Panama City Open MRI & Imaging
www.FLDiagnosticImaging.com

2525 MLK Blvd. (Hwy 77) , Panama City, FL 32405
NPI# 1225096936 Tax ID: 59-3551727
Phone: 850.873.6900 • Fax: 850.873.6902
Toll Free: 888.743.9347

Patient's name: _____ DOB: _____

Mobile #: _____ Alternate #: _____

Appointment date: _____ Arrival time: _____ am / pm Appointment Time: _____ am / pm

○ Call patient to schedule
Fax order, DEMOS
clinical information notes
Please call to schedule STATs

○ Revised Order

MRI

CONTRAST
Radiologist discretion unless otherwise specified; _____

- ○ TMJ
- ○ Orbits, Face & Neck
- ○ Brain
- ○ Chest
- ○ Abdomen
- ○ Cervical
- ○ IAC's
- ○ Thoracic
- ○ Lumbar
- ○ Pelvis/Sacrum
- ○ Other (specify):_____

_____

- ○ MRA Brain
- ○ MRA Neck

EXTREMITY

○ Hand	R	L
○ Wrist	R	L
○ Forearm	R	L
○ Arm	R	L
○ Shoulder	R	L
○ Hip	R	L
○ Thigh	R	L
○ Knee	R	L
○ Tib/Fib	R	L
○ Ankle	R	L
○ Foot	R	L

- ○ Other (specify):_____

_____

CT

CONTRAST
Radiologist discretion unless otherwise specified; _____
Perform 3D Reconstruction (if necessary) ○ **YES** ○ **NO**

- ○ Head
- ○ Orbits
- ○ Facial Bones
- ○ Paranasal Sinus
- ○ Paranasal Sinus Stereotactic Protocol: _____
- ○ Soft Tissue Neck
- ○ Cervical
- ○ Thoracic
- ○ Lumbar
- ○ CTA of: _____
- ○ Chest
- ○ Pelvis
- ○ Upper Ext.
  - □ Body part _____
- ○ Lower Ext.
  - □ Body part _____
- ○ Abdomen
- ○ Abdomen/Pelvis
- ○ Urogram-Abdomen & Pelvis
- ○ IAC's
- ○ Other (specify):_____

_____

X-RAY

- ○ Facial
- ○ Orbits
- ○ Sinuses
- ○ Skull
- ○ Soft Tissue
- ○ Chest
- ○ Ribs Unilat
- ○ Ribs Bilat
- ○ Sternum
- ○ Spine Cervical
- ○ Spine Thoracic
- ○ Spine Lumbar
- ○ Pelvis
- ○ Sacoiliac Joints
- ○ Sacrum/Cocc
- ○ Shoulder
- ○ Humerus

○ Elbow	R	L
○ Wrist	R	L
○ Hand	R	L
○ Finger(s)	R	L
○ Hip	R	L
○ Femur	R	L
○ Knee	R	L
○ Tib/Fib	R	L
○ Ankle	R	L
○ Calcaneus (Heel)	R	L
○ Foot	R	L
○ Abdomen/KUB	R	L

- ○ Abdomen Series
- ○ Clavicle
- ○ Other (specify):_____

_____

ULTRASOUND

- ○ Abdomen
- ○ RUQ (Abd Limited)
- ○ Liver Limited
- ○ Aorta
- ○ Carotid
- ○ OB
- ○ Pelvic/Endovaginal (if necessary)
- ○ Renal/Bladder
- ○ Renal w/ Doppler
- ○ Soft Tissue Neck
- ○ Thyroid
- ○ Testicular
- ○ Testicular w/ Doppler
- ○ Venous Doppler
  - □ Unilateral Upper
  - □ Bilateral Upper
  - □ Unilateral Lower
  - □ Bilateral Lower

Routine Report - 24-48 Hours

***Please call to schedule all STATs**

- ○ STAT Fax - report in 2 hours
  Fax _____
- ○ Call Report- Radiologist will call
  Backline/Cell _____

Comparison Studies

- ○ Location: _____

_____

Insurance (Please fax front and back of patient's card and any clinical information to 850.873.6902) Date: _____

Clinical indications/Signs/Symptoms: _____

_____

ICD-10 Code(s): _____

Provider name (printed): _____ **Provider signature:** _____

Patient Instructions: Preparing for your exam

Bring this order with you to your scheduled exam

MRI (Magnetic Resonance Imaging)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

Do not wear eye makeup or mascara for ANY Brain & Neck studies. Do not wear any jewelry or hairpins. Wear comfortable clothing.

Let us know if you have:

- Metallic fragments in your eyes or previous injury to the eye involving a metal object
- Any type of implanted mechanical pump
- Any type of surgery within the past 8 weeks
- A history of cancer
- A pacemaker/ defibrillator/ stimulator
- An aneurysm clip
- Any metallic/ electronic implant
- Stents

Let us know if you are:

- Allergic to CT or MRI contrast
- Claustrophobic
- Pregnant/Nursing
- In need of special assistance

CT (Computed Tomography)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

Oral prep

- You may be given a Barium Sulfate suspension, to drink for your CT Scan.
- This is not a laxative. Its purpose is to enhance your digestive tract so that the radiologist can better visualize your anatomy during your CT Scan.
- If you have ever had any reaction to X-ray dye, please call us at 850.873.6900 ***prior*** to your exam.

Ultrasound

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

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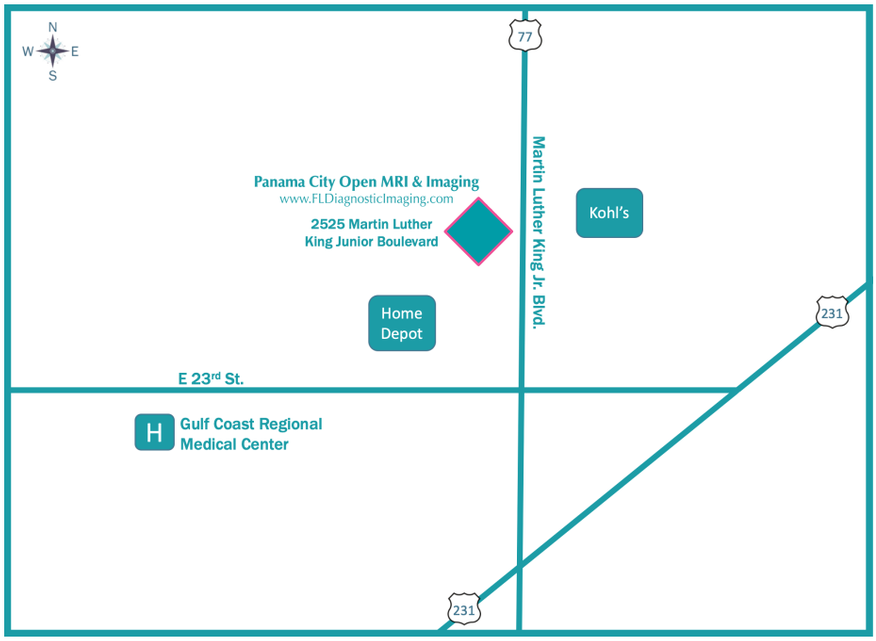
ACR® American College of Radiology ACCREDITED FACILITY



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