

900 21st Ave. N. | Myrtle Beach, SC 29577 Tax ID: 571013875

Phone: 843.916.1700 • Fax: 843.916.9460

Patient's name:		DOB:	
Mobile #:	Alternate #	Call to schedule? Y N	
Appointment date:	Appointment time:		CREDITED FA

MRI	СТ	Ultrasound	X-ray
CONTRAST: OW & W/O C OW/O ORadiologist Dis		O Abdomen Complete (organs above umbilicus)	O Chest O KUB
 O Brain O Brain IACs O Brain Pituitary O Orbits O Soft Tissue Neck O TMJ O Cervical Spine O Thoracic Spine O Lumbar Spine O Sacrum O Shoulder R L O Elbow R L O Wrist R L O Hand R L O Hip R L 	 O Head O Orbits O Temporal Bones/IACs O Facial Bones O Paranasal Sinus O Paranasal Sinus Stereotactic O Stealth O Fusion O Stryker O Soft Tissue Neck O Chest O Hi Res Chest O Abdomen & Pelvis OStone Protocol O Urogram 3D 	 (organs above unblicus) Right Upper Quadrant (Liver, Gallbladder, Rt. Kidney, Pancreas) Left Upper Quadrant (Spleen, Lt. Kidney) Pelvis (Female only) O Transabdominal O Transvaginal O Renal (Kidneys & Bladder) O Aorta O Thyroid O Scrotum O Groin O Soft Tissue: 	 O KUB O Abd - Supine & Upright O Abd Series (incl. PA CXR) O Cervical O Flexion/Extension O Thoracic O Lumbar O Flexion/Extension O Flexion/Extension O Pelvis O Ribs O Hip R L O Shoulder R L O Wrist R L O Hand R L O Knee R L
O Knee R L O Ankle R L O Foot R L O Abdomen O Pelvis O Enterography O MRCP O Other:	 O Enterography O Dedicated Studies (all w & w/o) OAdrenal OPancreas OLiver ORenal CT Angiography (CTA) O Chest/PE Protocol O Abdomen/Pelvis-Renal O Head ONeck 	Location: Other: Vascular O Carotid Doppler O Lower Venous Doppler R L B O Upper Venous Doppler R L B	O Foot R L O Other: REPORT DELIVERY O STAT Cell or backline: O Call Report
MR Angiography (MRA) O MRA Head O MRA Carotid O MRA Abdomen O MRA Renal O MRA Aorta O Other:	 Chest/Aorta Abdomen/Pelvis/Aorta Spine W/3D Recon Y N Cervical O Thoracic Lumbar Other OCardiac Score OExtremity - Body Part: R L 	IMPLANT Pacemaker (no MRI) Neurostimulator Other: Brand: Serial #:	Cell or backline: Standard report in 24-48 hours. COMPARISON STUDIES O Location:

Insurance (Please fax front and back of patient's card and any clinical information to 843.916.9460)

Clinical indications/Signs/Symptoms:

Provider name (printed):

Office phone:

Provider signature:

Date:

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 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.

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 Readi-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

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