



208 McFarland Circle, North
Tuscaloosa, AL 35406
For Appointments: 345-2000
800-972-6587
Scheduling Fax 758-5888
www.tuscaloosaradiology.com

Patient Name: _____

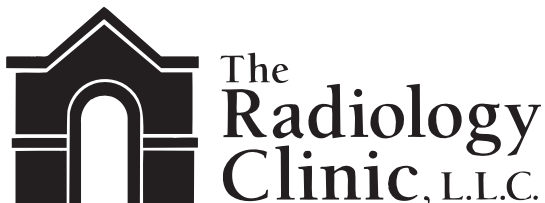
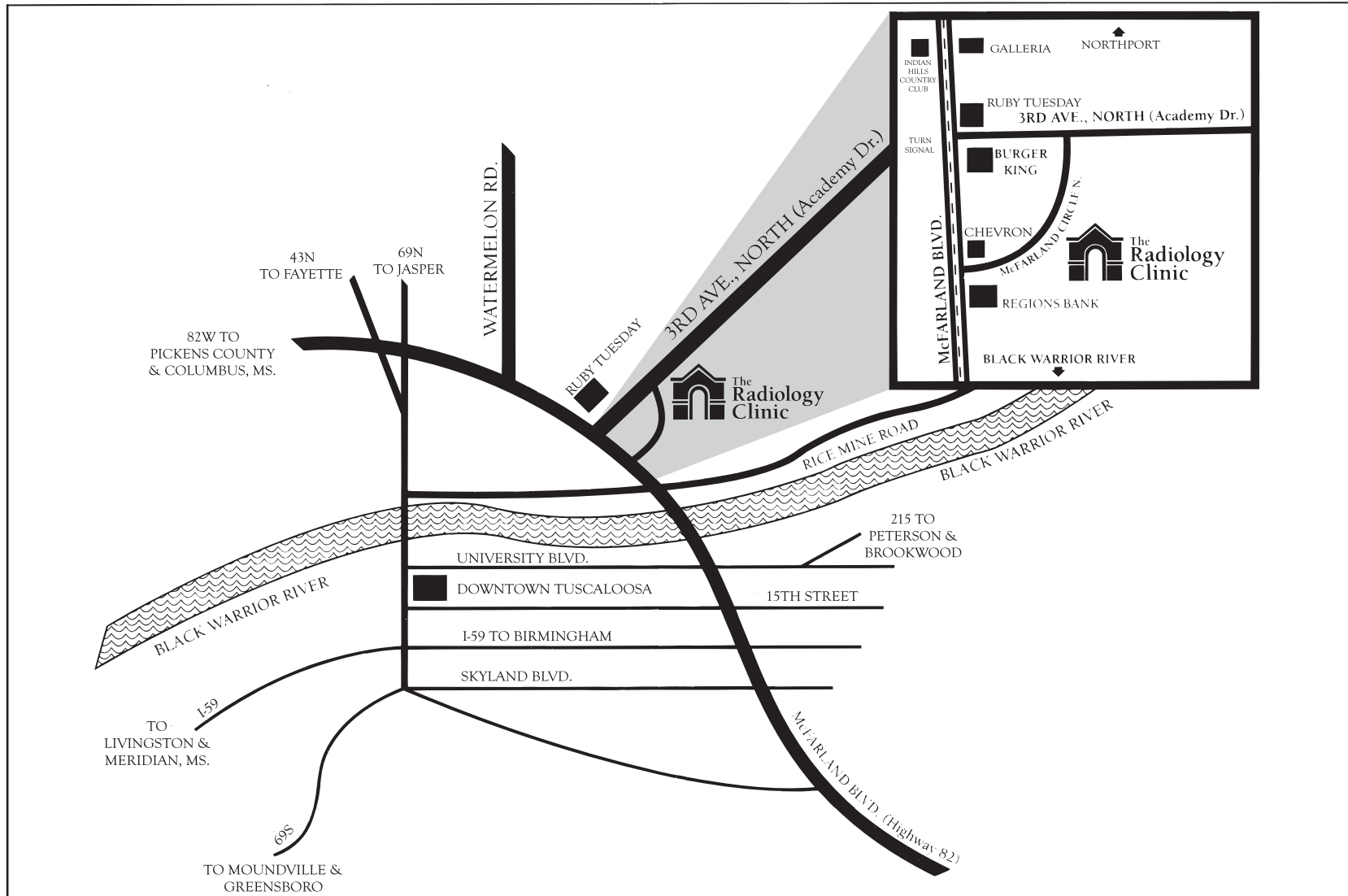
Appointment Date: _____ Time: _____

Doctor Signature: _____ MD / DO / DC / OD (Stamped signatures are not acceptable)

