PROFESSIONAL IMAGING CENTERS

SUPERIOR DIAGNOSTIC IMAGING SERVICES

☐ **1343 S. International Pkwy, Suite 1351**
Lake Mary, FL 32746
Ph: 407-304-1000 Fax: 407-304-1001

☐ **7806 Lake Underhill Rd. Suite 101**
Orlando, FL 32822
Ph: 407-608-6800 Fax: 407-608-6747

☐ **911 E. Oak Street, Suite A**
Kissimmee, FL 34744
Ph: 407-847-3070 Fax: 407-847-2723

Patient's Name_____ Date of Birth_____ Today's Date_____ SSN:_____

Phone # (Home)_____Phone # (Work)_____Phone # (Cell)_____

Diagnosis / Symptoms:_____

❖ **Must select one for CT and MRI exams:** ☐ **With/Without Contrast** ☐ **With Contrast** ☐ **No Contrast**

MRI

☐ **Contrast at Radiologist's Discretion**

- ☐ Brain
- ☐ Chest
- ☐ Cervical
- ☐ Thoracic
- ☐ Soft Tissue Neck
- ☐ Lumbar
- ☐ IAC's - W/O & W Only
- ☐ Pituitary - W/O & W Only
- ☐ Orbits
- ☐ Shoulder ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Extremity ☐ R ☐ L
  Extremity _____
- ☐ Pelvic
- ☐ Abdomen
- ☐ MRCP (Abdomen & MRCP)
- ☐ Other:

MRA

With & Without Contrast

- ☐ Carotid
- ☐ Brain - Without Only
- ☐ Renal
- ☐ Other:

CT

☐ **Contrast at Radiologist's Discretion**

- ☐ Brain
- ☐ Orbit
- ☐ Sinus
- ☐ Soft Tissue Neck
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Chest
- ☐ Abdomen
- ☐ Abdomen/Pelvis (Kidney Stone)
- ☐ Pelvis
- ☐ Extremity_____ ☐ R ☐ L
  Extremity _____
- ☐ Other:

CTA

☐ With ☐ W/O & W Contrast

- ☐ Chest

HOLTER

- ☐ 24 Hour Holter Monitor

ECHOCARDIOGRAM ULTRASOUND

- ☐ ECHO Doppler E/F PAH
- ☐ ECHO Doppler Complete
- ☐ Other:

ULTRASOUND

- ☐ Carotid Doppler
- ☐ Venous Doppler ☐ R ☐ L
  Venous Doppler ☐ Lower ☐ Upper
- ☐ Arterial Doppler ☐ R ☐ L
  Arterial Doppler ☐ Lower ☐ Upper
- ☐ Abdominal Complete
- ☐ ABD Single Organ _____
- ☐ Breast ☐ R ☐ L
- ☐ Renal Doppler
- ☐ Renal Ultrasound
- ☐ Thyroid
- ☐ Aorta
- ☐ OB - 1st Trimester
- ☐ OB - After 1st Trimester
- ☐ Pelvic - Transabdominal
- ☐ Pelvic - Transvaginal
- ☐ Prostate
- ☐ Testicular
- ☐ Soft Tissue _____
- ☐ Extremity
- ☐ Other:

X-RAY

- ☐ Chest
- ☐ Rib Series ☐ R ☐ L
- ☐ ABD Series 1V(Stones)
- ☐ ABD Series 2V(Obstruction)
- ☐ Sternum
- ☐ Clavicle ☐ R ☐ L
- ☐ Shoulder ☐ R ☐ L
- ☐ Humerus ☐ R ☐ L
- ☐ Forearm ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Skull
- ☐ Nasal Bone
- ☐ Sinus
- ☐ Shunt
- ☐ Bone Age Study
- ☐ Skeletal Bone Survey
- ☐ Scoliosis
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Pelvis
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Other: ☐ ☐

☐ **CREATININE DRAW** *(Available on site)* We require Creatinine Levels less than 90-days old on patietnts who are DIABETIC, over 60 or have RENAL INSUFFICIENCY before contrast injections in CT and MRI. **CREATININE LEVEL**_____ **DATE DRAWN**_____

Special Comments and Request :

I hereby authorize Professional Imaging Centers-VIP Scheduling to act on my behalf to obtain any and all authorizations needed for the above named patient. I hereby certify that the tests ordered are medically necessary for the diagnosis and treatment of this patient.

Practice Name: _____

Physician's Name: _____**Physician's Signature** _____

ON THE DAY OF YOUR EXAM

- **Please arrive 15 to 20 minutes in advance for your scheduled appointment.**
- **Your Driver's License or photos ID, script and insurance card will be required.**
- **Please bring any prior exams and/or films related to your appointment if test was not completed at Professional Imaging Centers.**
- **Any co-payment and / or deductible are due at the time of service.**

MRI PREPARATIONS

Please alert the staff if you have a pace maker, impaired kidney function, are taking oral medication to control your diabetes or if you have had surgery in the last 8 weeks. For patients 60 years of age or older, evaluation of proper renal function, patients with IV contrast exams, screening for BUN and Creatinine levels are required. Patients of any age with prior history of Diabetes, Kidney dysfunction and/or High Blood Pressure must also be screened for BUN and Creatinine levels. If there is any question about internal metal fragments, you may be asked to have an x-ray that will detect any such objects. Tooth fillings and braces may distort images of facial area or brain, so the technologist should be made aware of them. The removal of all valuables is recommended for this exam and will be stored in a locker. Patients will be asked to change into a gown.

