Palmetto Imaging
Downtown | ImageCare | Irmo
P: 803.256.7646 | F: 803.936.9202
Palmetto-Imaging.com

◯ **DOWNTOWN** – 1331 Lady St., Columbia, SC 29201
◯ **IRMO** – 7182 Woodrow St., Suite 101, Irmo, SC 29063
◯ **NORTHEAST** – 710 Rabon Rd., Suite 100, Columbia, SC 29203

Patient's name: _____ DOB: _____

Mobile #: _____ Alternate #: _____

Does patient have implanted device? ◯ Yes ◯ No **Make:** _____ **Model:** _____

Appointment date: _____ Arrival time: _____ am / pm Appointment Time: _____ am / pm

Do not fax STAT orders

◯ Call patient to schedule
◯ Obtain authorization
To start the auth we need the clinicals, order, and front/back of insurance card

MRI

CONTRAST
◯ Radiologist Discretion
◯ Without ◯ With & Without

◯ Brain
☐ IAC
☐ Pituitary
◯ Orbits
◯ TMJ
◯ Soft Tissue Neck
◯ Cervical Spine
◯ Thoracic Spine
◯ Lumbar Spine
☐ Dynawell
◯ Breast
◯ Shoulder Rt Lt
◯ Elbow Rt Lt
◯ Wrist Rt Lt
◯ Hand/Fingers Rt Lt
◯ Hip Rt Lt
◯ Knee Rt Lt
◯ Ankle/Hindfoot Rt Lt
◯ Foot/Forefoot Rt Lt
◯ Abdomen
◯ MRCP
◯ Pelvis
◯ Prostate
☐ Fusion Protocol
◯ Enterography
◯ MR Angiogram:
_____
◯ MR Venogram:
_____
◯ MR Arthrogram: Rt Lt
_____
◯ Other:

CT

CONTRAST
◯ Radiologist Discretion
◯ With ◯ Without

◯ Head
◯ Orbits
◯ Paranasal Sinus
☐ Stealth/Brain Lab
☐ Fusion
◯ Temporal Bones/ IAC
◯ Facial Bones
◯ Soft Tissue Neck
◯ Cervical Spine
◯ Thoracic Spine
◯ Lumbar Spine
◯ Extremity: Rt Lt
_____
◯ Chest
☐ High Resolution
◯ Cardiac Score
◯ Abdomen & Pelvis
☐ CT Urogram
☐ Stone Protocol
◯ Abdomen (only)
◯ Pelvis (only)
◯ CT Angiogram: (all w/o & w)
_____
◯ CT Venogram: (all w/o & w)
_____
◯ CT Arthrogram: Rt Lt
_____
◯ Other:

Advanced Imaging

◯ 3D Reconstruction

Ultrasound - General

◯ Thyroid
◯ Abdomen
◯ Right Upper Quadrant (Liver, Gallbladder, Rt Kidney, Pancreas)
◯ Left Upper Quadrant (Spleen, Lt Kidney)
◯ Aorta
☐ Medicare Screening
◯ Pelvis and Transvaginal
◯ Pelvis (Transvaginal only)
◯ Pelvis (Transabdominal only)
◯ OB LMP: ____ / EDD ____
(Check one below)
☐ Less than 14 weeks w/ Transvaginal if indicated
☐ More than 14 weeks
◯ OB Limited
LMP: _____ / EDD _____
◯ Renal
◯ Scrotum
◯ Extremity: Rt Lt
_____

Ultrasound - Vascular

◯ Carotid Doppler
◯ Upper Venous Doppler (arm)
☐ Rt ☐ Lt ☐ Bilat
◯ Lower Venous Doppler (leg)
☐ Rt ☐ Lt ☐ Bilat
◯ Upper Arterial Doppler (arm)
☐ Rt ☐ Lt ☐ Bilat
◯ Lower Arterial Doppler (leg)
☐ Rt ☐ Lt ☐ Bilat
☐ with ABI ☐ without ABI
◯ ABI Only

X-ray

◯ Specify:

Women's Imaging

◯ Screening Mammogram
◯ DEXA

Spine Pain Management

◯ Epidural Steroid Injection
☐ Cervical
☐ Thoracic
☐ Lumbar
◯ Specific Level _____ Rt Lt
☐ Selective Nerve Root Block
☐ Sacroiliac Joint Steroid Injection

STAT Options

***Please call to schedule all STATs**
◯ STAT Fax - report in 2 hours
Fax: _____
◯ Call Report
Radiologist will call referring doctor
Backline/Cell: _____
Standard delivery report in 24-48 hours

Comparison Studies

◯ Check if prior images should be compared to new images
NOTE: If prior images were taken outside of Palmetto Imaging, patient will need to provide copies prior to their exam.

