



Palmetto Imaging

Downtown | ImageCare | Irmo | West Columbia

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

WEST COLUMBIA – 2997 Sunset Blvd., West Columbia, SC 29169

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	CT	ULTRASOUND - GENERAL	X-RAY
<p>CONTRAST</p> <input type="radio"/> Radiologist Discretion <input type="radio"/> Without <input type="radio"/> With & Without	<p>CONTRAST</p> <input type="radio"/> Radiologist Discretion <input type="radio"/> With <input type="radio"/> Without	<input type="radio"/> Thyroid <input type="radio"/> Abdomen <input type="radio"/> Right Upper Quadrant (Liver, Gallbladder, Rt Kidney, Pancreas) <input type="radio"/> Left Upper Quadrant (Spleen, Lt Kidney) <input type="radio"/> Aorta <input type="checkbox"/> Medicare Screening <input type="radio"/> Pelvis and Transvaginal <input type="radio"/> Pelvis (Transvaginal only) <input type="radio"/> Pelvis (Transabdominal only) <input type="radio"/> OB LMP: ____ / EDD ____ (Check one below) <input type="checkbox"/> Less than 14 weeks w/ Transvaginal if indicated <input type="checkbox"/> More than 14 weeks <input type="radio"/> OB Limited LMP: ____ / EDD ____ <input type="radio"/> Renal <input type="radio"/> Scrotum <input type="radio"/> Extremity: Rt Lt	<input type="radio"/> Specify:
			WOMEN'S IMAGING
			<input type="radio"/> Screening Mammogram <input type="radio"/> DEXA
			SPINE PAIN MANAGEMENT
			<input type="radio"/> Epidural Steroid Injection <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="radio"/> Specific Level ____ Rt Lt <input type="checkbox"/> Selective Nerve Root Block <input type="checkbox"/> Sacroiliac Joint Steroid Injection
			STAT OPTIONS
			<p>*Please call to schedule all STATs</p> <input type="radio"/> STAT Fax - report in 2 hours Fax: _____ <input type="radio"/> Call Report Radiologist will call referring doctor Backline/Cell: _____
			Standard delivery report in 24-48 hours
			COMPARISON STUDIES
			<input type="radio"/> Check if prior images should be compared to new images <p>NOTE: If prior images were taken outside of Palmetto Imaging, patient will need to provide copies prior to their exam.</p>
<input type="radio"/> Brain <input type="checkbox"/> IAC <input type="checkbox"/> Pituitary <input type="radio"/> Orbits <input type="radio"/> TMJ <input type="radio"/> Soft Tissue Neck <input type="radio"/> Cervical Spine <input type="radio"/> Thoracic Spine <input type="radio"/> Lumbar Spine <input type="checkbox"/> Dynawell <input type="radio"/> Breast <input type="radio"/> Shoulder Rt Lt <input type="radio"/> Elbow Rt Lt <input type="radio"/> Wrist Rt Lt <input type="radio"/> Hand/Fingers Rt Lt <input type="radio"/> Hip Rt Lt <input type="radio"/> Knee Rt Lt <input type="radio"/> Ankle/Hindfoot Rt Lt <input type="radio"/> Foot/Forefoot Rt Lt <input type="radio"/> Abdomen <input type="radio"/> MRCP <input type="radio"/> Pelvis <input type="radio"/> Prostate <input type="checkbox"/> Fusion Protocol <input type="radio"/> Enterography <input type="radio"/> MR Angiogram: _____ <input type="radio"/> MR Venogram: _____ <input type="radio"/> MR Arthrogram: Rt Lt _____ <input type="radio"/> Other:	<input type="radio"/> Head <input type="radio"/> Orbits <input type="radio"/> Paranasal Sinus <input type="checkbox"/> Stealth/Brain Lab <input type="checkbox"/> Fusion <input type="radio"/> Temporal Bones/ IAC <input type="radio"/> Facial Bones <input type="radio"/> Soft Tissue Neck <input type="radio"/> Cervical Spine <input type="radio"/> Thoracic Spine <input type="radio"/> Lumbar Spine <input type="radio"/> Extremity: Rt Lt _____ <input type="radio"/> Chest <input type="checkbox"/> High Resolution <input type="radio"/> Cardiac Score <input type="radio"/> Abdomen & Pelvis <input type="checkbox"/> CT Urogram <input type="checkbox"/> Stone Protocol <input type="radio"/> Abdomen (only) <input type="radio"/> Pelvis (only) <input type="radio"/> CT Angiogram: (all w/o & w) _____ <input type="radio"/> CT Venogram: (all w/o & w) _____ <input type="radio"/> CT Arthrogram: Rt Lt _____ <input type="radio"/> Other: _____	<p style="text-align: center; background-color: #004a7c; color: white; margin: 0;">ULTRASOUND - VASCULAR</p> <input type="radio"/> Carotid Doppler <input type="radio"/> Upper Venous Doppler (arm) <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat <input type="radio"/> Lower Venous Doppler (leg) <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat <input type="radio"/> Upper Arterial Doppler (arm) <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat <input type="radio"/> Lower Arterial Doppler (leg) <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat <input type="checkbox"/> with ABI <input type="checkbox"/> without ABI <input type="radio"/> ABI Only	<p style="text-align: center; background-color: #004a7c; color: white; margin: 0;">ADVANCED IMAGING</p> <input type="radio"/> 3D Reconstruction

