



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:** _____

<input type="radio"/> MRI (Southpoint)	<input type="radio"/> Open Bore MRI (Southpoint)
<input type="radio"/> 3T Open Bore MRI (Independence Park)	<input type="radio"/> CT

CONTRAST: With Without With & W/O If Needed

Creatinine: _____ Date Drawn: _____ Range: _____
 I-STAT Creatinine as needed.

MRI	CT
<input type="radio"/> Arthrogram <input type="radio"/> Abdomen <input type="radio"/> Adrenals <input type="radio"/> Liver <input type="radio"/> Renal <input type="radio"/> Ankle L R (to include hindfoot) <input type="radio"/> Foot L R <input type="checkbox"/> Hindfoot to Midfoot <input type="checkbox"/> Midfoot to Forefoot <input type="radio"/> Brachial Plexus L R <input type="radio"/> Brain <input type="checkbox"/> Orbita <input type="checkbox"/> IAC <input type="checkbox"/> Pituitary <input type="checkbox"/> CFS Study <input type="radio"/> Breast MRI <input type="radio"/> Breast MRI Biopsy L R <input type="radio"/> Enterography <input type="radio"/> Hand/Finger L R <input type="radio"/> Hips L R <input type="radio"/> Knee L R <input type="radio"/> MRA - Abdominal Aorta <input type="radio"/> MRA - Brain (Circle of Willis) <input type="radio"/> MRA - Carotids (Cervical) <input type="radio"/> MRA - Thoracic Aorta <input type="radio"/> MRCP - (MR Cholangiogram) <input type="radio"/> Pelvis <input type="radio"/> Shoulder L R <input type="radio"/> Soft Tissue Neck (structures other than c-spine) <input type="radio"/> Spine <input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> CSF Flow Study <input type="checkbox"/> L-Spine <input type="radio"/> TMJ <input type="radio"/> Wrist L R <input type="radio"/> Prostate <input type="radio"/> Other (specify): _____	<input type="radio"/> Head <input type="radio"/> Facial Bones <input type="radio"/> Head <input type="radio"/> CTA Head - Circle of Willis <input type="radio"/> Full Routine Sinus <input type="radio"/> Orbita <input type="radio"/> Paranasal Sinus Stereotactic Protocol: <input type="checkbox"/> Stealth <input type="checkbox"/> Fusion <input type="checkbox"/> Stryker <input type="radio"/> Temporal Bones <input type="radio"/> Neck - Soft Tissue <input type="radio"/> CTA Neck - Carotid Arteries <input type="radio"/> CTA Head/Neck-Pulsatile Tinnitus Chest CT (w/ or w/o only) <input type="radio"/> Chest <input type="radio"/> Chest - Hi Res/Interstitial Lung <input type="radio"/> CTA Chest - Pulmonary Embolus <input type="radio"/> CTA Chest/Abdomen - Aorta Abdomen/Pelvis <input type="radio"/> Enterography <input type="radio"/> Routine <input type="radio"/> Renal Mass Protocol <input type="radio"/> Stone Protocol <input type="radio"/> Abdomen Only, No Pelvis <input type="radio"/> Pelvis Only, No Abdomen Spine (w/Sagittal/Coronal Reconstruction) <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar Extremity <input type="radio"/> Upper L R <input type="radio"/> Lower L R <input type="radio"/> CTA Run off Specialty Exams <input type="radio"/> Coronary Calcium Scoring (only offered at Southpoint location) <input type="radio"/> Perform 3-D, SAG, COR Reconstruction (if necessary): <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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

<input type="radio"/> Arthrogram Type <input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="radio"/> Chest Fluoroscopy <input type="radio"/> Esophagus Barium Swallow <input type="radio"/> Modified (Barium Swallow) <input type="radio"/> Small Bowel Series <input type="radio"/> Upper GI Series <input type="radio"/> Other: _____

RADIOGRAPHIC PROCEDURES

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

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

ULTRASOUND

<input type="radio"/> Abdomen Complete	<td colspan="2"></td>		
<input type="radio"/> Abdomen Limited	<td colspan="2"></td>		
<input type="checkbox"/> RUQ	<td colspan="2"></td>		
<input type="checkbox"/> Single Organ	<td colspan="2"></td>		
<input type="radio"/> Aorta	<td colspan="2"></td>		
<input type="radio"/> Appendix	<td colspan="2"></td>		
<input type="radio"/> Axilla BIL	<td colspan="2"></td>		
<input type="radio"/> Breast BIL	<td colspan="2"></td>		
<input type="radio"/> Carotid	<td colspan="2"></td>		
<input type="radio"/> OB	<td colspan="2"></td>		
<input type="radio"/> 1 st Trimester (Transabdominal /transvaginal as needed)	<td colspan="2"></td>		
<input type="radio"/> 2 nd Trimester (Transabdominal /transvaginal as needed)	<td colspan="2"></td>		
<input type="radio"/> 3 rd Trimester	<td colspan="2"></td>		
<input type="radio"/> Pelvic (Transabdominal and transvaginal as required)	<td colspan="2"></td>		
<input type="radio"/> Renal/Bladder	<td colspan="2"></td>		
<input type="radio"/> Testicular (Scrotum) (doppler for arterial inflow and venous outflow as required)	<td colspan="2"></td>		
<input type="radio"/> Thyroid (Neck)	<td colspan="2"></td>		
<input type="radio"/> Venous	<td colspan="2"></td>		
<input type="checkbox"/> Lower Ext L R	<td colspan="2"></td>		
<input type="checkbox"/> Upper Ext L R	<td colspan="2"></td>		
<input type="radio"/> Other: _____	<td colspan="2"></td>		

MAMMO/BREAST US

<input type="radio"/> Screening - 3D Mammo	<td colspan="2"></td>		
<input type="checkbox"/> Diagnostic if needed	<td colspan="2"></td>		
<input type="checkbox"/> Ultrasound if needed	<td colspan="2"></td>		
<input type="radio"/> Diagnostic - BIL (To include US if needed)	<td colspan="2"></td>		
<input type="radio"/> Unilateral (To include US if needed)	<td colspan="2"></td>		
<input type="radio"/> Ultrasound BIL	<td colspan="2"></td>		
<input type="radio"/> Breast MRI	<td colspan="2"></td>		
<input type="radio"/> Stereotactic/Ultrasound	<td colspan="2"></td>		
<input type="radio"/> Breast Biopsy L R	<td colspan="2"></td>		
<input type="radio"/> Breast MRI Biopsy L R	<td colspan="2"></td>		
<input type="radio"/> Other: _____	<td colspan="2"></td>		

DEXA/BONE DENSITOMETRY

<input type="radio"/> Bone Density Diagnosis:	<td colspan="2"></td>		
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SEND IMAGES

<input type="radio"/> To Referring Provider	<td colspan="2"></td>		
<input type="radio"/> To Referring Provider w/pt.	<td colspan="2"></td>		
<input type="radio"/> Powershare: _____	<td colspan="2"></td>		

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** | 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, Otolologic 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