



X-RAY/FLUOROSCOPY/ULTRASOUND/ NUCLEAR MEDICINE ORDER

Central Scheduling: 352-671-4300 • Fax: 352-732-8010
www.raocala.com • webappointments@raocala.com

PATIENT'S NAME _____ DATE OF BIRTH _____ MALE FEMALE

AUTH#/PRE-CERT#/PRE-NOTIFICATION# _____ PHONE _____

ORDER DATE _____ APPT. DATE/TIME _____

SYMPTOMS/DIAGNOSIS/PERTINENT HISTORY _____

ICD10 CODE _____

RAO LOCATION BEING REFERRED:

- Medical Imaging Center - 1490 SE Magnolia Ext., Ocala, Florida 34471
- Medical Imaging Center at Windsor Oaks - 1901 SE 18th Ave., Bldg. 200, Ocala, Florida 34471
- TimberRidge Imaging Center - 9521 SW Hwy 200, Ocala, Florida 34481 (Inside the Advent Health Emergency Center)
- TimberRidge Imaging Center Heathbrook Pavilion - 3949 SW College Rd, Suite 150, Ocala, FL 34474 (Inside the Advent Health Care Pavilion)

X-RAY (No Appointment Necessary—all sites)

Thoracic

- Chest, PA & Lat
- Ribs, Unilat. (PA Chest Incl.) . . . R or L
- Ribs, Bilateral (PA Chest Incl.)
- Sternum

Lower Extremity

- Pelvis
- Hip (Pelvis included) R or L
- Hips, Bilateral
- Femur R or L
- Knee R or L
- Tibia & Fibula R or L
- Ankle R or L
- Foot R or L
- Os Calcis (heel) R or L
- Toes R or L

Upper Extremity

- Clavicle R or L
- Shoulder R or L
- Scapula R or L
- Humerus R or L
- Elbow R or L
- Forearm R or L
- Wrist Complete 3 views . . R or L
- Hand R or L
- Sterno Clavicular Joints
- Other _____

- Fingers R or L
- Bone Age

Abdomen

- KUB
- Abdomen Series 3 Views

Spine

- Cervical Spine, AP & Lat
- Cervical Spine Flex & Ext.
- Cervical Spine w/obliques
- Thoracic Spine
- Thoracolumbar Junction
- Lumbar Spine AP & Lat
- Lumbar Spine w/obliques
- Lumbar Spine Flex & Ext.
- Sacrum and Coccyx
- SIjoints
- Scoliosis

Head

- Nasal bones
- Skull AP & Lat
- Skull series
- Sinuses
- Facial Bones
- Orbits
- Mandible

ULTRASOUND*

- Abdomen - RUQ
- Abdomen - Complete
- Bladder
- Gallbladder
- Liver (w /Doppler if needed)
- Liver (w/ Elastography)
- Aorta (w/ Doppler)
- Screening Aorta
- Renal
- Thyroid
- Thyroid FNA
- Scrotal w/Doppler
- Soft tissue extremity
- OB First Trimester (w/probe if needed)
- OB Second & Third Trimester
- Pelvic US w/Doppler (w/probe if needed)
- Pelvic US w/Doppler (transabdominal only)
- Pelvic US w/ Doppler (transvaginal only)
- Pelvic US (male)
- Soft Tissue Head
- Soft Tissue Neck
- Sonohysterogram
- Carotid US
- Duplex Lower Arteries (unilat) R or L
- Duplex Lower Arteries (bilat)
- Arterial doppler w/ segmental pressures
- Venous Doppler (unilat) R or L
- Venous Doppler (bilat)
- Venous Insufficiency Study
- Other _____

FLUOROSCOPY*

- Barium Swallow-Esophagram
- Upper G.I. Series
- Upper G.I. Series w/Small Bowel
- Small Bowel only
- Barium Enema
- Barium Enema w/air
- Voiding Cystourethrogram
- Cystogram
- Hysterosalpingogram
- Pain Injection _____ (joint)
- Shoulder Arthrogram w/MRI . R or L
- Wrist Arthrogram w/MRI R or L
- Hip Arthrogram w /MRI R or L
- Arthrogram _____ (joint)
- Other _____

