



**HIGH-FIELD MRI ♦ OPEN MRI ♦ CT/CTA SCAN
MAMMOGRAPHY ♦ DEXA BONE DENSITY ♦ X-RAY
ULTRASOUND ♦ ECHOCARDIOGRAM**

**PHONE (352) 684-2811
TOLL FREE (877) 684-2811**

**FAX (352) 684-0212
TOLL FREE (877) 684-0212**

Patient Name: _____ Patient Phone Number: _____

Diagnosis: _____

Appointment Time & Date _____

MRI
 Closed Open

CT SCAN

ULTRASOUND

X-RAY

- w/o contrast
- w/ and w/o contrast
- Brain
- Cervical
- Thoracic
- Lumbar
- Pelvis
- Abdomen
- Orbits
- Face
- Neck (soft tissue)
- IAC
- Breast Bilateral
- TMJ R:___ L: ___
- Upper Ext R:___ L: ___
Area: _____
- Lower Ext R:___ L: ___
Area: _____
- Arthrogram R:___ L: ___
Specify joint _____
- Other: _____

- w/o contrast
- w/ and w/o contrast
- Brain
- Orbits
- IAC
- Neck (soft tissue)
- Sinus/Face
- Sinus (Limited)
- Chest
- Abdomen
- Pelvis
- Cervical
- Thoracic
- Lumbar
- Upper Ext R:___ L: ___
Area: _____
- Lower Ext R:___ L: ___
Area: _____
- Urogram
- 3D Reconstruction
- Other: _____

- Thyroid
- Breast Bilateral
- Breast Unilateral R:___ L: ___
- Abdomen Complete
- Abdomen Limited/RUQ
- Renal
- Renal Arteries
- Aorta
- OB 1st Trimester
- OB 2nd/3rd Trimester
- OB limited _____
- OB Transvaginal
- Transvaginal
- Pelvic
- Scrotum w/doppler
- Arterial Lower Ext
w/ABI Bilat: __ R: __ L: __
- Arterial Upper Ext
Bilat: __ R: __ L: __
- Venous Lower Ext
Bilat: __ R: __ L: __
- Venous Upper Ext
Bilat: __ R: __ L: __
- Non Vascular Ext _____
- Carotid
- Echocardiogram
- Other: _____

- Sinus
- Limited Sinus
- Skull 4V
- Neck Soft Tissue
- Chest 2V
- Rib 2V R:___ L: ___
- Cervical 3V___ 5V___
- Thoracic 2V
- Lumbar 3V__ 5V__ Bend__
- Pelvis 1/2V
- Hip 2V R:___ L: ___
- Abdomen 2V
- KUB
- Upper Ext R:___ L: ___
Area: _____
- Lower Ext R:___ L: ___
Area: _____
- Other: _____

MRA

CTA

- Brain
- Carotid Artery
- MRCP (Gallbladder)
- Abdomen
- Chest
- Lower Ext
- Pelvis
- Renal Artery
- Upper Ext

- Head
- Carotid
- Pulmonary
- Chest/Thorax
- Aorta w/Runoff
- Abdomen
- Abdomen/Pelvis
- Upper Ext R:___ L: ___
- Lower Ext R:___ L: ___

MAMMOGRAPHY

- Screening
- Diagnostic/Unilat
- Diagnostic/Bilat

MRV

DEXA-BONE DENSITY

- Brain
- Low Ext

- Bone Density/Axial Skeleton
- Vertebral Fracture Assessment

SPECIAL INSTRUCTIONS: _____

Physician Signature: _____ Date: _____



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PATIENT INSTRUCTIONS

Please bring all prior images and reports at time of appointment.

CT SCAN:

IV Contrast Exams: Nothing to eat 4 to 6 hours prior to exam. Drink plenty of clear liquids.

CT Abdomen • Pelvis:

- ✓ Nothing to eat 4 to 6 hours prior to exam. Drink plenty of clear liquids.
- ✓ Arrive one hour prior to exam for oral contrast, or pick up oral contrast prior to exam to drink at home.

ULTRASOUND:

Abdomen • Aorta • GB • Liver • Pancreas • Kidneys: Nothing to eat or drink 8 hours prior to exam.

Bladder • Pelvis (OB Exams): Drink 32 oz. water 1 hour before exam. **Do not empty bladder.**

Renal • Kidneys: Drink fluids. **You may empty bladder.**

MAMMOGRAPHY:

- No deodorant, perfume lotions or powders
- No caffeine recommended
- Must bring previous films to appointment

DEXA BONE DENSITY:

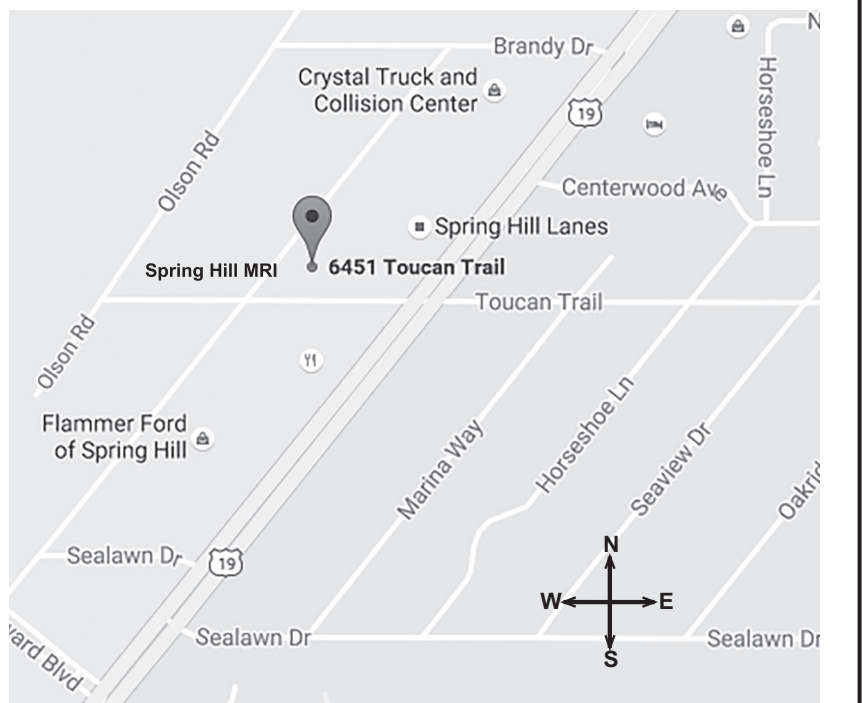
- No calcium supplements 24 hours prior to exam
- Patient should not have oral or IV contrast 7 days prior to exam

Should you have any questions regarding the preparation please call.

SPRING HILL MRI

6451 Toucan Trail
Spring Hill, Florida 34607
www.springhillmri.com

HOURS: MONDAY thru FRIDAY
7:00 AM to 8:00 PM



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