Anderson Radiology
www.SCDiag.com

2110 North Highway 81, Anderson, SC 29621
Tax ID: 58-2323513
Phone: 864.225.6286 • Fax: 864.231.6738

Patient's name: _____ DOB: _____

Mobile #: _____ Alternate #: _____ Insurance: _____

Appointment date: _____ Appointment time: _____ Authorization: _____

◯ Call patient to schedule

Please call when scheduling all STAT exams

MRI

CONTRAST
◯ Radiologist Discretion
◯ W/ ◯ W/O ◯ W/ & W/O

◯ Brain
- ☐ IAC W/ & W/O
- ☐ Pituitary
- ☐ Orbits W/ & W/O
- ☐ Seizure Protocol

◯ TMJ
◯ Soft Tissue Neck
◯ Stroke Protocol (Brain, MRA Head, MRA Neck)
◯ Cervical Spine
◯ Lumbar Spine
◯ Thoracic Spine
◯ MRA of: _____
◯ Abdomen
◯ Pelvis
◯ MRCP
◯ Shoulder Rt Lt Bilat
◯ Breast Rt Lt Bilat
◯ Elbow Rt Lt Bilat
◯ Wrist Rt Lt Bilat
◯ Hand Rt Lt Bilat
◯ Hip Rt Lt Bilat
◯ Knee Rt Lt Bilat
◯ Ankle Rt Lt Bilat
- ☐ Hindfoot

◯ Foot Rt Lt Bilat
- ☐ Midfoot ☐ Forefoot

◯ MR Arthrogram Rt Lt

_____

◯ Other: _____

_____

Mammography

◯ Screening 2D or 3D
◯ Diagnostic *(breast US as indicated)*
- ☐ Right ☐ Left ☐ Bilateral

◯ Breast Ultrasound
- ☐ Right ☐ Left ☐ Bilateral

◯ Biopsy - Image guided w/post clip
- ☐ Right ☐ Left ☐ Bilateral

◯ Needle localization
- ☐ Right ☐ Left ☐ Bilateral

◯ Other: _____

CT

CONTRAST
◯ Radiologist Discretion
◯ W/ ◯ W/O

◯ Head
◯ Orbits
◯ Paranasal Sinus
◯ Paranasal Sinus Stereotactic
- ☐ Stealth/Brain Lab
- ☐ Fusion

◯ Temporal Bones/IAC
◯ Facial Bones
◯ Soft Tissue Neck
◯ Cervical Spine
◯ Lumbar Spine
◯ Thoracic Spine
◯ Chest
◯ Cardiac Score
◯ Abdomen & Pelvis
- ☐ Stone Protocol

◯ Abdomen (Only)
◯ Pelvis (Only)
◯ CTA (All W/ & W/WO)
- ☐ Abdomen ☐ Pelvis
- ☐ Head ☐ Chest/PE Chest
- ☐ Neck
- ☐ Abdomen & Pelvis
- ☐ LE Run-off

◯ Dedicated Studies (All W/ & W/WO)
- ☐ Adrenal ☐ Pancreas
- ☐ Liver ☐ Renal

◯ Other: _____

Advanced Imaging

◯ 3D Reconstruction

Fluoroscopy

◯ Barium Enema
◯ Air Contrast Barium Enema
◯ IVP*
◯ Barium Swallow
◯ Myelogram
- ☐ Cervical ☐ Lumbar

◯ Arthrogram: _____
◯ Upper GI
◯ Small Bowel

Ultrasound

◯ Thyroid
◯ Aorta
◯ Abdomen Complete
◯ Right Upper Quadrant (Liver, Gallbladder, Rt. Kidney, Pancreas)
◯ Left Upper Quadrant (Spleen, Lt. Kidney)
◯ Liver Only
◯ Renal (Kidneys & Bladder)
◯ Pelvis (Female Only)
- ☐ Transabdominal
- ☐ Transvaginal (As Indicated)

◯ OB (Transvaginal As Indicated)
◯ Scrotum
◯ Soft Tissue Extremity
- ☐ Location: _____
- ☐ Rt ☐ Lt ☐ Upper ☐ Lower

◯ Soft Tissue Neck
- ☐ Rt ☐ Lt
- ☐ Anterior ☐ Posterior

◯ Soft Tissue Other
Location: _____
◯ Renal Artery
◯ Carotid IMT
◯ Arterial Scan
◯ Thyroid Biopsy
◯ Vertebrals
◯ Other: _____

Vascular

◯ Carotid Doppler
- ☐ Rt ☐ Lt ☐ Bilat

◯ Upper Extremity Venous Doppler
- ☐ Rt ☐ Lt ☐ Bilat

◯ Lower Extremity Venous Doppler
- ☐ Rt ☐ Lt ☐ Bilat

Bone Density

◯ Bone Density Study

Image Delivery

◯ Send CD with patient
◯ Courier to office

X-ray

Please specify:

◯ Abdomen ◯ Pelvis
◯ Sinuses ◯ Facial Bones
◯ Skull ◯ Soft Tissue Neck
◯ Chest
◯ Scoliosis Survey
◯ Skeletal Survey
◯ Cervical Spine
- ☐ Flex. ☐ Ext. ☐ Stand

◯ Lumbar Spine
- ☐ Flex. ☐ Ext. ☐ Stand

◯ Thoracic Spine
◯ Extremity Non-Joint R L B
◯ *Specify:*
◯ Extremity Joint: R L B
◯ *Specify:* _____
◯ Other: _____

Comments

Report Delivery

◯ STAT Fax
Fax#: _____
◯ Call Report
Cell or backline #:

_____

Standard Report in 24-48 hours.

