



☐ INDEPENDENCE PARK

☐ SOUTHPOINT

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Call to schedule? Y N

Appointment date: \_\_\_\_\_ Appointment time: \_\_\_\_\_

Insurance: \_\_\_\_\_ Authorization: \_\_\_\_\_

**Insurance (Please fax front and back of patient's card and any clinical information to 919.572.1763)**

**Clinical indications/Signs/Symptoms:** \_\_\_\_\_

**Provider name (printed):** \_\_\_\_\_ **Provider signature:** \_\_\_\_\_

**Office phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ☐ MRI (Southpoint) ☐ Open Bore MRI (Southpoint)  
☐ 3T Open Bore MRI (Independence Park) ☐ CT

**CONTRAST:** ☐ With ☐ Without ☐ With & W/O ☐ If Needed

Creatinine: \_\_\_\_\_ Date Drawn: \_\_\_\_\_ Range: \_\_\_\_\_

☐ I-STAT Creatinine as needed.

**MRI**

- ☐ 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  
☐ Breast MRI  
☐ Breast MRI Biopsy L R  
☐ Enterography  
☐ Hand/Finger L R  
☐ Hips L R  
☐ Knee L R  
☐ MRA - Abdominal Aorta  
☐ 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): \_\_\_\_\_

**CT**

- 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  
**Abdomen/Pelvis**  
☐ Enterography  
☐ Routine  
☐ Renal Mass Protocol  
☐ Stone Protocol  
☐ Abdomen Only, No Pelvis  
☐ Pelvis Only, No Abdomen  
**Spine (w/Sagittal/Coronal Reconstruction)**  
☐ Cervical ☐ Thoracic ☐ Lumbar  
**Extremity**  
☐ Upper L R  
☐ Lower L R  
☐ CTA Run off  
**Specialty Exams**  
☐ Coronary Calcium Scoring (only offered at Southpoint location)  
☐ Perform 3-D, SAG, COR  
**Reconstruction (if necessary):**  
☐ Yes ☐ No ☐ Other  
**CT Lung Screening** Asymptomatic  
Age 55-77 Years: \_\_\_\_\_  
Pack/Year History: \_\_\_\_\_  
Current Smoker: \_\_\_\_\_  
Former Smoker: \_\_\_\_\_  
If former smoker, how many years since patient quit? \_\_\_\_\_

**FLUORO PROCEDURES**

- ☐ Arthrogram Type  
☐ MRI ☐ CT  
☐ Chest Fluoroscopy  
☐ Esophagus Barium Swallow  
☐ Modified (Barium Swallow)  
☐ Small Bowel Series  
☐ Upper GI Series  
☐ Other: \_\_\_\_\_

**RADIOGRAPHIC PROCEDURES**

X-rays performed on a walk-in basis. No appointment necessary.

- ☐ Abdomen- 1 view supine (KUB)  
☐ Abdomen- 2 views supine & upright  
☐ AC Joints  
☐ Acute Abdominal Series (3 views)  
☐ Ankle L R  
☐ Bone Survey  
☐ Calcaneus (heel) L R  
☐ Chest  
☐ Clavicle L R  
☐ Elbow L R  
☐ Facial Bones  
☐ Femur L R  
☐ Finger L R  
☐ Foot L R  
☐ Forearm L R  
☐ Hand L R  
☐ Humerus L R  
☐ Hip L R  
☐ Knee L R  
☐ Mandible  
☐ Nasal Bones  
☐ Neck, Soft Tissue  
☐ Orbits  
☐ Pelvis  
☐ Ribs L R  
☐ Sacrum/Coccyx  
☐ Scapula L R  
☐ Scoliosis Series  
☐ Shoulder L R  
☐ SI Joints  
☐ Skull  
☐ Spine ☐ Standing ☐ Flexion/Extension  
☐ Cervical w/Obliques  
☐ Cervical AP/LAT Only  
☐ Thoracic  
☐ Lumbar AP/LAT Only  
☐ Lumbar w/obliques  
☐ Sternum  
☐ Tibia/Fibula L R  
☐ Toe L R  
☐ Wrist L R