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

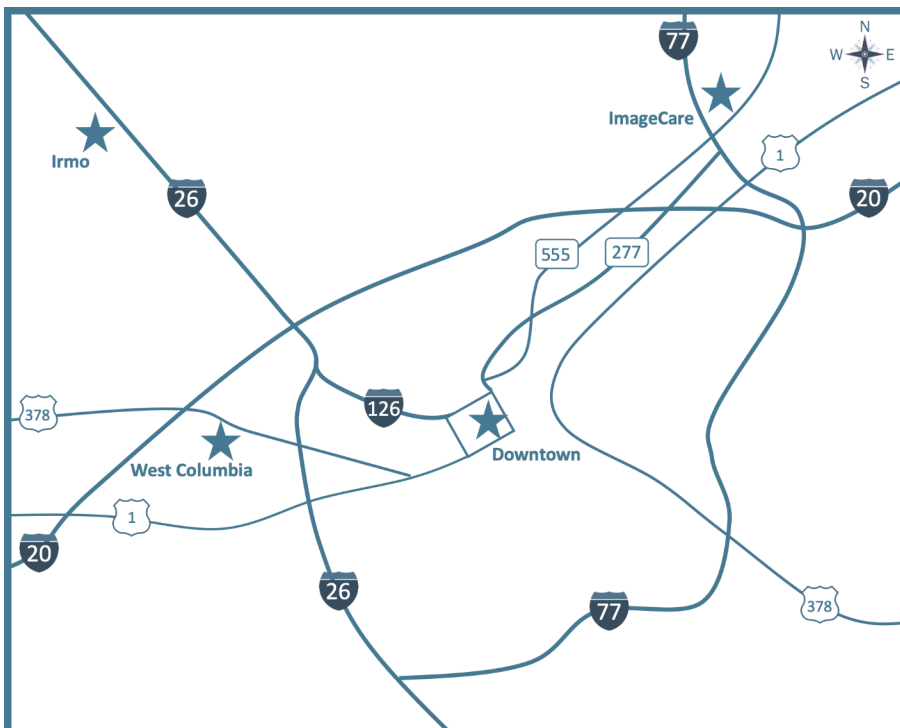
Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.



Palmetto Imaging

Downtown | Irmo | West Columbia | ImageCare

Phone: 803.256.7646 Fax 803.936.9202



Palmetto Imaging - Downtown

Tax ID# 57-1013875 OCM# SC002

**1331 Lady Street
Columbia, SC 29201**

ImageCare - Northeast Columbia

Tax ID# 57-1017301 OCM# SC656

**710 Rabon Road, Suite 100
Columbia, SC 29203**

Palmetto Imaging - Irmo

Tax ID# 57-1060462 OCM# SC671

**7182 Woodrow Street, Suite 101
Irmo, SC 29063**

Palmetto Imaging - West Columbia

Tax ID# 57-1060462 OCM# SC047

**2997 Sunset Blvd.
West Columbia, SC 29169**