



Radiology Associates

West Pasco

www.floridaxray.com

Patient Name _____

Referring Dr. _____

Exam _____ Date _____ Time _____

Clinical History (Symptoms) _____

Contrast Allergy? Yes No Authorization No.: _____

Previous Studies? Yes No Where _____

Phone Report: _____ Fax Report: _____ Copy To Dr.: _____

ROUTINE X-RAYS - No Appointment needed. (Examples: Chest, Spine, Extremities, Sinus, Ribs)

APPOINTMENT REQUIRED FOR ALL OTHER EXAMS. SCHEDULING FOR ALL LOCATIONS (727) 847-5122.

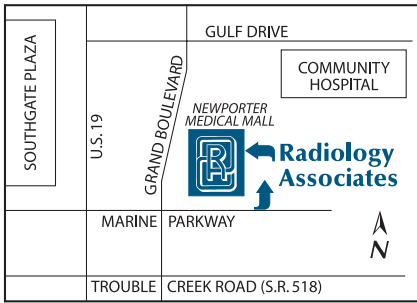
Newporter Medical Mall

5539 Marine Parkway
New Port Richey, FL 34652
(727) 847-5122

Fax (727) 848-2576

M-F 7 a.m. - 9 p.m. | Sat 7 a.m. - 1 p.m.

NEW PORT RICHEY



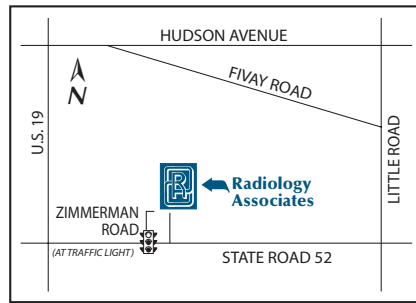
Summit Medical Center

7509 S.R. 52, Suite 140
Bayonet Point, FL 34667
(727) 819-3760

Fax (727) 819-1549

Mon-Fri 8:00 a.m. - 5:00 p.m.

BAYONET POINT



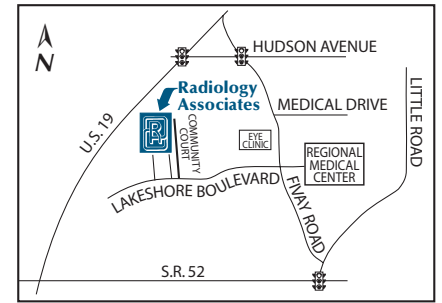
Windsor Woods

7412 Community Court
Hudson, FL 34667
(727) 868-9553

Fax (727) 869-8839

Mon-Fri 8:00 a.m. - 4:30 p.m.

HUDSON



Preparation Instructions (For Infants and Children, Consult Pediatrician)

Upper GI or Small Bowel Series

Nothing by mouth from midnight the night before until after the exam is complete. No water, gum, pills or smoking is allowed.

**Use a mild laxative after exam.*

IVP

Take four (4) tablespoons of Castor oil at 8:00 p.m. the evening before the exam. After 8:00 p.m. you may have only clear liquids.

Barium Enema

The day before the exam, have only clear liquids. The patient may use **either** one of the following preparations.

- 1) The evening before the exam, take four (4) tablespoons of Castor oil at 8:00 p.m. On the morning of the exam, take 1-1/2 quart tap water enemas until return is clear. (No fleet enemas) **Use a mild laxative after exam.*

OR

- 2) Obtain prescription from your doctor for Colyte, follow package directions. After finishing the Colyte take four (4) Bisacodyl tablets (5 mg). **Use a mild laxative after exam.*

CT

Abdomen Complete or With Contrast - Have only clear liquids for 6 hours prior to exam, no solid food. Medication may be taken with a little water. Patient to drink 1 quart of water 1 hour prior to exam and then nothing to eat or drink.

All other CT abdomen/pelvis exams - Patient to pick up oral contrast at Radiology Associates and follow directions on bottle.

Head, Neck, Chest & Extremities with contrast only: **Have only clear liquids for 6 hours prior to exam, no solid food. Medication may be taken with a little water.**

Ultrasound - Gallbladder, Pancreas, Liver, Aorta, Kidneys. Nothing to eat or drink 6 hours prior to your test.

