DOCs
DIAGNOSTIC OUTPATIENT CENTERS, INC.
PH 727-896-2202 • FAX 727-896-6192
400 12TH AVENUE NORTH • ST. PETERSBURG, FL 33701

APPOINTMENT INFORMATION
App't Date: _____
Time: _____ AM PM

Physician's Request

Patient's Name _____

Clinical History/DX _____

MRI

HEAD
- ☐ Brain
- ☐ Brain Stem
- ☐ I.A.C.'s
- ☐ Orbits
- ☐ Pituitary
- ☐ Posterior Fossa
- ☐ Sinuses
- ☐ TMJs

SPINE
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine

MRA
- ☐ Intracranial (Brain)
- ☐ Neck (Carotid)

Other _____

UPPER EXTREMITIES
- ☐ Shoulder ☐ L ☐ R ☐ B
- ☐ Elbow ☐ L ☐ R ☐ B
- ☐ Wrist ☐ L ☐ R ☐ B
- ☐ Hand ☐ L ☐ R ☐ B
- ☐ Other Extremity _____

CONTRAST ☐ Yes ☐ No

LOWER EXTREMITIES
- ☐ Pelvis ☐ L ☐ R ☐ B
- ☐ Hip ☐ L ☐ R ☐ B
- ☐ Knee ☐ L ☐ R ☐ B
- ☐ Ankle ☐ L ☐ R ☐ B
- ☐ Foot ☐ L ☐ R ☐ B
- ☐ Other

BODY
☐ Chest ☐ Abdominal ☐ Pelvis

MULTI-SLICE CT SCAN

HEAD
- ☐ Brain
- ☐ Sinus
- ☐ Temporal Bones
- ☐ Facial Bones Orbits
- ☐ TMJs
- ☐ Neck

SPINE
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar

ABDOMEN
- ☐ Abdomen
- ☐ ABD/Pelvis
- ☐ Pelvis
- ☐ Urogram

THORAX
- ☐ Chest
- ☐ High Resolution (HRCT)
- ☐ P.E. Study

UPPER EXTREMITIES
- ☐ Shoulder ☐ L ☐ R
- ☐ Elbow ☐ L ☐ R
- ☐ Wrist/Hand ☐ L ☐ R

LOWER EXTREMITIES
- ☐ Hip ☐ L ☐ R
- ☐ Femur ☐ L ☐ R
- ☐ Knee/Patella ☐ L ☐ R
- ☐ Lower Leg ☐ L ☐ R
- ☐ Ankle/Foot ☐ L ☐ R

CTA
- ☐ Brain
- ☐ Carotid
- ☐ Chest
- ☐ Aorta
- ☐ RUNOFF
- ☐ Renals

RECONSTRUCTION
- ☐ Sagittal or Coronals
- ☐ 3D/4D

CONTRAST
- ☐ With Contrast
- ☐ Without Contrast
- ☐ With and Without Contrast
- ☐ Without Oral

DIAGNOSTIC ULTRASOUND

ABDOMEN
- ☐ Abdominal Ultrasound Complete
- ☐ Abdominal Ultrasound Limited (Specify Organ) _____
- ☐ Aorta Ultrasound
- ☐ Renal Ultrasound
- ☐ Other _____

OB/GYN
- ☐ Pelvic Ultrasound and Transvaginal if necessary
- ☐ Pregnancy Ultrasound (1st Trimester) and Transvaginal if necessary
- ☐ OB Ultrasound Complete (2nd & 3rd Trimester)
- ☐ OB Ultrasound F/U
- ☐ Other _____

VASCULAR
- ☐ Carotid Ultrasound
- ☐ Bilateral lower extremity arterial duplex (includes ABI)
- ☐ Lower extremity venous duplex Bilateral ☐ Left ☐ Right
- ☐ Other _____

OTHER
- ☐ Breast Ultrasound ☐ Left ☐ Right
- ☐ Thyroid Ultrasound
- ☐ Testicular Ultrasound
- ☐ Other _____

XRAY

EXAMINATION REQUESTED:

_____
_____
_____
_____
_____
_____
_____
_____

*PLEASE SEE REVERSE SIDE FOR EXAMINATION INSTRUCTIONS

NPI# _____ Physician's Signature _____

EXAM PREPARATION- ALL EXAMINATIONS (VERY IMPORTANT)

Should you be pregnant or have any dietary needs (ie. diabetic and/or necessary medications) please inform our office when you are scheduling your appointment.

1) **MRI:**
Patients with pacemakers, defibrillators, intracranial metal clips, heart valves, or any type of prostatic devices must inform our scheduler when scheduling their appointment. In the event you have such hardware, a CT exam maybe the correct alternative examination.

2) **CT:**
If you are having a CT Exam of the Abdomen or Pelvis, it will be necessary that you drink and oral contrast solution. You may pick up contrast at our facility up to one day prior toyour examination. Instructions will be given to you by our office staff, when you pick up your contrast.
If you are over the age of 65 and you are to have an examination with contrast, you will need laboratory blood work completed (BUN and creatnin levels) no longer than 90 days prior to your examination. Our staff will provide you any needed instructions.

3) **ULTRASOUND:**
Abdominal Ultrasound: No eating or drinking after midnight, unless you have special dietary or medication needs.
Pelvic Ultrasound: 32 oz. water 1 hour prior to study.
1st Trimester: 32 oz. water 1 hour prior to ultrasound.
OB 2nd, 3rd Trimester: 20 oz. clear fluid 1 hour prior to ultrasound.
Renal Ultrasound: Patient should be well hydrated.
Arteral or Venous- No preparation is needed.

4) *Insurance companies require a referral and a pre-authorization number for diagnostice testing. It is a requirement by your insurance company to have your services pre-authorized especially MRI, CT, and Ultrasound studies. This authorization process can delay your examination from being as timely as possible.Thank you for your cooperation in advance. This is required by your insurance carrier, not by DOCs.*