Patients scheduled for IV contrast, abdomen or pelvic exams will be asked to not eat for 4 hours prior to your appointment.

Female patients: Please do not wear makeup, jewelry, or any hair accessories (hairclips, etc.).

CT PREPARATIONS

Please alert the staff if you are allergic to iodine, have impaired kidney function, have had surgery in the last 8 weeks or are taking oral medication to control your diabetes. . For patients 60 years of age or older, evaluation of proper renal function, patients with IV contrast exams, screening for BUN and Creatinine levels are required. Patients of any age with prior history of Diabetes, Kidney dysfunction and/or High Blood Pressure must also be screened for BUN and Creatinine levels.

Patients scheduled for IV contrast, abdomen or pelvic exams will be asked to not eat for 4 hour prior to your appointment and may be asked to drink an oral contrast. Our staff will notify you if oral contrast is required.

ULTRASOUND PREPARATIONS

ABDOMINAL: You should not eat 6 hours before your exam.

AORTA: Clear liquids starting at 12:00 noon the day before. You should not eat 6 hours before your exam.

BREAST: Avoid using deodorant, powder, perfume or lotion on your upper body area. You will need to replace your blouse and bra with a gown; therefore you may be more comfortable in a two-piece outfit.

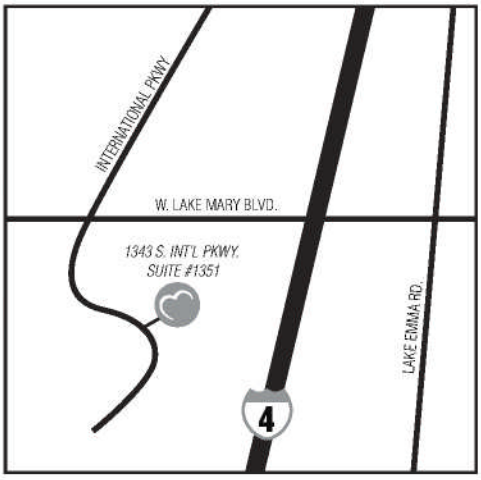
1st TRIMESTER OB/PELVIC: Drink 32 ounces of water 1-hour before exam. DO NOT EMPTY BLADDER until test is completed

MAMMOGRAM PREPARATIONS

In some women, caffeine-containing products (such as coffee, cola, and chocolate) could make the breasts more tender. For this reason, women who are sensitive to caffeine should stop caffeine consumption for 2 weeks before the test.

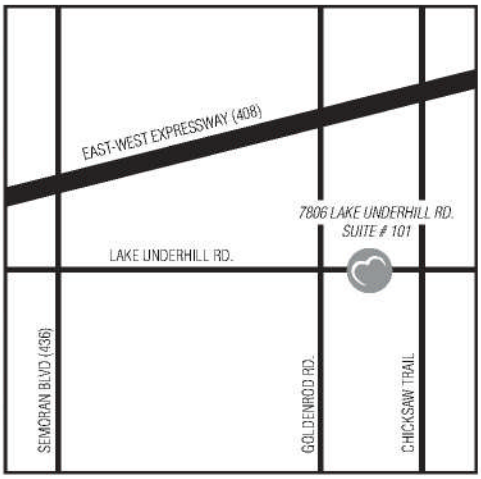
Avoid using deodorant, powder, perfume or lotion on your upper body area. You will need to replace your blouse and bra with a gown; therefore you may be more comfortable in a two-piece outfit.

**** If this is not your first breast screening, the radiologist requires your previous mammogram or breast ultrasound for comparison, even if they were performed at another medical center. You can request that these results be delivered to us before your mammogram or breast ultrasound appointment. ****



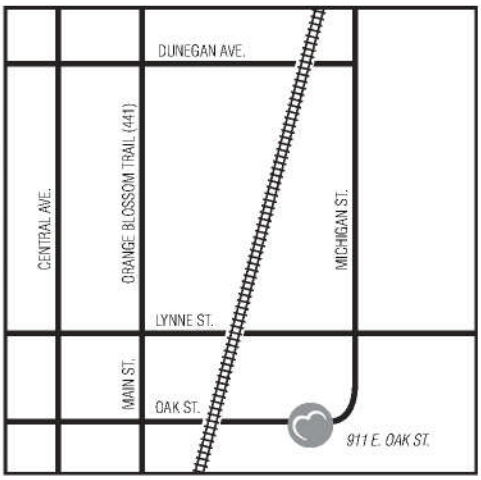
LAKE MARY/HEATHROW

(FORMERLY HEATHROW IMAGING SITE)



LAKE UNDERHILL/ORLANDO

(ACROSS FROM FLORIDA HOSPITAL EAST)



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