Palmetto Imaging
Downtown | Irmo | West Columbia | ImageCare
www.SCDiag.com

Phone: 803.256.7646 Fax 803.936.9202

- ◯ **DOWNTOWN** – 1331 Lady Street, Columbia, SC 29201
- ◯ **IRMO** – 7182 Woodrow St. Suite 101, Irmo, SC 29063
- ◯ **NORTHEAST** – 710 Rabon Road, Suite 100, Columbia, SC 29203
- ◯ **WEST COLUMBIA** – 2997 Sunset Blvd. West Columbia, SC 29169

Patient's name: _____ DOB: _____

Mobile #: _____ Alternate #: _____

Does patient have implanted device? ◯ Yes ◯ No **Make:** _____ **Model:** _____

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

Do not fax STAT orders
- ◯ Call patient to schedule
- ◯ Obtain authorization
  Fax order, front/back of insurance card and any clinical information
- ◯ Revised order

MRI

CONTRAST
◯ Radiologist Discretion
◯ Without ◯ With & W/O

- ◯ Brain
  - ☐ IAC
  - ☐ Pituitary
- ◯ Orbits
- ◯ Soft Tissue Neck
- ◯ Cervical Spine
- ◯ Thoracic Spine
- ◯ Lumbar Spine
  - ☐ Dynawell (Downtown only)
- ◯ Breast
- ◯ Shoulder Rt Lt
- ◯ Elbow Rt Lt
- ◯ Wrist Rt Lt
- ◯ Hand/Fingers Rt Lt
- ◯ Hip Rt Lt
- ◯ Knee Rt Lt
- ◯ Ankle/Hindfoot Rt Lt
- ◯ Foot/Forefoot Rt Lt
- ◯ Abdomen
- ◯ MRCP
- ◯ Pelvis
- ◯ Prostate
  - ☐ Fusion Protocol
- ◯ Enterography
- ◯ MRA of: _____
- ◯ MR Arthrogram Rt Lt

  _____
- ◯ Other:

CT

CONTRAST
◯ Radiologist Discretion
◯ With ◯ Without

- ◯ Head
- ◯ Orbits
- ◯ Paranasal Sinus
  - ☐ Stealth/Brain Lab
  - ☐ Fusion
- ◯ Temporal Bones/ IAC
- ◯ Facial Bones
- ◯ Soft Tissue Neck
- ◯ Cervical Spine
- ◯ Thoracic Spine
- ◯ Lumbar Spine
- ◯ Extremity Rt Lt

  _____
- ◯ Chest
  - ☐ High Resolution
  - ☐ Super Dimension
- ◯ Cardiac Score
- ◯ Abdomen & Pelvis
  - ☐ CT Urogram
  - ☐ Stone Protocol
- ◯ Abdomen (only)
- ◯ Pelvis (only)
- ◯ CTA of: (all w & w/o)

  _____
- ◯ CT Arthrogram Rt Lt

  _____
- ◯ Other:

Advanced Imaging

- ◯ 3D Reconstruction

Ultrasound - General

- ◯ Thyroid
- ◯ Abdomen
- ◯ Right Upper Quadrant (Liver, Gallbladder, Rt Kidney, Pancreas)
- ◯ Left Upper Quadrant (Spleen, Lt Kidney)
- ◯ Aorta
  - ☐ Medicare Screening
- ◯ Pelvic Uterus/Ovaries (Check one below)
  - ☐ w/Transvaginal if indicated
  - ☐ Transvaginal only
  - ☐ Transabdominal only
- ◯ OB LMP_____ / EDD _____ (Check one below)
  - ☐ Less than 14 weeks w/ Transvaginal if indicated
  - ☐ More than 14 weeks
- ◯ OB Limited

  LMP_____ / EDD _____
- ◯ Renal
- ◯ Scrotum

Ultrasound - Vascular

- ◯ Carotid Doppler
- ◯ Upper Venous Doppler (arm)
  ☐ Rt ☐ Lt ☐ Bilat
- ◯ Lower Venous Doppler (leg)
  ☐ Rt ☐ Lt ☐ Bilat
- ◯ Upper Arterial Doppler (arm)
  ☐ Rt ☐ Lt ☐ Bilat
- ◯ Lower Arterial Doppler (leg)
  ☐ Rt ☐ Lt ☐ Bilat
  ☐ with ABI ☐ without ABI
- ◯ ABI Only

