

**Bon Secours Radiology at Millennium**  
 2 Innovation Drive, Suite 350  
 Greenville, SC 29607  
 Phone: 864.675.4875

**Innervision at Grove**  
 1 Cannon Drive  
 Greenville, SC 29605  
 Phone: 864.242.2020  
 Fax: 864.240.5776

**Innervision at Eastside**  
 1 Marcus Drive, Suite 101  
 Greenville, SC 29615  
 Phone: 864.242.2020  
 Fax: 864.240.5776



Bon Secours Radiology at Millennium     Innervision at Grove     Innervision at Eastside

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Call to schedule? Y N  
 Mobile #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 Appointment date: \_\_\_\_\_ Appointment time: \_\_\_\_\_ Authorization: \_\_\_\_\_

MRI	CT	RADIOGRAPHIC PROCEDURES	ULTRASOUND
<b>CONTRAST:</b> <input type="radio"/> With <input type="radio"/> Without <input type="radio"/> With & w/o <input type="radio"/> If Needed <small>Recent Creatinine levels are required for ALL diabetic patients in addition to patients over age 50.</small> Creatinine: _____ Date Drawn: _____ Range: _____ <input type="radio"/> I-STAT Creatinine as needed.		<b>No appointment needed/ Walk-in service with this form</b> <input type="radio"/> Abdomen Series <input type="radio"/> Chest <input type="radio"/> Skull <input type="radio"/> Facial Bones <input type="radio"/> KUB <input type="radio"/> Scoliosis Survey <input type="radio"/> Spine <input type="radio"/> Nose <input type="checkbox"/> Cervical <input type="radio"/> Sinuses <input type="checkbox"/> Thoracic <input type="radio"/> Pelvis <input type="checkbox"/> Lumbar <input type="radio"/> Soft Tissue Neck <input type="radio"/> Extremities & Joints: _____ <input type="radio"/> Other (specify): _____ <input type="radio"/> Foot                        R   L <input type="radio"/> Hand                        R   L <input type="radio"/> Ribs                        R   L	<input type="radio"/> Abdomen <input type="radio"/> Gallbladder (Rt Upper Quadrant) <input type="radio"/> Renal (Kidneys & Bladder) <input type="radio"/> Pelvis <input type="checkbox"/> Transabdominal <input type="checkbox"/> Transvaginal <input type="checkbox"/> Both <input type="radio"/> Carotid Doppler <input type="radio"/> Breast <input type="radio"/> ABI <input type="radio"/> Arterial <input type="radio"/> Venous Doppler <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="radio"/> OB <input type="radio"/> Thyroid <input type="radio"/> Scrotum (with doppler) <input type="radio"/> Thyroid Biopsy <input type="radio"/> With Doppler <input type="radio"/> Breast Biopsy   R   L   Bilat
<input type="radio"/> Brain <input type="radio"/> Brain-Pituitary <input type="radio"/> MRA-Brain <input type="radio"/> MRA-Carotids w/wo <input type="radio"/> MRA Abdomen (Renals) <input type="radio"/> Soft Tissue Neck <input type="radio"/> Brain Seizure Protocol <input type="radio"/> Stroke Protocol (Brain, MRA Head, MRA Neck) <input type="radio"/> Brain-IAC w/wo <input type="radio"/> Brain-Orbits w/wo <input type="radio"/> Breast w/wo <input type="radio"/> Breast Biopsy        R   L   Bilat <input type="radio"/> Other (specify): _____ <input type="radio"/> C-spine <input type="radio"/> T-spine <input type="radio"/> L-spine <input type="radio"/> TMJ <input type="radio"/> MRCP <input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Shoulder                R   L   Bilat <input type="radio"/> Elbow                    R   L   Bilat <input type="radio"/> Hips                      R   L   Bilat <input type="radio"/> Wrist                     R   L   Bilat <input type="radio"/> Hand                     R   L   Bilat <input type="radio"/> Knee                     R   L   Bilat <input type="radio"/> Midfoot/Forefoot    R   L   Bilat <input type="radio"/> Ankle/Hindfoot      R   L   Bilat <input type="radio"/> MR Arthrography    R   L   Bilat	<b>Perform 3-D Reconstruction (if necessary)</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Brain <input type="radio"/> Orbits <input type="radio"/> Paranasal Sinus <input type="radio"/> C-spine <input type="radio"/> L-spine <input type="radio"/> T-spine <input type="radio"/> Abd/Pelvis Stone Protocol <input type="radio"/> Urogram (w & wo) <input type="radio"/> Dedicated Studies (all w & wo) <input type="radio"/> Adrenal <input type="radio"/> Liver <input type="radio"/> Pancreas <input type="radio"/> Knee <input type="radio"/> Renal <input type="radio"/> Chest <input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Enterography <input type="radio"/> Myelogram of the ___spine with CT myelogram of the ___spine <input type="radio"/> Neck, Soft Tissue <input type="radio"/> Temporal Bones <input type="radio"/> Facial Bones <input type="radio"/> Dental Implants <input type="radio"/> Other (specify): _____	<b>NUCLEAR MEDICINE</b> <input type="radio"/> Bone Scan Whole body, 3 phase & spect <input type="radio"/> Brain (spect) <input type="radio"/> Gastric Emptying <input type="radio"/> Hepatobiliary <input type="radio"/> Gallbladder Eject. Faction <input type="radio"/> Lung, V/Q and Quant. <input type="radio"/> I-123 Thyroid scan & uptake <input type="radio"/> White Blood Cell labeling for infection or tumor <input type="radio"/> Parathyroid <input type="radio"/> Liver spect <input type="radio"/> Renal <input type="radio"/> Renograms <input type="radio"/> Liver/Spleen	<b>MAMMOGRAPHY</b> <input type="radio"/> Diagnostic <input type="checkbox"/> Bi <input type="checkbox"/> Uni <input type="checkbox"/> L <input type="checkbox"/> R <input type="radio"/> Screening <input type="checkbox"/> Bi <input type="checkbox"/> Uni <input type="checkbox"/> L <input type="checkbox"/> R <input type="radio"/> Biopsy <input type="checkbox"/> US <input type="checkbox"/> MRI <input type="radio"/> Stereotactic <input type="checkbox"/> Cyst Aspiration <input type="radio"/> Screening at Radiologist discretion, additional mammography views, Ultrasound, Breast MRI, or Breast Biopsy may be done the day of screening or at a later date.
<b>FLUOROSCOPY</b> <input type="radio"/> IVP <input type="radio"/> KUB <input type="radio"/> Barium Swallow <input type="radio"/> Upper GI (includes limited esophogram) <input type="radio"/> Small Bowel Follow Through <input type="radio"/> Barium Enema <input type="radio"/> Air Contrast Barium Enema	<b>VASCULAR CT</b> <b>With contrast or W/WO according to site protocol</b> <b>Aneurysm Protocol</b> <input type="radio"/> CTA Chest: Thoracic Aorta <input type="radio"/> CTA Abdomen: Abdominal Aorta <input type="radio"/> CTA Abdomen and Pelvis <b>Carotid Artery Protocol</b> <input type="radio"/> CTA Carotids <b>CT Runoff</b> <input type="radio"/> CTA Abdomen, Pelvis & Extremities <b>Head</b> <input type="radio"/> CTA Head <b>Mesenteric Artery Protocol</b> <input type="radio"/> CTA Chest w/contrast <b>Renal Artery Protocol</b> <input type="radio"/> CTA Abdomen	<b>BONE DENSITOMETRY</b> <input type="radio"/> Bone Mineral Densitometry (DEXA) <input type="radio"/> Bone Length Study	<b>REPORT DELIVERY</b> <input type="radio"/> STAT Fax <input type="radio"/> Fax#: _____ <input type="radio"/> Call Report <input type="radio"/> Cell or backline #: _____
<b>SCREENINGS</b> <input type="radio"/> Cardiac Score \$99 <input type="radio"/> Carotid IMT \$99		<b>IMAGE DELIVERY</b> <input type="radio"/> CD <input type="radio"/> Send with patient <input type="radio"/> Courier to office	

