



INDEPENDENCE PARK	 SOUTHPOINT 		
Patient's name:		DOB:	APPROPRIATE USE CRITERIA (AUC) ** REQUIRED **
Mobile #:	Alternate #:	Call to schedule? Y N	HCPCS Mod Code:
Appointment date:	Appointment time:		HCPCS Code/G Code:
Insurance:	Authorization:		<u>G</u>
O MRI (Southpoint) Open Bore MRI (Southpoint)			
○ 3T Open Bore MRI (Independence Park) ○ CT		RADIOGRAPHIC PROCEDURES	Ultrasound
CONTRAST: \bigcirc With \bigcirc Without \bigcirc With & W/O \bigcirc If Needed		X-rays performed on a walk-in basis. No appointment necessary.	 Abdomen Complete Abdomen Limited
Creatinine: Date Drawn: Range: O I-STAT Creatinine as needed.		 Abdomen- 1 view supine (KUB) 	
MRI	СТ	 Abdomen- 2 views supine & 	□ Single Organ
 Arthrogram Abdomen* Adrenals* Liver* Renal* Ankle* L R (to include hindfoot)* Foot* L R Hindfoot to Midfoot* Midfoot to Forefoot* Brachial Plexus* L R Brain* Orbits IAC Pituitary CFS Study NeuroQuant Breast MRI Breast MRI Breast MRI Biopsy L R Enterography Hand/Finger* L R Hips* L R MRA - Abdominal Aorta 	Head ○ Facial Bones ○ Head ○ CTA Head - Circle of Willis ○ Full Routine Sinus ○ Orbits ○ Paranasal Sinus Stereotactic Protocol: □ Stealth □ Fusion □ Stryker Temporal Bones ○ Neck - Soft Tissue ○ CTA Neck - Carotid Arteries ○ CTA Head/Neck-Pulsatile Tinnitus Chest CT (w/ or w/o only) ○ Chest ○ Chest - Hi Res/Interstitial Lung ○ CTA Chest - Pulmonary Embolus ○ CTA Chest/Abdomen - Aorta	upright AC Joints Acute Abdominal Series (3 views) Ankle Bone Survey Calcaneus (heel) Calca	 Aorta Appendix Breast Bilateral L R Carotid OB 1st Trimester (Transabdominal /transvaginal as needed) 2nd Trimester Pelvic (Transabdominal and transvaginal as needed) 3rd Trimester Pelvic (Transabdominal and transvaginal as required) Renal/Bladder Testicular (Scrotum) (doppler for arterial inflow and venous outflow as required) Thyroid (Neck) Venous Lower Ext L R Upper Ext L R Other
 MRA - Brain (Circle of Willis)* MRA - Carotids (Cervical) MRA - Thoracic Aorta MRCP - (MR Cholangiogram) Pelvis* Shoulder* L R Soft Tissue Neck (structures other than c-spine) Spine* C-Spine* T-Spine* CSF Flow Study L-Spine* TMJ* Wrist* L R Prostate Other* (specify) FLUORO PROCEDURES Arthrogram Type Barium Enema Chest Fluoroscopy Esophagus Barium Swallow Modified (Barium Swallow) Small Bowel Series 	Abdomen/Pelvis Enterography Routine Renal Mass Protocol Stone Protocol Abdomen Only, No Pelvis Pelvis Only, No Abdomen Spine (w/Sagittal/Coronal Reconstruction) Cervical O Thoracic O Lumbar Extremity Upper R Lower R CTA Run off Specialty Exams Coronary Calcium Scoring (only offered at Southpoint location) Perform 3-D, SAG, COR Reconstruction (if necessary): Yes No Yes No Other CT Lung Screening Asymptomatic Age 55-77 Years:	 Neck, Soft Tissue Orbits Pelvis Ribs L R Sacrum/Coccyx Scapula L R Scoliosis Series Shoulder L R SI Joints Skull Spine Standing	 Screening - 3D Mammo Diagnostic if needed Ultrasound if needed Diagnostic - Bilateral (To include US if needed) Unilateral L R (To include US if needed) Reason Ultrasound Y STAT Breast MRI Stereotactic / Ultrasound Breast Biopsy L R Breast MRI Biopsy L R Other STAT - Please call center directly to schedule a STAT Routine Call Report Contact Phone #: SEND IMAGES
 Upper GI Series Other 	Former Smoker: If former smoker, how many years since patient quit?	DEXA/BONE DENSITOMETRY O Bone Density Diagnosis:	 To Referring Provider To Referring Provider w/pt. Powershare:

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

Fax:

Clinical	indications/	Signs/	Symptom	s:

Provider name	(printed):
---------------	------------

Office phone:

Provider signature:

PATIENT INSTRUCTIONS

BRING THIS ORDER WITH YOU TO YOUR SCHEDULED EXAM

VISIT US ONLINE AT DurhamDiagnosticImaging.COM FOR DRIVING DIRECTIONS AND TO LEARN MORE ABOUT OUR IMAGING FACILITY AND SERVICES.

