OUTPATIENT DIAGNOSTIC CENTER

Phone 256.534.5600
Fax 256.532.2420

☐ **Routine**
☐ **STAT– Phone for Call Report** _____
If STAT order please call for scheduling
☐ **Call patient to schedule**

☐ **HUNTSVILLE** 115 St. Clair Ave SE
☐ **MADISON** 398 Hughes Road
☐ **ATHENS** 22281 US HWY 72 East

TAX ID 63-1280228

PATIENT INFORMATION

Patient Name: _____
Date of Birth: _____
Home / Cell: _____ / _____
Appointment Details: Date: Time:

INSURANCE INFORMATION

Insurance: _____
Policy Number: _____
Group Number: _____
Authorization Number:

PROVIDER INFORMATION

Provider Name: _____
Signature: _____
Phone / Fax: _____ / _____

DIAGNOSIS / HISTORY / SPECIAL INSTRUCTIONS

_____
_____
_____

MRI

☐ With Contrast ☐ Without Contrast ☐ With/Without Contrast
☐ Radiologist Discretion ☐ Right ☐ Left ☐ Bilateral

☐ Brain
☐ Orbits
☐ IAC's
☐ Pituitary
☐ Soft Tissue Neck
☐ Brachial Plexus
☐ Sacrum
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Abdomen
☐ Pelvis
☐ Kidney
☐ Liver
☐ Adrenals
☐ MRCP
☐ MRA Neck
☐ MRA Head
☐ MRA Renals
☐ MRV Head

☐ EXTREMITY: _____
☐ OTHER: _____

CT

☐ With Contrast ☐ Without Contrast ☐ With/Without Contrast
☐ Radiologist Discretion ☐ Right ☐ Left ☐ Bilateral

☐ Brain / Head
☐ IAC's
☐ Orbits / Face
☐ Temporal Bones
☐ Sinus
☐ Soft Tissue Neck
☐ Chest ☐ High Res
☐ Cervical Sp
☐ Thoracic Sp
☐ Lumbar Sp
☐ Abdomen
☐ Pelvis
☐ Abd/Pelvis
☐ Renal/UTS Stone (wo)
☐ CT Myelogram
☐ Urogram
☐ CTA Head
☐ CTA Carotids
☐ CTA Chest
☐ CTA Renals
☐ CTA Runoff

☐ EXTREMITY: _____
☐ OTHER: _____

ULTRASOUND

Pelvic exams are performed w/TVP if needed, unless otherwise specified

☐ AAA Screening
☐ Aortic Abdomen
☐ Abdomen Complete
☐ Abdomen Limited
☐ Renal (Bladder)
☐ Pelvic
☐ OB 1st Trimester
☐ OB 2/3 Trimester
☐ Scrotum
☐ Transvaginal
☐ Soft Tissue
☐ Carotid
☐ Thyroid
☐ Renal Artery Doppler
☐ ABI (Athens Only)
☐ ABD w/Heptic Artery Doppler(Athens Only)

☐ Arterial Doppler– Leg ☐ Bilateral ☐ Unilateral: ☐ Right ☐ Left
☐ Arterial Doppler– Arm ☐ Bilateral ☐ Unilateral: ☐ Right ☐ Left
☐ Venous Doppler– Leg ☐ Bilateral ☐ Unilateral: ☐ Right ☐ Left
☐ Venous Doppler– Arm ☐ Bilateral ☐ Unilateral: ☐ Right ☐ Left
☐ Breast ☐ Limited ☐ Complete ☐ Right ☐ Left

☐ OTHER: _____

XRAY

☐ W/Flexion/Extension ☐ Weight Bearing ☐ Right ☐ Left ☐ Bilateral

☐ Skull
☐ Facial Bones
☐ Nasal Bones
☐ Sinus Series
☐ Chest ☐ Single View
☐ Ribs
☐ Abdomen (KUB)
☐ Abdomen (Acute Series)
☐ Pelvis
☐ Scoliosis Study
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Sacrum/Coccyx
☐ Clavicle
☐ Shoulder
☐ Humerus
☐ Elbow
☐ Forearm
☐ Wrist
☐ Hand
☐ Finger
☐ Hip
☐ Femur
☐ Knee
☐ Tib/Fib
☐ Ankle
☐ Foot
☐ Toe

☐ OTHER: _____

MAMMOGRAPHY

☐ Screening ☐ Diagnostic ☐ 3D/Tomography
☐ Bilateral ☐ Unilateral: Right ☐ Unilateral: Left ☐ Implants

Additional mammography views and/or breast ultrasound may be performed as deemed medically necessary by the radiologist.

BONE DENSITY

☐ DEXA
Bone Densitometry

FLUOROSCOPY

☐ Right ☐ Left ☐ Bilateral
☐ Barium Swallow
☐ Upper GI
☐ Small Bowel
☐ Arthrogram: _____
☐ Myelogram ☐ C ☐ T ☐ L

☐ OTHER: _____

HUNTSVILLE

HIGH FIELD MRI (500LB)
CT SCAN (400LB)
ULTRASOUND
XRAY
FLUOROSCOPY
MAMMOGRAPHY
3D TOMOSYNTHESIS
BONE DENSITY

MADISON

HIGH FIELD OPEN MRI (660LB)
CT SCAN (450LB)
ULTRASOUND
XRAY
MAMMOGRAPHY
3D TOMOSYNTHESIS
BONE DENSITY

ATHENS

HIGH FIELD MRI (550LB)
CT SCAN (450LB)
ULTRASOUND
XRAY
FLUOROSCOPY
MAMMOGRAPHY
BONE DENSITY

EXAM PREPARATION

Patient should arrive 15 minutes before the set appointment time to register

MRI

- Patient with any implanted metal or condition they feel may be a contraindication for an MRI, may call and speak with an MRI technologist
- NO PACEMAKERS or ANEURYSM CLIPS

CT SCAN

For CT scans with IV contrast, labs must be obtained within the last 30 days. Labs will be performed at time of exam if no labs are available.

ABDOMEN and/or PELVIS (With Contrast)

- Patient should arrive 30 minutes prior to appointment time to drink oral contrast.
- Patient cannot eat or drink anything 4 hours before the procedure
- Patient should not smoke after midnight the night before the procedure

HEAD and/or CHEST (With Contrast)

- Patient cannot eat anything 4 hours before the procedure
- Patient may have a liquid breakfast and medicines with a small amount of water

SINUS/SPINE/EXTREMITY/IAC'S

- There are no dietary restrictions for these procedures

MAMMOGRAMS

- Patient should bring previous mammogram films with them to appointment
- Patient should not wear any deodorant, perfumes, lotions, or powders
- It is best for patients to wear two-piece clothing

ULTRASOUND

ABDOMEN (Gallbladder, Liver, Pancreas)

- Patient should not eat or drink for 6-8 hours before the procedure
- Patient should not smoke after midnight the night before the procedure

OB (FIRST TRIMESTER) OR PELVIC

- Patient should finish 32oz of water one hour prior to procedure
- First Trimester OB & Pelvic patient MUST have a FULL bladder for exam

RENAL

- Patient must be well hydrated. Drink non-carbonated liquids until exam