Insurance (Please fax front and back of patient's card and any clinical information to 877.765.7729)

Clinical indications/Signs/Symptoms: \_\_\_\_\_

Provider name (printed): \_\_\_\_\_ Provider signature: \_\_\_\_\_

Office phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

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

# PATIENT INSTRUCTIONS

BRING THIS ORDER WITH YOU TO YOUR SCHEDULED EXAM

VISIT US ONLINE AT [WWW.SCDIAG.COM](http://WWW.SCDIAG.COM) FOR DRIVING DIRECTIONS AND TO LEARN MORE ABOUT OUR IMAGING FACILITY AND SERVICES.

## Attention Patient: See instructions below

It is important that you read carefully the instructions checked below for appropriate study prep.  
If you are pregnant or think you might be pregnant, notify your your physician or the imaging center BEFORE the examination.  
A pregnancy test may be required before the examination.

### NUCLEAR MEDICINE

No special instructions, except:

- Gallbladder Studies
  - Do not eat or drink 8 hours prior.
- Bone scans-require an injection and then returning in 3 hours.
- Thyroid scans-off thyroid meds and no previous contrast 4 weeks prior to exam. No food or drink 6 hours prior to study.

### MAMMOGRAM

- Wear two-piece outfit. DO NOT WEAR any powder, lotion, or deodorant.