X-ray

*** Please have patient call to schedule X-ray appointment**
- ◯ Specify:

Women's Imaging

- ◯ Screening Mammogram

Spine Pain Management

- ◯ Epidural Steroid Injection
  - ☐ Cervical
  - ☐ Thoracic
  - ☐ Lumbar
- ◯ Specific Level _____ R / L
  - ☐ Facet Steroid Injection
  - ☐ Selective Nerve Root Block
  - ☐ Sacroiliac Joint Steroid Injection

Report Delivery

***Please call to schedule all STATs**
- ◯ STAT Fax - report in 2 hours

  Fax _____
- ◯ Call Report
  Radiologist will call referring doctor

  Backline/Cell _____

Standard report in 24-48 hours

Comparison Studies

- ◯ Location:

Insurance (Fax front and back of patient's card and any clinical information to 803.936.9202) Auth # (if referring obtaining): _____

Clinical Indications/Signs/Symptoms (required): _____

ICD-10 Code(s): _____

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

All MRI & CT patients receive a complimentary CD - All images available to doctors through our secure online PACS

REV: 11.2020

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

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 Readi-Cat, 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 eating prior to exam, please eat only a light meal or snack.
- If you have ever had any reaction to X-ray dye, please call us at 803.256.7646 ***prior*** to your exam.

Ultrasound

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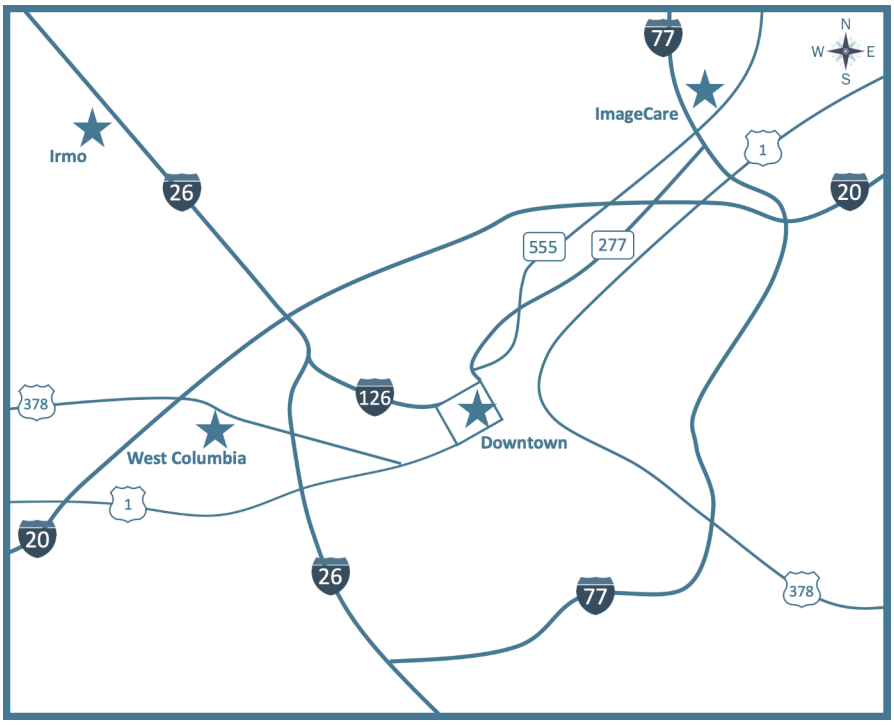
ACR American College of Radiology Accredited Facility



Palmetto Imaging - Downtown
Tax ID# 57-1013875 OCM# SC002
1331 Lady Street
Columbia, SC 29201

Palmetto Imaging at ImageCare - Northeast
Tax ID# 57-1017301 OCM# SC656
710 Rabon Road, Suite 100
Columbia, SC 29203

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