**DEXA/BONE DENSITOMETRY**

- ☐ Bone Density Diagnosis: \_\_\_\_\_

**ULTRASOUND**

- ☐ Abdomen Complete  
☐ Abdomen Limited  
☐ RUQ  
☐ Single Organ \_\_\_\_\_  
☐ Aorta  
☐ Appendix  
☐ Axilla BIL L R  
☐ Breast BIL L R  
☐ Carotid  
☐ OB  
☐ 1<sup>st</sup> Trimester  
(Transabdominal /transvaginal as needed)  
☐ 2<sup>nd</sup> Trimester  
(Transabdominal /transvaginal as needed)  
☐ 3<sup>rd</sup> 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: \_\_\_\_\_

**MAMMO/BREAST US**

- ☐ Screening - 3D Mammo  
☐ Diagnostic if needed  
☐ Ultrasound if needed  
☐ Diagnostic - BIL  
(To include US if needed)  
☐ Unilateral L R  
(To include US if needed)  
☐ Ultrasound BIL L R  
☐ Breast MRI  
☐ Stereotactic/Ultrasound Breast Biopsy L R  
☐ Breast MRI Biopsy L R  
☐ Other: \_\_\_\_\_

**SEND IMAGES**

- ☐ To Referring Provider  
☐ To Referring Provider w/pt.  
☐ Powershare: \_\_\_\_\_

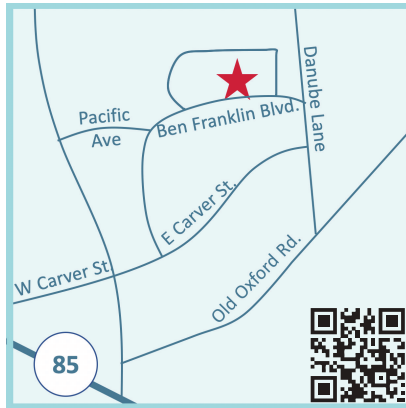
## PATIENT INSTRUCTIONS

BRING THIS ORDER WITH YOU TO YOUR SCHEDULED EXAM

VISIT US ONLINE AT [DurhamDiagnosticImaging.COM](http://DurhamDiagnosticImaging.COM) FOR DRIVING DIRECTIONS AND TO LEARN MORE ABOUT OUR IMAGING FACILITY AND SERVICES.

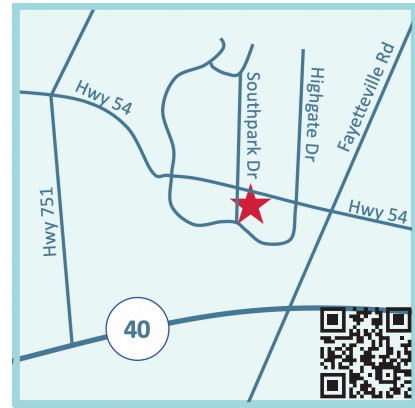
### Center Information

#### Independence Park



4323 Ben Franklin Blvd. Durham, NC 27704  
(919) 471-4840 **Phone** | 56-2272517 **Tax ID**

#### Southpoint



5107 Southpark Dr. Ste 101 Durham, NC 27713  
(919) 544-7199 **Phone** | 56-2272517 **Tax ID**

### COMPUTED TOMOGRAPHY (CT)

- ☐ **Brain/Neck/Chest**  
No prep.
- ☐ **Abdomen/Pelvis**  
No prep.
- ☐ **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.

### Coronary Calcium Scoring

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

### 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 12 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.
- ☐ **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: No prep.

### FLUOROSCOPY

- ☐ **Barium Swallow**  
No prep.
- ☐ **Upper GI**  
Nothing by mouth after midnight.
- ☐ **Small Bowel**  
Nothing by mouth after midnight.

### 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, 919.471.2913, for instructions.



**Durham Diagnostic Imaging**  
Independence Park | Southpoint  
[DurhamDiagnosticImaging.com](http://DurhamDiagnosticImaging.com)