- Call Report FAX Report
 Leave after exam Return to my office

GENERAL	Prep Instructions:	CT:	Prep Instructions:
<input type="checkbox"/> Chest X-Ray <input type="checkbox"/> Other X-Ray	No Prep	<input type="checkbox"/> Head <input type="checkbox"/> CTA w/3D Recon	Clear liquid diet 4 hours prior to exam
<input type="checkbox"/> Screening Mamm/CAD - US if warranted by mamm	No deodorant or powder	<input type="checkbox"/> Sinuses	No Prep
<input type="checkbox"/> Diagnostic Mamm/CAD - US if warranted by mamm	No deodorant or powder	<input type="checkbox"/> Chest <input type="checkbox"/> Chest for PTE	Clear liquid diet 4 hours prior to exam
<input type="checkbox"/> IVP	Laxative night before & no food/drink after midnight	<input type="checkbox"/> Upper Abdomen w/contrast	Pick up oral prep at Clinic day before exam
FLUORO	Prep Instructions:	<input type="checkbox"/> Lower Abdomen/Pelvis w/contrast	Pick up oral prep at Clinic day before exam
<input type="checkbox"/> GI Series w/air <input type="checkbox"/> GI Series <input type="checkbox"/> Small Bowel Series	No food or drink after midnight prior to exam	<input type="checkbox"/> CT Stone Study	Drink 16 oz. before exam/ Do not empty bladder
<input type="checkbox"/> Barium Swallow	No Prep	<input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine	No Prep
<input type="checkbox"/> Barium Enema	Pick up prep kit at Clinic 2 days before exam	<input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Bony Pelvis	No Prep
<input type="checkbox"/> Barium Enema with Air Contrast	Pick up prep kit at Clinic 2 days before exam	<input type="checkbox"/> Neck Soft Tissue	Clear liquid diet 4 hours prior to exam
<input type="checkbox"/> Other (inc. arthrogram, myelogram)	Call for Prep if necessary.	<input type="checkbox"/> CT Colonography	Pick up oral prep at Clinic 2 days before exam
ULTRASOUND	Prep Instructions:	MRI: *No Prep For MRI	Comments:
<input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Liver <input type="checkbox"/> Gallbladder <input type="checkbox"/> Spleen	No food or drink after midnight prior to exam	<input type="checkbox"/> Brain <input type="checkbox"/> Brain wo/w Contrast	
<input type="checkbox"/> Renal Artery Doppler <input type="checkbox"/> Pancreas	No food or drink 12 hours prior to exam	<input type="checkbox"/> Pituitary <input type="checkbox"/> Orbits	
<input type="checkbox"/> Pelvis, transvaginal if warranted <input type="checkbox"/> Pregnancy	Drink 32 oz. 45 min prior - Do not empty bladder	<input type="checkbox"/> IACs <input type="checkbox"/> TMJ	
<input type="checkbox"/> Breast L / R <input type="checkbox"/> Breast - Bilateral	No Prep	<input type="checkbox"/> Neck Soft Tissue <input type="checkbox"/> Brachial Plexus	
<input type="checkbox"/> Thyroid <input type="checkbox"/> Kidneys <input type="checkbox"/> Scrotum/Doppler	No Prep	<input type="checkbox"/> Chest	
<input type="checkbox"/> Soft Neck Tissue <input type="checkbox"/> Carotid <input type="checkbox"/> Limited Arterial (ABIs)	No Prep	<input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic	
<input type="checkbox"/> Bilateral Lower Extremity <input type="checkbox"/> Arterial <input type="checkbox"/> Venous	No Prep	<input type="checkbox"/> Lumbar <input type="checkbox"/> Bony Pelvis	
<input type="checkbox"/> Bilateral Upper Extremity <input type="checkbox"/> Arterial <input type="checkbox"/> Venous	No Prep	<input type="checkbox"/> Lumbar Plexus <input type="checkbox"/> Sacrum	
<input type="checkbox"/> Unilateral Extremity Venous L / R	No Prep	<input type="checkbox"/> SI Joint <input type="checkbox"/> Coccyx	
<input type="checkbox"/> Extremity non-vascular	No Prep	<input type="checkbox"/> Hip L / R <input type="checkbox"/> Knee L / R	
<input type="checkbox"/> DEXA (Bone Density Study)	Prep: No Multivitamin or calcium day prior	<input type="checkbox"/> Ankle L / R <input type="checkbox"/> Foot L / R	
NUCLEAR MEDICINE	Prep Instructions:	<input type="checkbox"/> Shoulder L / R <input type="checkbox"/> Elbow L / R	
<input type="checkbox"/> Hida <input type="checkbox"/> Hida with CCK (Could take 1 - 4 hours)	No food or drink after midnight prior to exam	<input type="checkbox"/> Wrist L / R <input type="checkbox"/> Hand L / R	
<input type="checkbox"/> Bone Scan <input type="checkbox"/> Limited <input type="checkbox"/> Multiple <input type="checkbox"/> Full Body <input type="checkbox"/> SPECT	Will receive injection and return 2-3 hours later	<input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> MRCP w/3D	
<input type="checkbox"/> I - 123 Thyroid Scan	Return to Clinic 4 to 6 hours after dosage	<input type="checkbox"/> Adrenal <input type="checkbox"/> Kidney <input type="checkbox"/> Pelvis (organs)	
<input type="checkbox"/> I - 123 Thyroid Uptake	Return to Clinic 24 hours after dosage	<input type="checkbox"/> Arm Upper / Lower L / R	
<input type="checkbox"/> I - 123 Thyroid Scan and Uptake	Return to Clinic 4 - 6 hours and 24 hours after dosage	<input type="checkbox"/> Leg Upper / Lower L / R	
<input type="checkbox"/> Gallium Scan	Will return to Clinic usually at 24, 48, and 72 hours	<input type="checkbox"/> Myositis Upper / Lower L / R	
<input type="checkbox"/> Gastric Emptying	No food or drink after midnight prior to exam	<input type="checkbox"/> MRA:	
<input type="checkbox"/> Liver/Spleen <input type="checkbox"/> Muga Scan	No Prep	Brain / Carotid / Renal / Abdomen	
<input type="checkbox"/> Meckels Scan	Nothing to eat or drink 4 hours prior to exam	<input type="checkbox"/> Arthrogram:	
<input type="checkbox"/> Parathyroid Scan	Will return to Clinic 2 - 4 hours after dosage	Shoulder / Wrist / Hip / Knee L / R	
<input type="checkbox"/> Renal Scan <input type="checkbox"/> Renal with Lasix	Must be well hydrated	<input type="checkbox"/> Breast <input type="checkbox"/> Other: _____	

The Location for The Radiology Clinic



205 / 345-7000

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