



INDEPENDENCE PARK	<ul> <li>SOUTHPOINT</li> </ul>		
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.	<ul> <li>Abdomen Complete</li> <li>Abdomen Limited</li> </ul>
Creatinine: Date Drawn: Range: O I-STAT Creatinine as needed.		<ul> <li>Abdomen- 1 view supine (KUB)</li> </ul>	
MRI	СТ	<ul> <li>Abdomen- 2 views supine &amp;</li> </ul>	□ Single Organ
<ul> <li>Arthrogram</li> <li>Abdomen*</li> <li>Adrenals* Liver* Renal*</li> <li>Ankle* L R (to include hindfoot)*</li> <li>Foot* L R</li> <li>Hindfoot to Midfoot*</li> <li>Midfoot to Forefoot*</li> <li>Brachial Plexus* L R</li> <li>Brain*</li> <li>Orbits IAC</li> <li>Pituitary CFS Study</li> <li>NeuroQuant</li> <li>Breast MRI</li> <li>Breast MRI</li> <li>Breast MRI Biopsy L R</li> <li>Enterography</li> <li>Hand/Finger* L R</li> <li>Hips* L R</li> <li>MRA - Abdominal Aorta</li> </ul>	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	<ul> <li>Aorta</li> <li>Appendix</li> <li>Breast Bilateral L R</li> <li>Carotid</li> <li>OB</li> <li>1<sup>st</sup> Trimester</li> <li>(Transabdominal /transvaginal as needed)</li> <li>2<sup>nd</sup> Trimester</li> <li>Pelvic</li> <li>(Transabdominal and transvaginal as needed)</li> <li>3<sup>rd</sup> Trimester</li> <li>Pelvic</li> <li>(Transabdominal and transvaginal as required)</li> <li>Renal/Bladder</li> <li>Testicular (Scrotum)</li> <li>(doppler for arterial inflow and venous outflow as required)</li> <li>Thyroid (Neck)</li> <li>Venous</li> <li>Lower Ext L R</li> <li>Upper Ext L R</li> <li>Other</li> </ul>
<ul> <li>MRA - Brain (Circle of Willis)*</li> <li>MRA - Carotids (Cervical)</li> <li>MRA - Thoracic Aorta</li> <li>MRCP - (MR Cholangiogram)</li> <li>Pelvis*</li> <li>Shoulder* L R</li> <li>Soft Tissue Neck (structures other than c-spine)</li> <li>Spine* <ul> <li>C-Spine*</li> <li>T-Spine*</li> <li>CSF Flow Study</li> <li>L-Spine*</li> <li>TMJ*</li> <li>Wrist* L R</li> <li>Prostate</li> <li>Other* (specify)</li> </ul> </li> <li>FLUORO PROCEDURES <ul> <li>Arthrogram Type</li> <li>Barium Enema</li> <li>Chest Fluoroscopy</li> <li>Esophagus Barium Swallow</li> <li>Modified (Barium Swallow)</li> <li>Small Bowel Series</li> </ul> </li> </ul>	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:	<ul> <li>Neck, Soft Tissue</li> <li>Orbits</li> <li>Pelvis</li> <li>Ribs L R</li> <li>Sacrum/Coccyx</li> <li>Scapula L R</li> <li>Scoliosis Series</li> <li>Shoulder L R</li> <li>SI Joints</li> <li>Skull</li> <li>Spine Standing</li></ul>	<ul> <li>Screening - 3D Mammo         <ul> <li>Diagnostic if needed</li> <li>Ultrasound if needed</li> <li>Diagnostic - Bilateral (To include US if needed)</li> <li>Unilateral L R (To include US if needed)</li> </ul> </li> <li>Reason         <ul> <li>Ultrasound Y STAT</li> <li>Breast MRI</li> <li>Stereotactic / Ultrasound Breast Biopsy L R</li> <li>Breast MRI Biopsy L R</li> <li>Other</li> </ul> </li> <li>STAT - Please call center directly to schedule a STAT</li> <li>Routine Call Report Contact Phone #:</li> <li>SEND IMAGES</li> </ul>
<ul> <li>Upper GI Series</li> <li>Other</li> </ul>	Former Smoker: If former smoker, how many years since patient quit?	DEXA/BONE DENSITOMETRY O Bone Density Diagnosis:	<ul> <li>To Referring Provider</li> <li>To Referring Provider w/pt.</li> <li>Powershare:</li> </ul>

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):
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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