Pelvic Ultrasound - The patient should have completed drinking 40 ounces of non-carbonated liquid one hour before the exam. **DO NOT** empty your bladder. **Your bladder must be full for the exam.**

PATIENT NAME _____

REFERRING DOCTOR _____

THIS IS A PARTIAL LISTING OF THE EXAMS WE PERFORM AT RADIOLOGY ASSOCIATES.

X-RAY/FLUOROSCOPY

- ___ 74022 Abdominal Series w/PA Chest
- ___ 74270 Barium Enema - ***PR**
- ___ 74280 Barium Enema w/Air ***PR**
- ___ 74220 Barium Swallow (Esophagram)
- ___ 77072 Bone Age
- ___ 71020 Chest-PA & Lat
- ___ _____ Extremity **R/L**
Specify Area _____
- ___ 74415 IVP - ***PR**
- ___ 74000 KUB (Flat Plate)
- ___ 70360 Neck (Soft Tissue)
- ___ 72170 Pelvis AP only
- ___ 71111 Ribs Bilateral w/PA Chest
- ___ 71101 Ribs Unilateral w/PA Chest **R/L**
- ___ 72202 Sacroiliac Joints
- ___ 72220 Sacrum & Coccyx
- ___ 73010 Scapula **R/L**
- ___ 70220 Sinuses Complete, 3 views
- ___ 70210 Sinuses Limited, less than 3 views
- ___ 70260 Skull Complete
- ___ 74250 Small Bowel - ***PR**
- ___ 72050 Spine Cervical Complete
- ___ 72110 Spine Lumbar Complete
- ___ 72072 Spine Thoracic Complete
- ___ 72080 Thoracolumbar AP & Lateral
- ___ 70330 TMJ
- ___ 74247 Upper GI - ***PR**
- ___ 74249 Upper GI w/Small Bowel ***PR**
- ___ 74230 Video Rehab Esophogram
- ___ Other _____

SPECIAL PROCEDURES

- ___ 73040/23350 Arthrogram Shoulder
- ___ 62284/72265/72132 CT Lumbar Myelogram
- ___ 74430 Cystogram (Static)
- ___ 74455 Cystogram (Voiding)
- ___ 74740/58340 Hysterosalpingogram
- ___ 77003/62270 Lumbar Puncture Diagnostic
- ___ 77003/62272 Lumbar Puncture Therapeutic
- ___ 73040/73222/23350 MR Shoulder Arthrogram **R/L**
- ___ 76942/19102 US Breast Core Biopsy **R/L**
- ___ 76942/19000 US Breast Cyst Aspiration **R/L**
- ___ 76942/10022 US Fine Needle Biopsy Thyroid/Breast
- ___ 76942/19290 US Hook Wire Localization **R/L**
- ___ 76942/49080 US Paracentesis
- ___ 76942/32000 US Thoracentesis
- ___ 76942/60001 US Thyroid Cyst Aspiration
- ___ 75820 Venogram Extremity **R/L**

CT GUIDED BIOPSY

Specify Area _____

MRI SCAN

- ___ 74183 MRI Abdomen Complete
- ___ 74181 Abdomen w/o contrast
- ___ 70551 Brain w/o contrast
- ___ 70553 Brain complete
- ___ 72141 Cervical Spine w/o contrast
- ___ 71550 Chest w/o contrast
- ___ 73721 Lower Extremity (joint) **R/L**
- ___ 73718 Lower Extremity (non-joint) **R/L**
- ___ 72148 Lumbar Spine w/o contrast
- ___ 72158 Lumbar Spine Complete
- ___ 74181 MRCP
- ___ 70540 Orbit, Face, Neck
- ___ 72195 Pelvis w/o contrast
- ___ 70336 Temporomandibular Joint
- ___ 72146 Thoracic Spine w/o contrast
- ___ 73221 Upper Extremity (joint) **R/L**
- ___ 73218 Upper Extremity (non-joint) **R/L**
- ___ 77059 MRI Breast - Bil
- ___ 77058 MRI Breast - Uni (post mastectomy)
- ___ Other _____