Comparison Studies

Date of service: _____
Location: _____
Type of study: _____

Implant

◯ Pacemaker (no MRI)
◯ Neurostimulator
◯ Other:
Brand: _____
Serial #: _____

Insurance (Please fax front and back of patient's card and any clinical information to 864.231.6738)

Clinical indications/Signs/Symptoms: _____

ICD-10 Code(s): _____

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

Office phone: _____ **Fax:** _____ **Date:** _____

NOTE: CAREFULLY FOLLOW EXAM PREPARATION INSTRUCTIONS ON THE BACK SIDE OF THIS FORM

REV: 01/2020

PATIENT INSTRUCTIONS

Bring this order with you to your scheduled exam

Visit us online at www.SCDiag.com for driving directions and to learn more about our imaging facility and services.

OUR LOCATION

Directions

From Easley/Pickens: Take Route 8 South to I-85 South. Follow Greenville directions from I-85.

From Greenville: Take I-85 South to Route 81. We are located on the left after Hanna High School.

From Honea Path/Belton: Take Route 76/178 West to North Main Street in Anderson, take a right on North Main street and go to Greenville Street (81 North). We are located on the right after Clarendon Subdivision.

From Clemson: Take Route 28 to Anderson, which turns into Clemson Boulevard/North Main Street (Route 81 N). Continue out 81 and we are located on the right after Clarendon Subdivision.

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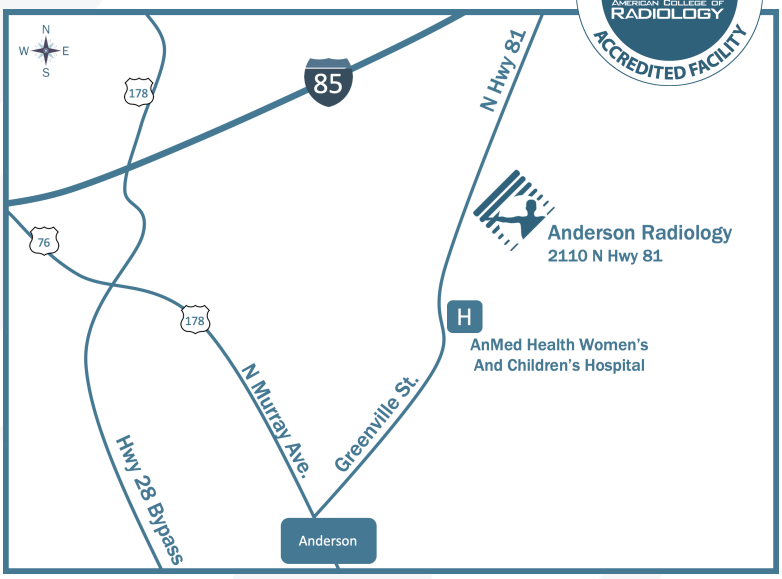
2110 Highway 81
Anderson, SC 29621



PATIENT INSTRUCTIONS - PREPARING FOR YOUR EXAM

MRI (Magnetic Resonance Imaging)

Contrasted Studies: – 6 hours NPO, may drink decaffeinated drinks, limit salt intake.

Ultrasound

Abdomen & Gallbladder - Nothing by mouth 4 - 6 hours prior to exam. No smoking or chewing gum 4 - 6 hours prior to exam.

Kidneys - Full bladder needed. 24 - 36 oz. water ½ to 1 hour prior to exam. DO NOT URINATE.

Aorta - Nothing by mouth 8 hours prior to exam.

Pelvis - 32 oz. water ½ to 1 hour prior to exam. DO NOT URINATE.

Thyroid - No prep.

Carotid Artery - No prep.

Testicle - No prep.

Venous Doppler - No prep.

Breast - No prep.

OB - 1st and 2nd Trimester - same as Pelvis (above).

OB - 3rd Trimester - 16 oz. water ½ to 1 hour before exam. Hold bladder full.

Arterial Doppler - No prep.

Mammography

Please wear a two-piece outfit. Wear no powders, perfumes, or deodorants around the breast area. Please bring previous Mammography films that were not performed at Anderson Radiology.

X-ray / Fluoroscopy

Barium Swallow - 4 hours NPO.

Upper GI - Nothing by mouth after midnight.

Small Bowel - Nothing by mouth after midnight.

Barium Enema - Special 24 hour prep. Call Anderson Radiology.

IVP - Special 24 hour prep. Call Anderson Radiology. May drink fluids.

CT (Computed Tomography)

Any CT with I.V. Contrast no food 4 hours prior-may drink fluids.

Chest - No food 2 hours prior, bring recent Chest X-rays for correlation and planning.

Abdomen - No food 4 hours prior - may drink water.

Pelvis - No food 4 hours prior - may drink water.

All other CT Exams - No prep unless receiving I.V. Contrast, then nothing by mouth 4 hours prior to exam.

Cardiac Score - No caffeine or vigorous activity 4 hours before.

BUN and Creatinine levels are required before IV Contrast for patients over age 60, unless indicated.

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