

STAT

PATIENT NAME: _____ DATE: _____

PHONE: _____ D.O.B.: _____

DIAGNOSIS/ICD 10: _____ AUTH: _____

IF CONTRASTED: BUN: _____ CREATININE: _____ EGFR: _____ DATE LABS WERE PERFORMED: _____

Physician Notes / Other Procedures: _____

Based upon this patient's diagnosis, I have requested the below procedure(s). I hereby feel the tests are medically necessary.

PHYSICIAN: _____ PHYSICIAN SIGNATURE: _____

OFFICE PHONE: _____ OFFICE FAX: _____ AFTER HOURS: _____

MRI

IV Contrast: ___ w/o ___ w/ + w/o

- Cervical (spine)
 - Alar Protocol (whiplash injury protocol)
 - Flex/Ext
- Thoracic (spine)
- Lumbar (spine)
- Abdomen
- Pelvis Bony
- TMJ
- MRCP
- Brain Trauma SWI/DTI
- 3D Volumetric Analysis

- IACs
- PIT
- Orbits
- Face
- Neck
- Hip R L
- Knee R L
- Ankle R L
- Foot R L
- Shoulder R L
- Elbow R L
- Wrist R L
- Hand Finger R L
- Other: _____

3D Reconstruction/Modeling: PT education, treatment, planning, compliance, initiation/CPT 76376, only if+ study. Available for the Spine, Knee, and Shoulder.

MRA

IV Contrast: ___ w/o ___ w/ + w/o

- Circle of Willis
- Carotid (neck) (w/o w/+ w/o)
- Thoracic Aorta (chest)
- Abdomen (w/+ w/o IV Contrast)
- Renal Arteries c MRI
- Pelvis / Iliac
- MRV Head/Brain
- Other: _____

UPRIGHT/OPEN MRI

IV Contrast: ___ w/o ___ w/ + w/o

- Brain
- Cervical (spine)
 - Alar Protocol Flex/Ext
- T-Spine
- L-Spine Flex/Ext
- 3D Reconstruction/Modeling:** PT education, treatment, planning, compliance, initiation/CPT 76376, only if+ study. Available for the Spine, Knee, and Shoulder.

CTA ANGIOGRAPHY

- AAA(w/ IV Contrast)
- PE Protocol (w/ IV Contrast)
- Thoracic AA (w/ IV Contrast)
- Circle of Willis/Head (w/ IV Contrast)
- Runoff (w/ IV Contrast)
- Carotid (w IV Contrast)

XRAY

- Chest (2 views)
- Spine Cervical Thoracic Lumbar
 - C-Spine Flex/Ext L-Spine Flex/Ext
 - Flex/Ext
- Davis Series
- Other: _____

CT

IV Contrast: ___ w/o ___ w/ ___ w/ + w/o
 ___ Oral Contrast

- Brain
- Sinuses
- Soft Tissue Neck
- Chest
 - Low Dose (CT for lung cancer screening)
 - High Res
- Abdomen (Only)
 - 3 Phase Liver
- Abdomen/Pelvis
 - Renal Stone Protocol CT IVP
- Pelvis (Only)
- Cervical
- Thoracic
- Lumbar
- Extremity/Joint _____
- Other: _____

ULTRASOUND

- Abdomen
- Gallbladder (RUQ) / Liver
- Renal
- Aorta
- Carotid Doppler
- Scrotal / Testicular w/ Doppler
- Thyroid
- Venous Doppler Upper Lower
 - R L Bilateral
- Arterial Upper Lower
 - R L Bilateral
- Breast R L Bilateral
- Soft Tissue Extremity R L Both
- Soft Tissue _____
- Other: _____



CareFIRST IMAGING

CT

1. Recent blood work required for contrast exams.
2. Notify your Doctor if you have any allergies to IV Contrast prior to your exam if required.
3. Remember to pick up your oral contrast from our office.

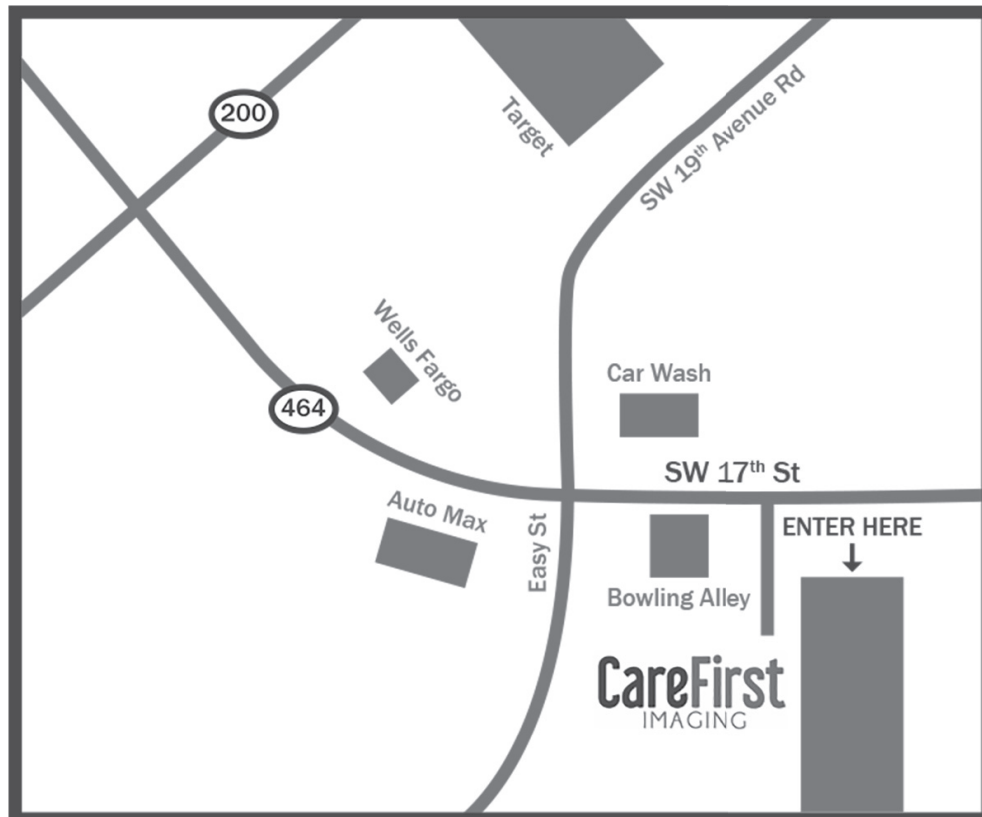
ULTRASOUND

1. Pelvic exams: Drink **32-40oz of water 1(one) hour** prior to exam.
DO NOT use the restroom.
2. Abdomen, Right Upper Quadrant, Renal Artery:
Nothing to eat or drink for 8 hours prior to your exam.

MRI

1. Notify your Doctor if you have any of the following:
 - PACEMAKER/ICD
 - SURGERY IN THE PAST 6 WEEKS
 - HISTORY OF METAL WORK / WELDING
If Yes: may need Orbit XRAYS
 - CLAUSTROPHOBIA
2. Wear loose fitting clothes without zippers, buttons, or metal hooks.
3. Remove all piercings before coming to your appointment.
4. Your exam can take 30 min to 1 hr to complete **PER EXAM.**

Next to Bowling Alley on 17th Street, inside the ONE HEALTH CENTER building.



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