ADVANCED MRI AND IMAGING

2821 U.S. Highway 27 North • Sebring, FL 33870
Phone: 863.385.8000 • Fax: 863.385.8002
Hours: Monday - Friday 8:00 A.M. to 5:00 P.M.
www.advancedmrict.com

Dr. Anuraag Khurana, MD
(On Site Radiologist)

Dr. Stacy Stevens, MD

❑ Stat Report ❑ Patient to return with CD Today's Date:_____ Appointment Date / Time:_____

Patient Name:_____ Date of Birth:_____ ❑ Male ❑ Female

Telephone:_____ Weight:_____ LMP: _____

Physician Signature:_____ Phone: _____

Diagnosis or Complaint: _____

Special Instructions: _____

Contrast Patients:
Please provide date and values for the most recent:
DATE:_____
___ BUN
___ CREATININE

Contrast: ❑ W/ & W/O Contrast * ❑ W/ Contrast* ❑ W/O Contrast ❑ Authorization #_____

MRI

HEAD/NECK
- ☐ BRAIN
- ☐ IAC
- ☐ TMJ
- ☐ ORBIT
- ☐ PITUITARY
- ☐ NECK
- ☐ BRACHIAL PLEXUS
- ☐ OTHER_____

SPINE
- ☐ CERVICAL
- ☐ THORACIC
- ☐ LUMBAR

PELVIS
- ☐ FEMALE PELVIS*
- ☐ ROUTINE (SOFT TISSUE)
- ☐ OTHER _____

BODY
- ☐ ABDOMEN *
- ☐ ADRENAL *
- ☐ LIVER *
- ☐ PANCREAS *
- ☐ MRCP *
- ☐ OTHER_____

EXTREMITIES
- ☐ R ☐ L ☐ BL
- ☐ SHOULDER
- ☐ ELBOW
- ☐ WRIST
- ☐ HAND
- ☐ HIP
- ☐ KNEE
- ☐ LOWER LEG
- ☐ ANKLE
- ☐ FOOT
- ☐ OTHER_____

Contrast: ❑ W/ & W/O Contrast * ❑ W/O Contrast *

MRA/MRV

- ☐ HEAD ☐ MRA ☐ MRV
- ☐ CAROTID
- ☐ THORACIC AORTA
- ☐ ABDOMINAL AORTA *
- ☐ RENAL *
- ☐ PERIPHERAL UPPER EXT.
- ☐ PERIPHERAL LOWER EXT.
- ☐ WITH RUNOFF
- ☐ OTHER_____

CT EXAMINATIONS

NEURO
- ☐ CT HEAD ☐ w ☐ w/o
- ☐ CT TEMP BONES ☐ w ☐ w/o
- ☐ CT SINUS ☐ w ☐ w/o
- ☐ CT FACE ☐ w ☐ w/o
- ☐ CT ORBITS ☐ w ☐ w/o
- ☐ CT NECK/SOFT TISSUE ☐ w ☐ w/o
- ☐ CT NECK ☐ w
- ☐ CTA HEAD ☐ w NECK
- ☐ CTA NECK
- ☐ CT SPINE
- ☐ CERVICAL
- ☐ THORACIC
- ☐ LUMBAR
- ☐ CT OTHER_____

CHEST
- ☐ CHEST ☐ w ☐ w/o
- ☐ CHEST HI-RES ☐ w/o
- ☐ CHEST PE PROT ☐ w
- ☐ CTA CHEST ☐ w ☐ w/o
- ☐ CORONARY CAL SCORE ☐ w/o
- ☐ LOW DOSE SCREENING CT CHEST