Center Information

Independence Park



4323 Ben Franklin Blvd. Durham, NC 27704 (919) 471-4840 Phone | (919) 471-9345 Fax

COMPUTED TOMOGRAPHY (CT)

Brain/Neck/Chest

Nothing to eat or drink for 1 hour before exam,

□ Abdomen/Pelvis

Nothing to eat for 4 hours or drink for 90 minutes before exam.

CT Enterography

NPO 12 hours prior. Clear liquids (non carbonated) only after midnight. Check in 1 hour prior (CANNOT pickup contrast ahead of time). Wear comfortable, warm clothing (no metal).

ALL OTHER STUDIES REQUIRE NO PREPARATION.

MAGNETIC RESONANCE IMAGING (MRI)

No prep for MRI exam. 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.

- MRI Enterography NPO 6 hours
 - Arrive 1 hour prior to drink contrast
- MRI Abdomen
- NPO 4 hours

ULTRASOUND

□ Abdomen/Gallbladder

For morning appointments, nothing by mouth after midnight. For all other appointments, nothing by mouth 5 (five) hours prior to examination.

- □ Kidneys no prep.
- □ **Aorta** Nothing to eat or drink 4 (four) hours before the examination.
- Appendix No prep.
- D Pylorus Bring bottle of Pedialyte. Hold last feeding 2 (two) hours.
- Thyroid No prep.
- □ Carotid Artery No prep.
- □ **Testicle** No prep.
- □ Venous Doppler No prep.
- □ Breast No prep.
- Pelvic

1. Complete drinking four 8oz. glasses of water 1 (one) hour before scheduled examination.

2. Do not empty bladder until after exam.

□ **OB**

1st and 2nd Trimester: Same as Pelvic. 3rd Trimester: 16 oz. water 1 (one) hour before exam. Hold bladder.

Coronary Calcium Scoring

No caffeine, calcium supplements or exercise 4 hours prior to the exam.



5107 Southpark Dr. Ste 101 Durham, NC 27713 (919) 544-7199 **Phone** (919) 544-2621 **Fax**

FLUOROSCOPY

- Barium Swallow
- No prep.
- Nothing by mouth after midnight.
- □ Small Bowel
- Nothing by mouth after midnight.
- D Barium Enema Bowel Preparation with Miralax and Dulcolax
- ONE DAY BEFORE THE EXAM: You will need to purchase from the pharmacy: (4) Dulcolax 5 mg oral laxative tablets (not suppositories), one 238 gram bottle of Miralax (available without a prescription), and a 64 oz bottle of Gatorade or Crystal Light. Refrigerate the bottle of Gatorade or Crystal Light, as the solution is more palatable if cold.

****Diabetic Patients please use Crystal Light****

Drink only clear liquids for breakfast, lunch and dinner. Clear liquids include strained fruit juices without pulp (apple, white grape, and lemonade), water, clear broth or bouillon, coffee, tea, Gatorade, sodas, Jell-O, and ice popsicles. NOT ALLOWED: Solid foods, milk or milk products, red or purple liquids.

3:00pm -Take 4 Dulcolax 5 mg oral tablets

5:00pm -Mix 238 gram bottle of Miralax in 64 oz of Gatorade or Crystal Light. Shake or stir the solution until the Miralax is dissolved. Drink an 8oz glass every 10-15 minutes until the solution is gone. If you become nauseated, please slow down drinking the solution and the nausea should pass.

7:00pm – 9:00pm-Drink at least 8 fl.oz of clear liquid every hour. Please note that the more clear liquid that you are able to drink; the more likely you are to have a good preparation.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT

DAY OF EXAM You may take Heart Medications including Blood Pressure Medication as directed by your Physician.

MAMMOGRAPHY

Please wear a two-piece outfit. No underarm deodorant, antiperspirant, perfume, or powder on the day of the exam.

DEXA PREP

Do not take calcium supplements 24 hours prior to appointment.

PEDIATRIC EXAMINATION

Call Durham Diagnostic Imaging, 919-479-XRAY (9729), for instructions.



Durham Diagnostic Imaging Independence Park | Southpoint DurhamDiagnosticImaging.com