MRA

Specify Area _____

CT SCAN

- ___ 74170/72194 Abdomen - stent protocol
- ___ 74160 Abdomen w/contrast ***PR**
- ___ 74170 Abdomen Complete ***PR**
- ___ 70450 Brain w/o contrast
- ___ 70470 Brain Complete ***PR**
- ___ 72125 Cervical Spine w/o contrast
- ___ 73200 Upper Ext. w/o contrast **R/L**
- ___ 73202 Upper Ext. Complete **R/L *PR**
- ___ 73700 Lower Ext. w/o contrast **R/L**
- ___ 73702 Lower Ext. Complete **R/L*PR**
- ___ 72131 Lumbar Spine w/o contrast
- ___ 70486 CT Sinus w/o contrast
- ___ 70488 CT Sinus Complete
- ___ 70480 Orbit, Sella, Middle or Inner Ear w/o contrast
- ___ 70481 Orbit, Sella, Middle or Inner Ear w/contrast
- ___ 72193 Pelvis w/contrast ***PR**
- ___ 72194 Pelvis Complete ***PR**
- ___ 70491 Soft Tissue Neck w/contrast ***PR**
- ___ 72128 Thoracic Spine w/o contrast
- ___ 71260 Thorax w/contrast ***PR**
- ___ 71270 Thorax Complete ***PR**
- ___ 77014 Treatment Planning

CTA

Specify Area _____

MAMMOGRAPHY

- ___ 77057 Screening
- ___ 77056 Bilateral Mammogram (Diagnostic)
- ___ 77055 Unilateral Mammogram **R/L**
- ___ 77032/19290 Hook Wire Localization
- ___ 77053/19030 Galactogram Single
- ___ 77054/19030 Galactogram Multiple
- ___ Other _____

ULTRASOUND

- ___ 76700 Abdomen Complete ***PR**
- ___ 93922/93925 Arterial Lower Ext.
- ___ 93122/93930 Arterial Upper Ext.
- ___ 76645 Breast
- ___ 93880 Carotid duplex
- ___ 76880 Extremity nonvascular **R/L**
- ___ 76705 Gallbladder, liver, pancreas ***PR**
- ___ 76817 OB (TV) less than 14 wks.
- ___ 76805 OB greater than 14 wks.
- ___ 76856 Pelvis Transabdominal ***PR**
- ___ 76830 Pelvis Transvaginal
- ___ 76770 Retroperitoneal (renal/aorta) ***PR**
- ___ 76870/93976 Testes / Doppler
- ___ 76536 Thyroid
- ___ 93970 Venous Upper or Lower Bilateral Ext.
- ___ 93971 Venous Upper or Lower Unilateral Ext. **R/L**
- ___ 93307/93320/93325
Echocardiography; Doppler,
Color Flow
- ___ Other _____

NUCLEAR MEDICINE

- ___ 78306 Bone Scan - Whole Body
- ___ 78300 Bone Scan - Limited
- ___ 78315 Bone Scan - 3 Phase
- ___ 78264 Gastric Emptying
- ___ 78223 HIDA Scan (Hepatobiliary)
- ___ 78215 Liver/Spleen
- ___ 78290 Meckels
- ___ 78472 MUGA Ejection Fraction
- ___ 78070 Parathyroid Scan
- ___ 78596 Quantitative Lung Scan
- ___ 78707 Renal Scan Triple
- ___ 78708 Renal Scan w/Lasix
- ___ 78709 Renal Scan w/Captopril
- ___ 78010 Thyroid Scan
- ___ 78007 Thyroid Scan w/Uptake
- ___ 79000 Thyroid Therapy - I-131
- ___ 78001 Thyroid Uptake Only
- ___ 78585 Ventilation & Perfusion Lung Scan

PET SCAN

Specify Area _____

___ Diagnosis
___ Staging
___ Restaging

BONE DENSITY

- ___ 77080 Bone Density, DEXA

***PR - Preparation Required
See front of form**

R/L - Right/Left (Specify)