

# NEUROSURGERY



**The Radiology Clinic, L.L.C.**

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 Scheduling Fax 758-5888

Patient's Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Reason for Exam: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_, M.D.  
 Patient may go home after exam.  Please call report.  
 Return patient to my office after exam.  Please FAX report  
 Other: \_\_\_\_\_

TYPE OF EXAM	PATIENT INSTRUCTIONS	REMARKS
<b>GENERAL</b>		
<input type="checkbox"/> Chest X-Ray	No prep	
<input type="checkbox"/> Cervical Spine	No prep	
<input type="checkbox"/> Thoracic Spine	No prep	
<input type="checkbox"/> Lumbar Spine	No prep	
<input type="checkbox"/> Other X-Ray		
<b>MYELOGRAPHY</b>		
<input type="checkbox"/> Cervical Myelogram	No food after midnight on the night before if exam is before 2:00 p.m. Light breakfast by 7:00 a.m. if exam is after 2:00 p.m.	
<input type="checkbox"/> Thoracic Myelogram		
<input type="checkbox"/> Lumbar Myelogram		
<b>ULTRASOUND</b>		
<input type="checkbox"/> Upper Abdomen	Nothing to eat or drink after midnight prior to exam	
<input type="checkbox"/> Pelvis	Drink 32 ounces of water prior to exam. Do not void	
<input type="checkbox"/> Thyroid	No prep	
<input type="checkbox"/> Other Ultrasound	No prep	
<b>CT</b>		
<b>ALERT TECHNOLOGIST TO ALLERGIC HISTORY</b>		
<input type="checkbox"/> Head	Clear liquid diet 4 hours prior to exam	
<input type="checkbox"/> Cervical Spine	Clear liquid diet 4 hours prior to exam	
<input type="checkbox"/> Thoracic Spine	No prep	
<input type="checkbox"/> Lumbar Spine	No prep	
<input type="checkbox"/> Neck	Clear liquid diet 4 hours prior to exam	
<input type="checkbox"/> Other CT		
<b>MRI</b>		
<input type="checkbox"/> Head / Brain	No prep	<b>ATTENTION PATIENT</b> <b>PLEASE INFORM THE TECHNOLOGIST IF YOU HAVE A PACEMAKER OR ANY METAL PRESENT IN YOUR BODY OR HAVE HAD OPEN HEART SURGERY.</b>
<input type="checkbox"/> Cervical Spine	No prep	
<input type="checkbox"/> Thoracic Spine	No prep	
<input type="checkbox"/> Lumbar Spine	No prep	
<input type="checkbox"/> Other MRI		
<b>NUCLEAR MEDICINE</b>		
<input type="checkbox"/> Bone Scan	Will receive injection and return 2-3 hours later	
<input type="checkbox"/> Brain Scan		
<b>OTHER</b>		
<input type="checkbox"/> DEXA (Bone Density Study)	No calcium supplements or multivitamins day before & day of exam	
<input type="checkbox"/> Other		