue. The destination, Radiology Associates Orange Park will be on your left.

Other Locations

St. Augustine
190 Southpark Blvd., Suite 101
St. Augustine, FL 32086
904-827-9171 Fax
904-829-0764 Center

Palm Coast
3 Pine Cone Drive, Suite 101
Palm Coast, FL 32137
386-446-1866 Fax
386-446-7578 Center

Town Center
21 Hospital Drive, Suite 130
Palm Coast, FL 32164
386-446-1866 Fax
386-446-7578 Center

Twin Lakes
1890 LPGA Blvd., Suite 110
Daytona Beach, FL 32117
386-274-5440 Fax
386-274-7272 Center

Port Orange
1195 Dunlawton Avenue
Port Orange, FL 32127
386-322-5330 Fax
386-763-5300 Center

Deltona
3400 E Halifax Crossing Blvd., Suite 170
Deltona, FL 32725
386-259-5999 Fax
386-259-5950 Center

Port Orange West
5440 S Williamson Blvd., Suite 102
Port Orange, FL 32128
386-872-3464 Fax
386-872-3410 Center

New Smyrna Beach
1998 State Road 44, Suite 3
New Smyrna Beach, FL 32168
(Next to Big Lots)
386-888-3870 Fax
386-410-3830 Center

Scan the QR Code for more information & directions to each of our other locations: