

Podiatry Appointment Form

Scheduling: (239) 938-3535 FAX: (239) 938-3580



**FLORIDA
RADIOLOGY
CONSULTANTS**

Extraordinary Service. Excellent Care.

Today's Date: _____

Appointment Date: _____

Arrival Time: _____

Appointment Time: _____

- South Pointe
6311 South Pointe Blvd., Ste. 600
- Barkley Circle
63 Barkley Circle, Ste. 101

- STAT Films with Patient
- Phone Report: _____
(include cell phone number for after hours)
- Fax Report: _____
- Deliver Films/CD: _____

- Obtain Authorization
NPI #: _____
- Authorization _____
- FAX Scheduling

PATIENT INFORMATION (please print)

Name: _____

Date of Birth: _____

Daytime Phone Number: _____

Alternative Phone Number: _____

REFERRING PHYSICIAN INFORMATION

Physician's Signature: _____

(required for order)

Physician's Name: _____

Office Phone Number: _____ Fax: _____

C.C. Report: _____

HISTORY & DIAGNOSIS: Osteomyelitis Stress Fracture Tendon Pathology Neuroma Other: _____

MRI*: w/o contrast w & w/o contrast w/ contrast if needed

- Ankle ___ R ___ L Arthrogram ___ R ___ L
- Foot ___ R ___ L MRA Run Off
- Other: _____

CT*: w/o contrast w & w/o contrast w/ contrast if needed

- Ankle ___ R ___ L Arthrogram ___ R ___ L
- Foot ___ R ___ L CTA Run Off
- Other: _____

Lab

- Creatinine
- *Creatinine & GFR needed for Diabetic or Renally Compromised patients requiring IV Contrast*

Nuclear Medicine

- Bone Scan (SPECT if needed) Bone Scan 3 Phase
- WBC Scan
- Other: _____

Ultrasound

- Vascular:
 - Lower: Arterial Venous: Unilateral Bilateral
 - PVR w/ABI Duplex if indicated: w/ Exercise w/o Exercise Toe Pressures
- Joint (performed by Radiologist): _____
- Other: _____

X-Ray

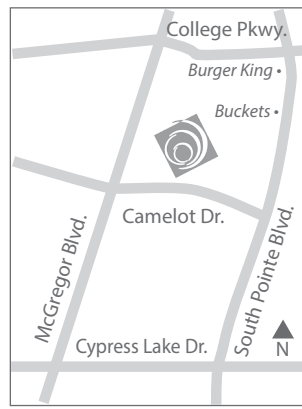
- Lower Leg ___ R ___ L Ankle ___ R ___ L Foot ___ R ___ L
- Other: _____



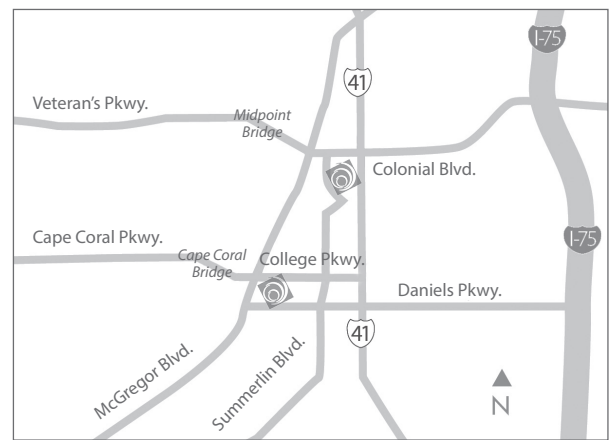
THIS REFERRAL SHEET AND INSURANCE CARD ARE REQUIRED AT THE TIME OF YOUR APPOINTMENT
Patients can complete paperwork prior to exam at www.FLRad.com



63 Barkley Circle, Ste. 101



6311 S. Pointe Blvd., Ste. 600



Concierge Service: For the convenience of our patients, we are pleased to offer a first of its kind service. Contact our medical records department and they will arrange for the delivery of your films or preparation materials to your home or office with no delivery charge.