### COMPUTED TOMOGRAPHY (CT)

- Any abdominal CT with IV contrast no food 2 hours prior.
- For Cardiac Scoring exams, no caffeine or vigorous activity 4 hours prior.

### ABDOMINAL ULTRASOUND

- Do not eat or drink anything after midnight before the examination.

### PELVIC ULTRASOUND (TRANSABDOMINAL)

- Before drinking clear liquids (32-48 fluid ounces) 1 hour before examination. A FULL BLADDER IS REQUIRED FOR THIS PROCEDURE.

### UPPER GI SERIES/ESOPHAGUS/SM. BOWEL SERIES

- Do not eat or drink anything including water after midnight before the examination.

### COLON (BARIUM ENEMA)

- Follow 48 hour prep kit. Can be obtained at the imaging center.

### Myelogram

- A driver MUST drive you home.
- Contact the facility for further questions.

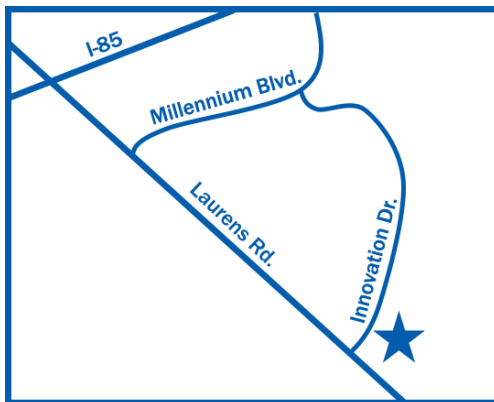
### MAGNETIC RESONANCE IMAGING EXAMS (MRI)

- No prep for MRI exams.
- MRI cannot be performed on patients with a Cardiac Pacemaker, some Cardiac Valves and Stents, Otologic Implants, Implanted neurostimulator, non-titanium aneurysm clips in head pregnancy (in some cases).
- Please bring any relevant outside X-rays or other exams for correlation. This is especially important for Spine and Musculoskeletal MRI exams.

Innervation policy includes phoning all patients prior to appointment time: if no contact has been made please call before your scheduled appointment.  
Notify staff of any prior studies performed elsewhere and/or any history of contrast reaction.  
If you have any questions regarding current medications or insurance, please contact our office.

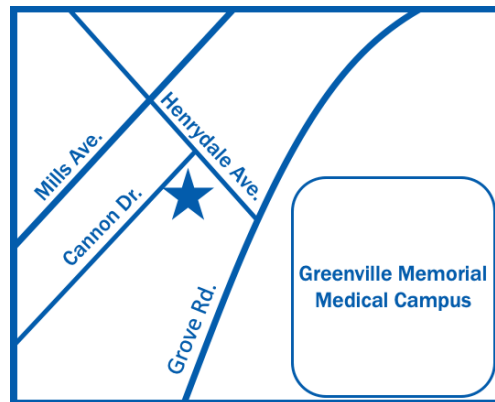
## LOCATIONS & DIRECTIONS

### Bon Secours Radiology at Millennium



2 Innovation Drive, Suite 350  
Greenville, SC 29607  
864.675.4875 **Phone**

### Innervation at Grove

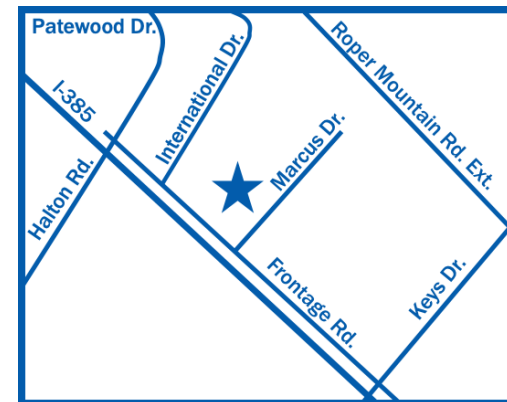


1 Cannon Drive  
Greenville, SC 29605  
864.242.2020 **Phone**

Coming from Mills Avenue (Church Street) make left on Henrydale Avenue towards the hospital. Take the first right onto Cannon Drive, Innervation can be seen immediately on left.

Coming from Grove Road, turn on Henrydale away from the hospital, then turn left onto Cannon Drive across from Wendy's.

### Innervation at Eastside



1 Marcus Drive, Suite 101  
Greenville, SC 29615  
864.242.2020 **Phone**

Coming from I-385 North, take exit 37 and turn right onto Roper Mountain Road. Make first left onto Frontage Road, facility will be on right in about one mile.

Coming from I-385 South, take exit 37 and turn left onto Roper Mountain Road. At second stoplight turn left on Frontage Road, Innervation will be located on right in about one mile.