CHEST & ABDOMEN
- ☐ CHEST ABD ☐ w ☐ w/o

ABDOMEN *
- ☐ ABDOMEN COMPLETE ☐ w ☐ w/o
- ☐ ABDOMEN PELVIS ☐ w ☐ w/o
- ☐ ABDOMEN PELVIS STONE SURVEY
- ☐ ADRENAL PROTOCOL ☐ w ☐ w/o
- ☐ CT ABD W IV
- ☐ CT ABD W IV KIDNEY
- ☐ CT ABD W IV LIVER
- ☐ CT ABD W IV PANCREAS
- ☐ CT SMALL BOWEL
- ☐ CT UROGRAM
- ☐ FULL BODY SCAN CHEST ABDOMEN PELVIS

VASCULAR *
- ☐ CTA AORTA CHEST ☐ w ☐ w/o
- ☐ CTA AORTA ABD ☐ w ☐ w/o
- ☐ CTA CHEST ABD ☐ w ☐ w/o
- ☐ CTA UPPER EXT ☐ w
- ☐ RUN OFF STUDY ☐ w
- ☐ OTHER_____

MSK
- ☐ CT OF BONE: PELVIS
- ☐ CT OF BONE: UPPER EXT ☐ w ☐ w/o
- ☐ CT OF BONE: LWR EXT ☐ w ☐ w/o

RECONSTRUCTIONS
❑ 2D ❑ 3D
❑ OTHER_____

ULTRASOUND

- ☐ ABDOMEN *
- ☐ ABDOMEN, LMT *
- ☐ COMP. RETRO. *
- ☐ LMT. RETRO. *
- ☐ AORTA *
- ☐ PELVIS *
- ☐ NECK
- ☐ THYROID
- ☐ CAROTID
- ☐ SOFT TISSUE
- ☐ TESTICULAR ☐ W DOPPLER
- ☐ GROIN

VASCULAR
- ☐ W DOPPLER
- ☐ UPPER EXT ART ☐ R ☐ L ☐ BL
- ☐ LWR EXT ART ☐ R ☐ L ☐ BL
- ☐ UPPER EXT VENOUS ☐ R ☐ L ☐ BL
- ☐ LWR EXT VENOUS ☐ R ☐ L ☐ BL
- ☐ LIVER VASCULAR
- ☐ RENAL VASCULAR
- ☐ OTHER VASCULAR

OBSTETRICAL
- ☐ 3D ☐ 4D

DEXA

- ☐ BONE DENSITY/DEXA

X-RAY

HEAD & NECK
- ☐ SKULL
- ☐ ORBIT
- ☐ FACIAL BONES
- ☐ TMJ
- ☐ MANDIBLE
- ☐ NASAL BONES
- ☐ SOFT TISSUE NECK
- ☐ OTHER_____

SPINE
- ☐ CERVICAL
- ☐ THORACIC
- ☐ LUMBAR
- ☐ SACRUM / COCCYX
- ☐ OTHER_____

CHEST
- ☐ PA/LAT
- ☐ AP/PA
- ☐ APICAL LARDOTIC
- ☐ CHEST OBLIQUES
- ☐ RIBS UNILAT
- ☐ RIBS BILAT
- ☐ STERNUM
- ☐ OTHER_____

ABDOMEN
- ☐ KUB
- ☐ 2 VIEW ABD.
- ☐ ABD. SERIES CXR
- ☐ BABY GRAM
- ☐ OTHER_____

EXTREMITIES
- ☐ UPPER ☐ R ☐ L ☐ BL
- ☐ AC JOINTS
- ☐ SC JOINTS
- ☐ CLAVICLE
- ☐ SHOULDER
- ☐ HUMERUS
- ☐ ELBOW
- ☐ FOREARM
- ☐ WRIST
- ☐ HAND
- ☐ FINGERS
- ☐ LOWER ☐ R ☐ L ☐ BL
- ☐ HIP
- ☐ FEMUR
- ☐ KNEE
- ☐ PATELLA
- ☐ TIBIA/FIBULA
- ☐ ANKLE
- ☐ FOOT
- ☐ HEEL
- ☐ TOES

PELVIS
- ☐ ROUTINE
- ☐ PELVIS w/ FROG LEGS (PEDS)
- ☐ SI JOINTS
- ☐ OTHER_____

SURVEYS
- ☐ BONE AGE
- ☐ SCOLIOSIS
- ☐ METASTASIS

Preparation is required for this procedure. See other side of this sheet.

