



SPRING HILL

Phone: 352-684-2811

Fax: 352- 684-0212

Web: www.springhillmri.com

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_

Diagnosis / Symptoms: \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MRI**

- 1.5 T High-Field
- 1.5 T High-Field OPEN
- w/o Contrast
- w/ Contrast
- w/ and w/o Contrast
- Abdomen
- Brain
  - SWI
  - DTI
- Breast-Bilateral
- Cervical
  - Flex/Extension
  - ALAR Ligament
- Chest
- Face
- IAC
- Lumbar
- Neck (Soft Tissue)
- Orbits
- Pelvis
  - Bony
  - Soft Tissue
- Thoracic
- TMJ-Bilateral
- Upper Extremity
  - R  L

Area: \_\_\_\_\_

- Lower Extremity
  - R  L

Area: \_\_\_\_\_

- Arthrogram
  - R  L

Area: \_\_\_\_\_

- Other: \_\_\_\_\_

**MRA - MRV**

- Abdomen
- Aorta w/ Runoff
- Brain - MRA
  - w/o Contrast
  - w/ and w/o Contrast
- Brain - MRV
- Carotid Artery
  - w/o Contrast
  - w/ and w/o Contrast
- Chest
- MRCP
- Renal Artery
- Other: \_\_\_\_\_

**CT SCAN**

- w/o Contrast
- w/ Contrast
- w/ and w/o Contrast
- Abdomen
- Abdomen / Pelvis
  - Enterography
  - Renal Stone Protocol
  - Urogram
- Brain
- Cervical
- Chest
  - Low Dose
  - Lung Cancer Screening
- IAC
- Orbits
- Lumbar
- Neck (Soft Tissue)
- Pelvis
- Scanogram
- Sinus / Face
- Sinus (Limited)
- Thoracic
- Upper Extremity
  - R  L

Area: \_\_\_\_\_

- Lower Extremity
  - R  L

Area: \_\_\_\_\_

- 3D Reconstruction

Other: \_\_\_\_\_

**CTA**

- Abdomen
- Abdomen / Pelvis
- Aorta w/ Runoff
- Brain
- Carotid
- Chest
  - Pulmonary
  - Thoracic Aorta
- Upper Extremity
  - R  L
- Other: \_\_\_\_\_

**3D MAMMOGRAPHY**

- Screening
- Diagnostic - Unilateral
  - R  L
- Diagnostic - Bilateral

**ULTRASOUND**

- Abdomen Complete
- Abdomen Limited/RUQ
- Aorta
- Breast
  - BiLat  R  L
- Carotid
- Pelvic
- Renal
- Renal Arteries
- Scrotum w/doppler
- Thyroid
- Transvaginal
- OB 1<sup>st</sup> Trimester
- OB 2<sup>nd</sup>/3<sup>rd</sup> Trimester
- OB Limited \_\_\_\_\_
- OB Transvaginal
- Arterial Lower Ext w/ABI
  - BiLat  R  L
- Arterial Upper Extremity
  - BiLat  R  L
- Venous Lower Extremity
  - BiLat  R  L
- Venous Upper Extremity
  - BiLat  R  L
- Non-Vascular Ext

Area: \_\_\_\_\_

- Other: \_\_\_\_\_

**ECHOCARDIOGRAM**

- Doppler Echo w/ Color flow

**DEXA-BONE DENSITY**

- Bone Density / Axial Skeleton
- Vertebral Fracture Assessment

**DIGITAL X-RAY**

- Abdomen
  - KUB 1V
  - Flat/Upright 2V
  - Series 3V
- Cervical
  - 3V  5V
  - Flex/Extension
- Chest 2V
- Clavicle
- Hip 2V
  - R  L
- Lumbar
  - 3V  5V  Bend
- Neck (Soft Tissue)
- Orbits Screening (Foreign Bodies)
- Pelvis 1/2V
- Rib Series
  - R  L
- Sacrum / Coccyx
- Scapula
- Skull
- SI Joints
- Sinus Series
- Sinus (Limited)
- Sternum
- Thoracic
  - 2V  3V
- Upper Extremity
  - R  L

Area: \_\_\_\_\_

- Lower Extremity
  - R  L

Area: \_\_\_\_\_

- Other: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- STAT EXAM
- PLEASE CONTACT PATIENT TO SCHEDULE

## PATIENT INSTRUCTIONS

Please bring all prior images and reports at time of appointment.  
Please arrive 15 minutes prior to appointment time.  
Please call if you have any questions, concerns or unable to make appointment.

### MRI

Patients with implanted devices; *Pacemakers, Defibrillators, Stimulators, Pain Pumps, Stents or Aneurysm Clips* are required to bring the vendor provided card.

### CT SCAN

- **IV Contrast Exams:** Nothing to eat at least 4 hours prior to exam. Drink plenty of clear fluids.
- **CT Abdomen / Pelvis Exam:**
  - Nothing to eat at least 4 hours prior to exam. Drink plenty of clear fluids.
  - Arrive 2 hours prior to exam to drink oral contrast.  
– OR –
  - Patient can pick up oral contrast, at least one day prior to appointment.

### ULTRASOUND

- **Abdomen, Aorta, Gall Bladder, Liver, Pancreas, Kidneys**
  - Nothing to eat or drink 8 hours prior to exam.
- **Bladder, Pelvis, OB Exams:**
  - Drink 32 oz of water 1 hour before exam. **Do not empty bladder prior to exam.**
- **Renal, Kidneys:**
  - Drink plenty of fluids. **You may empty bladder prior to exam.**

### MAMMOGRAPHY

- **No** deodorant, perfume, lotions or powders
- **No** caffeine is recommended prior to exam
- Please bring all prior images and reports to exam

### DEXA- Bone Density:

- No calcium supplements 24 hours prior to exam
- Patient should not have oral or IV contrast 7 days prior to exam



SPRING HILL

**Spring Hill MRI**  
6451 Toucan Trail  
Spring Hill, FL 34607

**SCHEDULE TODAY**

Phone: 352-684-2811  
Fax: 352-684-0212  
Web: [www.springhillmri.com](http://www.springhillmri.com)  
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