Sedation: For claustrophobic and anxiety-ridden patients, we offer a number of sedation options. Consult your referring physician for your best solution and they will inform us of your personal needs.

PATIENT PREPARATIONS FOR PROCEDURES

Be sure to follow instructions for your exam preparations.

Please bring the following items with you to your appointment:

- Insurance card Physician's order (prescription) Picture ID Prior imaging/x-ray examination information: location, dates
- Please arrive at least 30 minutes prior to your appointment.
- Exam results will be sent to your physician within 48 hours.
- If you need to check out your x-rays, please call us 24 hours in advance.
- If you have any questions about preparation or your exam, please contact us.

- Barium Enema:** Your physician will give you an order for Colyte. Follow instructions. Prep is required 24 HOURS PRIOR to exam.
- Bone Scan:** Arrive for injection, return 2-3 hours later for scan.
- Cardiac Imaging Stress Test:** This is a 2-day study. Day 1, the resting baseline portion, eat normally. Day 2, the stress portion, eat a light meal 3-4 HOURS PRIOR to the test. Discontinue caffeine and beta blockers the day before your test, unless otherwise instructed by your physician. Wear loose, comfortable clothing.
- CT Abdomen Only:** Drink two bottles of oral contrast liquid 1 HOUR PRIOR to the exam.
- CT Abdomen and/or Pelvis:** Drink one bottle of oral contrast liquid 2 HOURS PRIOR to the scan, and another 1 HOUR PRIOR to the exam. Except for contrast, DO NOT eat anything after midnight, or for at least 4 HOURS PRIOR to the exam.
- CT Pelvis Only:** Drink two bottles of oral contrast liquid 2 HOURS PRIOR to the exam.
- CT Exam Requiring I.V. Contrast (other than Abdomen/Pelvis):** DO NOT eat anything after midnight, or for at least 4 HOURS PRIOR to the exam.
- Esophogram/Barium Swallow:** DO NOT eat or drink 4 HOURS PRIOR.
- Gastric Emptying:** DO NOT eat or drink 8 HOURS PRIOR to appointment.
- Hepatobiliary Scan:** DO NOT eat or drink anything 5 HOURS PRIOR to study.
- IVP:** Your physician will give you an order for Colyte. Follow instructions. Prep is required 24 HOURS PRIOR to exam.
- MRCP:** DO NOT eat or drink anything after midnight or for at least 4 HOURS PRIOR to the exam
- MRI:** Notify staff if you have a pacemaker, brain aneurysm clip, or metal anywhere in your body.
- MRI/CT/Enterography:** DO NOT eat or drink anything after midnight or for at least 4 HOURS PRIOR to the exam. Arrive 90 minutes prior to exam.
- Thyroid Scan w/ or w/o Uptake:** Thyroid with uptake is a 2-day exam, without uptake is 1 day. You will be asked to return to the center 3 or 5 hours after your initial appointment. No thyroid medications, iodine treatments, CT or IVP dye 3-6 weeks prior to your appointment.
- Ultrasound - Abdomen/Gallbladder/Kidney/Arota:** DO NOT eat anything after midnight, or for at least 6 HOURS PRIOR to the exam.
- Ultrasound - Pelvic/OB:** Drink four 8oz. glasses of liquid 1 HOUR PRIOR to appointment. DO NOT empty bladder. Bladder must be full for exam.
- Upper GI:** DO NOT eat or drink anything after midnight or for at least 6 HOURS PRIOR to the exam.

** If you are allergic to iodine or IVP DYE, notify our office PRIOR to your appointment.

** If you are DIABETIC, you will require lab work prior to your exam. You must NOT take GLUCOPHAGE (Metformin) for 48 HOURS AFTER YOUR EXAM and you will be required to have additional labwork, if you had a CT.



Scheduling: (239) 938-3535 FAX: (239) 938-3580
 Medical Records: (239) 938-3511 FAX: (239) 938-3582
 Administrative Office: (239) 938-3500
www.FLRad.com