CareFIRST IMAGING

Scheduling@Carefirstimaging.com
Phone: 407-628-9100
Fax: 407-628-0748
APOPKA ❑
840 E Semoran Blvd.,Apopka, Florida 32703
WINTER PARK ❑
1480 W Fairbanks Ave Suite 200, Winter Park, Florida 32789

❑ **MAY REQUIRE SEDATION** ❑ **STAT**

PATIENT NAME:_____ **DATE:**_____

PHONE:_____ **D.O.B:**_____

DIAGNOSIS/ICD 10:_____ **ATTORNEY:**_____

INSURANCE: _____ **CLAIM#/ID#:**_____

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:**_____

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

MRI ❑ 3T WINTER PARK ONLY

IV Contrast: __w/o __w/ + w/wo

❑ Cervical (spine)
- ❑ Alar Protocol (whiplash injury protocol)
- ❑ Flex/ExT

❑ Thoracic (spine)
❑ Lumbar (spine)
❑ Brain ❑ Trauma SWI/DTI
❑ IACs/Brain Protocol
❑ PITUARY/Brain Protocol
❑ Orbits
❑ Face
❑ Neck
❑ Hip ❑ L ❑ R
❑ Knee ❑ L ❑ R
❑ Ankle ❑ L ❑ R
❑ Foot ❑ L ❑ R
❑ Shoulder ❑ L ❑ R
❑ Elbow ❑ L ❑ R
❑ Wrist ❑ L ❑ R
❑ Hand ❑ Finger ❑ L ❑ R
❑ Other: _____

MRA

IV Contrast: __w/o __w/ + w/wo

❑ Circle of Willis/Head
❑ MRV Head / Brain High Field Only
❑ Other: _____

CT

IV Contrast: __w/o __w/ __w/wo (IV)
Oral: __Oral Contrast

❑ Brain
❑ Sinuses (Maxillofacial CT Image Guided Sinus)
❑ Soft Tissue Neck
❑ Chest
- ❑ Low Dose (CT for lung cancer screening)
- ❑ High Res
- ❑ **Heart Calcium Score**

❑ Abdomen (Only)
❑ Abdomen and Pelvis
❑ Renal Stone Protocol (No Oral or IV Contrast)
❑ Pelvis (Only)
❑ Facial Bones __w/o
❑ Cervical __w/o
❑ Thoracic __w/o
❑ Lumbar __w/o
❑ Extremity/Joint _____
❑ Other: _____
❑ CT IVP (No Oral)

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)
❑ CTA ABD / Pelvis
❑ **Coronary (w/ IV Contrast)**

3D MAMMOGRAPHY

❑ Digital Screening Mammography w/ CAD
❑ Digital Screening Mammography w/ CAD
Additional Views, Breast US. PRN
- ❑ Bilateral ❑ Unilateral

ULTRASOUND

❑ Pelvic w/ Transvaginal PRN
❑ Fetal Limited <12wk gestation (single only)
❑ Fetal Complete <12wk gestation (single only)
❑ Carotid Doppler
❑ Renal Doppler
Upper - ❑ Venous ❑ Aterial
❑ Left ❑ Right
Lower - ❑ Venous ❑ Aterial
❑ Left ❑ Right
❑ Abdominal Aorta
❑ Abdominal Complete
❑ Abdominal Limited (RUQ)
(Liver Gallbladder, Pancreas, Rt, Kidney)
❑ Renal Complete
(Kidneys, Bladder, Aorta)
❑ Thyroid
❑ Testicular w/ Doppler
❑ Extremiity soft tissue
❑ Other (specify):

_____

X-RAY

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

CareFIRST IMAGING

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.**

ORAL SEDATION

1. Patient needs to have their own driver.
2. Patient must arrive 1 hour prior to appointment.

MAMMOGRAPHY

1. No Deodorant, lotions, or powders used on the chest and underarm area on the day of the exam.

CT

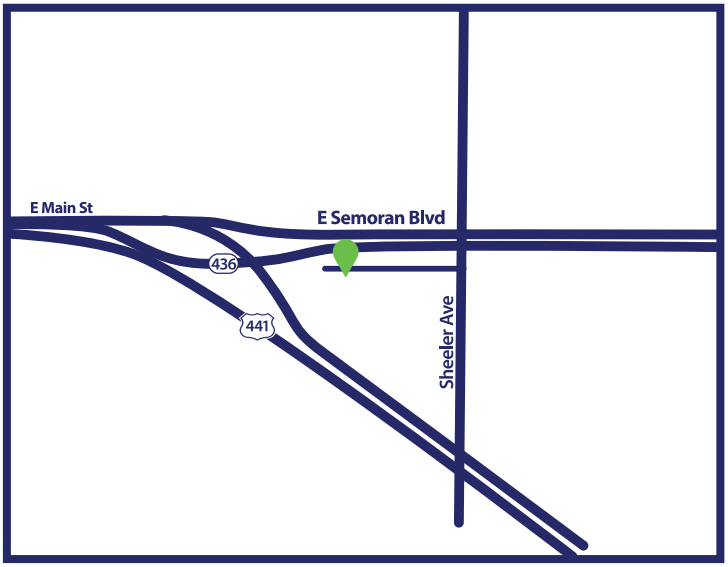
1. Recent blood work required for contrast exams.
2. Notify your Doctor if you have any allergies to IV Contrast prior to your exam if required.
3. Remember to pick up your oral contrast from our office.

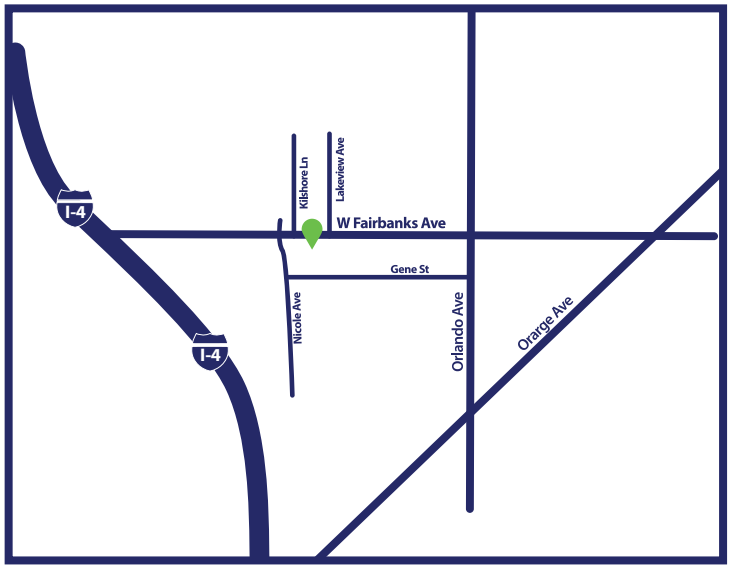
CONTRAST

1. If over 60 years of age or diabetic.
2. Labs: BUN/ Creatinine and GFR.

ULTRASOUND

1. Begin drinking 32oz of water before the exam. Finish drinking ALL of the water before the appointment time. DO NOT VOID until after the exam.





APOPKA OFFICE
840 E Semoran Blvd.,
Apopka, Florida 32703

SCAN FOR GPS DIRECTIONS TO FACILITIES

WINTER PARK OFFICE
1480 W Fairbanks Ave Suite 200,
Winter Park, Florida 32789

407.628.9100
CAREFIRSTIMAGING.COM