



Tax ID: 571013875

Phone: 843.916.1700 • Fax: 843.916.9460



Mobile #: _____ Alternate # _____ Call to schedule? Y N

Appointment date: _____ Appointment time: _____

[illegible]

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

REV: 01.29.2020

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.

MRI (Magnetic Resonance Imaging)

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

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
- An aneurysm clip
- Any metallic 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 have been given Read-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.

We suggest refrigerating the prep. Please shake well before drinking.

If eating prior to exam, please eat only a light meal or snack.

You will need to pick up your prep 24 hours prior to your appointment time.

If you have ever had any reaction to X-ray dye, please call us at 843.916.1700 PRIOR to your exam.

On the day of your exam, please drink your oral prep as directed below:

- Drink the first bottle of Read-Cat 2 hours before your scheduled appointment time.
- Drink the second bottle 1 hour before your scheduled appointment time.

Ultrasound

Abdomen, Right Upper Quadrant, Renal and Aorta:

- Nothing to eat or drink after midnight or 6 hours prior to exam.
- Full bladder required. All must drink 32 oz. of water 1 hour prior to exam (if on a fluid restricted diet, please contact the office for other instructions).

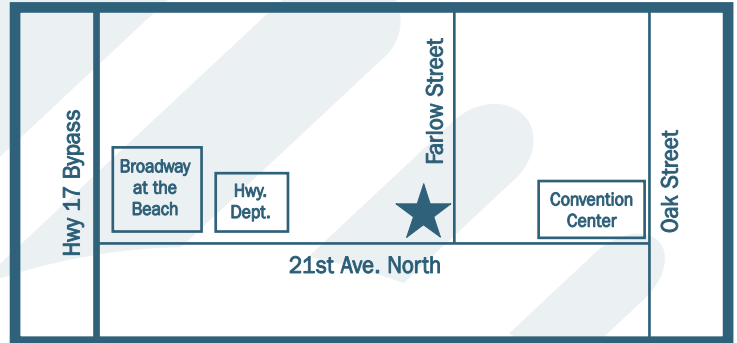
Center information

★ Long Bay Diagnostic Imaging
www.SCDiag.com

900 21st Avenue N.
Myrtle Beach, SC 29577

Phone: 843.916.1700

Fax: 843.916.9460



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