PATIENT INSTRUCTIONS FOR EXAMINATIONS

GENERAL INFORMATION

If you need to cancel or reschedule your appointment, please provide 24 hours notice. If you believe you may have had a contrast allergy/reaction (i.e., hives, rash, itching, breathing difficulty) while undergoing a previous imaging study, please call at least 3 days prior to your scheduled appointment so we may make the appropriate modifications to your treatment plan. Please bring prior studies and reports.

If you are pregnant, notify the technologist. Leave valuables at home. Bring your insurance card and photo ID with you.

MRI Imaging

If you are very claustrophobic, consider obtaining a light sedative from your doctor. **If you decide to take a sedative, someone else must drive you to and from your appointment.** Remove all jewelry and/or metal. Do not wear eye makeup.

ABDOMEN / PELVIS / MRCP: Do not eat and/or drink 4 hours prior to exam.

Computed Tomography (CT / CAT) Scan

Advanced MRI and Imaging utilizes **low-dose CT protocols** significantly decreasing the level of radiation exposure to the patient while maintaining high image quality.

ABDOMEN AND PELVIS WITH CONTRAST: For CT Scans with oral contrast, patient will need to drink one (1) bottle of contrast two (2) hours prior to the appointment and then one (1) bottle 1 hour prior to appointment.

If your exam includes the administration of IV contrast medium, do not drink anything within four hours of your exam (except for small sips of water with your medications). Take your regular medications at your usual time, except insulin or metformin **(see instructions for Diabetics).**

CHEST & SOFT TISSUE/NECK, BRAIN SCAN WITH CONTRAST: Do not eat and/or drink anything for 4 hours before the exam. All medications are permitted up to 4 hours prior to the exam.

ULTRASOUND

ABDOMINAL / AORTA / RETROPERITONEUM ULTRASOUND

0-3 years old - withhold the last scheduled feeding prior to exam time.

4-16 years old - nothing to eat or drink 4 hours prior to exam time.

17 years and older - For morning appointments; nothing to eat or drink after midnight, medication can be taken with water. For afternoon appointments; nothing to eat or drink 6-8 hours prior to your examination time, medication can be taken with water.

PELVIC ULTRASOUND

0-3 years old - drink a bottle of clear liquid when arriving for your appointment.

4-11 years old - drink 16 oz. of clear liquid (no carbonation) prior to exam time. Do not urinate.

12 years and older - start drinking 24-32 oz. of water (no carbonation) one hour before arriving for exam; arrive with a full bladder. Do not urinate.

BREAST, THYROID, SCROTUM AND MSK ULTRASOUND

No preparations required.

BONE DENSITOMITRY

No preparation required. No Barium studies 2 weeks prior.

XRAY

No preparation required.

Instructions for Diabetics

Insulin: If you are receiving insulin as part of your diabetes regimen, every attempt will be made to schedule your CT scan between 7:30 and 9:00 am. Please consult with your physician regarding the dose of insulin you need to take before the CT scan. Inform your physician that you cannot eat any solid food for 4 hours prior to the scan.

Metformin (Glucophage®): Do not take metformin on the day of your CT scan and do not resume taking it until your doctor has instructed you to do so. Note: Metformin is also present within drugs named Actoplus, Avandamet, Fortamet, Glucophage, Glumetza, Janumet, Kombiglyze, Metaglip, Prandimet, Riomet.

DIRECTIONS

From the South...

Go North on U.S. 27 past Home Depot. Turn left on New Life Way then turn right into our parking lot.

From the North...

Go South on U.S. 27 approximately 1/2 mile past Wal-Mart. Turn right into our parking lot.

We are directly across from Sebring Plaza on US 27.