

PATIENT NAME _____ DOB _____ CELL PHONE # _____
 EMAIL ADDRESS _____ ORDER DATE _____ APPT. DATE/TIME _____
 REFERRING CLINICIAN _____ REASON FOR EXAM _____
 CLINICIAN SIGNATURE _____ INSURANCE CO. _____ POLICY # _____
 TIN # _____ NPI # _____

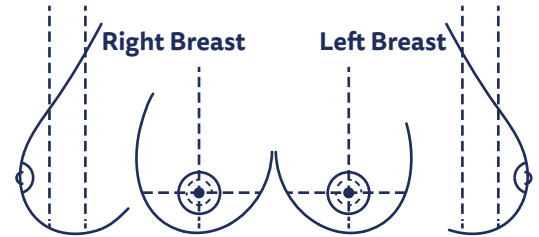
MR

- 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
- MRCP
- 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 _____

CT

- CT Chest/Thorax
- CT Pelvis
- CT Abdomen - Specify: _____
- CT Abdomen & Pelvis
- CT Urogram w/ 3D
- CT Enterography
- 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 _____

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

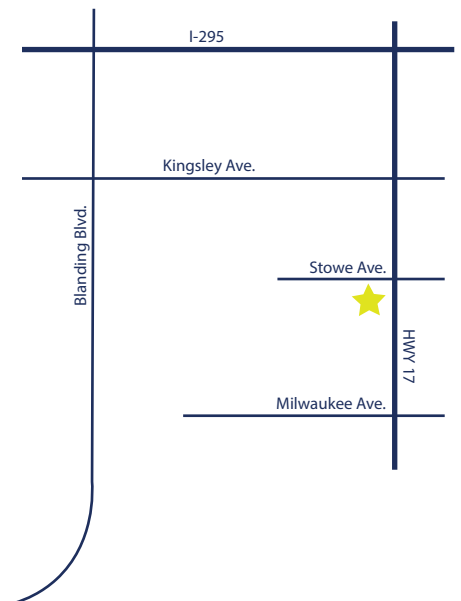
X-RAY

- 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 _____

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 _____

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 time (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.