NUCLEAR MED*

- Bone Scan (& radiography as needed)
- BrainSpect (DaTscan)
- 3 Phase Bone Scan (& radiography as needed) (Osteomyelitis & Prosthesis)
- Gallium Scan
- Gastric Emptying Scan
- Hepatobiliary/Gallbladder Scan w/EF
- Liver/Spleen Scan
- Parathyroid Scan
- Thyroid Uptake and Scan

*Call for an Appointment

EMERGENCY PHONE REPORT _____ PHONE # _____ FAX # _____

HOLD PATIENT _____ CLINICIAN SIGNATURE _____ PRINT NAME _____

COPIES TO OTHER CLINICIANS _____



PATIENT INFORMATION AND EXAM PREPARATION

For more patient prep information please visit:
www.raocala.com/patient-preps-index

Please bring your **insurance card** and **photo ID**. Co-payment is due at time of service.

24-hour notice is *required* for pick-up of all imaging records (CDs).
 If you cannot keep your appointment, prior notice is appreciated.
 Please notify the technologist if you are or suspect you are pregnant.

Barium Swallow - Esophagram

No preparation needed.

Gastrointestinal Series (UGI and/or Small Bowel)

Nothing by mouth after midnight

Barium Enema (24-hour prep done the day before exam)

Breakfast - Liquid diet. No sugar. No dairy.

Noon - Light lunch. Clear soup, unsweetened fruit juices, sugar-free gelatin, black coffee or plain tea. *No milk or cream.*

1:00 PM - Drink 8 ounces of water.

2:00 PM - Drink 8 ounces of water.

3:00 PM - Drink 8 ounces of water.

4:00 PM - Drink 8 ounces of water.

5:00 PM - Liquid dinner. Clear soup, unsweetened fruit juices, sugar-free gelatin, black coffee or plain tea. *No milk or cream.*

5:30 PM - Drink one 10-ounce bottle of Magnesium Citrate.

6:00 PM - Drink 8 ounces of water.

7:00 PM - Drink 8 ounces of water.

8:00 PM - Drink 8 ounces of water.

9:00 PM - Drink 8 ounces of water.

9:30 PM - Take 3 Bisacodyl tablets with water. *Do not chew.*

Morning of Exam:

1. Do not eat or drink. You may take any prescribed medications, except for those that must be taken with food.
2. Administer Bisacodyl suppository.
3. Diabetic patients may have a liquid breakfast (12 ounces of sweetened fruit juice) and take their medication.

Pediatric Barium Enema Prep

Call 352-671-4300 for instructions

Ultrasound of Abdomen/RUQ/Abdominal Aorta-Gallbladder

Nothing by mouth after midnight

Ultrasound Pelvis/Endovaginal/OB first trimester (less than 12 weeks)

Full bladder required—drink 32 to 40 ounces of water at least one hour prior to the exam

All other ultrasounds

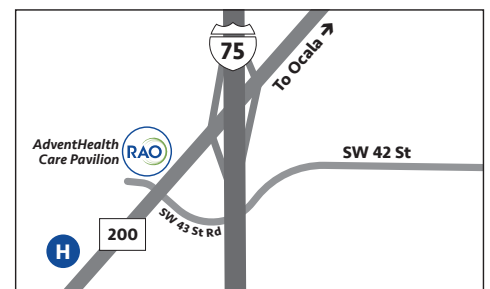
No preparation necessary

Nuclear Medicine

No preparations unless otherwise instructed.

TIMBERRIDGE IMAGING CENTER HEATHBROOK PAVILION

Located inside AdventHealth Care Pavilion



MEDICAL IMAGING CENTER AT WINDSOR OAKS AND THE WOMEN'S IMAGING CENTER

For both centers, enter through
Building 200

MEDICAL IMAGING CENTER



TIMBERRIDGE IMAGING CENTER Located inside AdventHealth Emergency Center