Insurance (fax front and back of patient's card and any clinical information to 803.936.9202) Auth # (if referring obtaining): _____

Clinical Indications/Signs/Symptoms (required): _____

ICD-10 Code(s) (required): _____ **Office phone:** _____

Provider name (printed): _____ **Provider signature:** _____ **Date:** _____

Request a price estimate or an appointment on our website - Palmetto-Imaging.com

Patient Instructions: Preparing for your exam

Bring this order with you to your scheduled exam

MRI (Magnetic Resonance Imaging)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

Do not wear eye makeup or mascara for ANY brain or neck studies. Do not wear any jewelry or hairpins. Wear comfortable clothing.

Let us know if you have:

- Any type of glucose monitoring device (this applies to MRI, CT and X-ray)
- Metallic fragments in your eyes or previous injury to the eye involving a metal object
- Any type of implanted mechanical pump
- Any type of surgery within the past 8 weeks
- A history of cancer
- A pacemaker/ defibrillator/ stimulator
- An aneurysm clip
- Any metallic/ electronic implant

Let us know if you are:

- Allergic to CT or MRI contrast
- Claustrophobic
  - If you are claustrophobic or anxious, we encourage you to discuss mild sedation options with your referring provider prior to your exam
- Pregnant/Nursing
- In need of special assistance

CT (Computed Tomography)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

Oral prep

- You may be given Readi-Cat, a Barium Sulfate suspension, to drink for your CT Scan.
- This is not a laxative. Its purpose is to enhance your digestive tract so that the radiologist can better visualize your anatomy during your CT Scan.
- If eating prior to exam, please eat only a light meal or snack.
- If you have ever had any reaction to X-ray dye, please call us at 803.256.7646 ***prior*** to your exam.

Ultrasound

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

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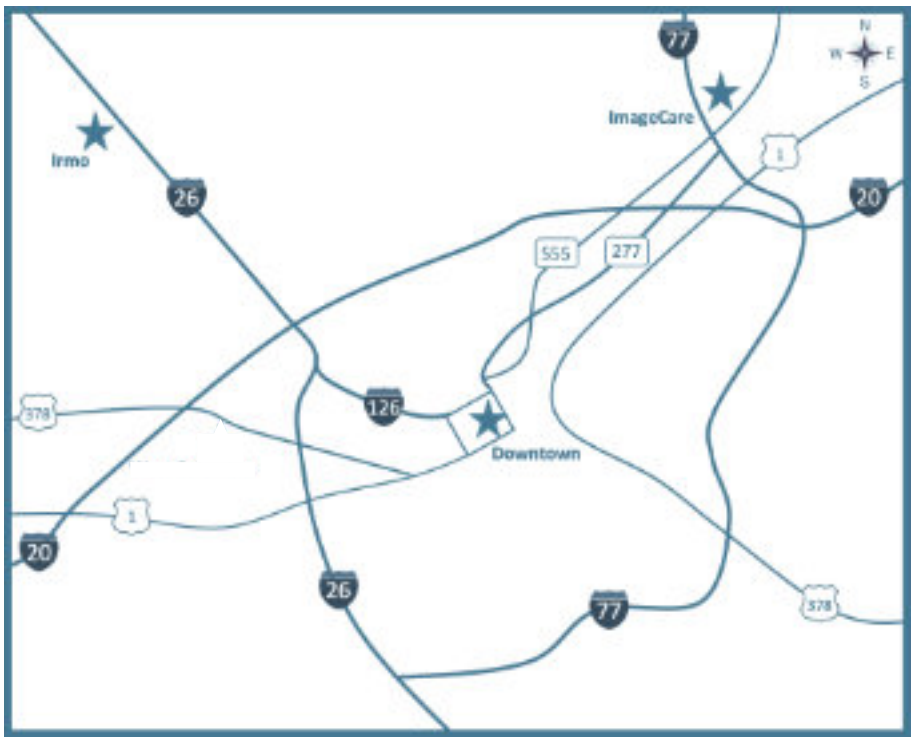
ACR American College of Radiology Accredited Facility



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