

Name: \_\_\_\_\_ D. O. B.: \_\_\_\_\_ Phone #: \_\_\_\_\_  M  F SSN #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

★ Your Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ ★

Referring Provider  
 Dr. Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_ Dr. Fax: \_\_\_\_\_  
 PHONE REPORT     PHONE & HOLD REPORT     SEND CD/DVD VIA PATIENT     WET READ     Copy To: \_\_\_\_\_  
 DX History & Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 Insurance: \_\_\_\_\_      X \_\_\_\_\_      Physici an's Signature

| MRI (WEST OFFICE)          |   |
|----------------------------|---|
| 70336                      | TMJ   |
| 70553                      | Brain w/o/w                                       |
| 70540                      | Orbit, Face & Neck                                |
|                            | Brachial Plexus                                   |
| 70544                      | MR angiogram Head                                 |
| 70549                      | MR angiogram Neck                                 |
| 71550                      | Chest   |
| 75554                      | Cardiac Study                                     |
| 71555                      | MR angiogram, Chest                               |
| 721                        | Spine, Cervical <input type="checkbox"/> Contrast |
| 721                        | Spine, Thoracic <input type="checkbox"/> Contrast |
| 721                        | Spine, Lumbar <input type="checkbox"/> Contrast   |
| 72195                      | Pelvis  |
| 72198                      | MR angiogram, Pelvis                              |
| 73218                      | Upper Extremity                                   |
| 73221                      | Upper Extremity, Jt.                              |
| 73225                      | MR angiogram, Upper Extremity                     |
| 73718                      | Lower Extremity                                   |
| 73721                      | Lower Extremity, Jt.                              |
| 73725                      | MR angiogram, Lower Extremity                     |
| 74181                      | Abdomen   |
| 74185                      | MR angiogram, Abdomen                             |
|                            | MRA Runoff  |
| 77058                      | Breast MRI, uni    prep 4                         |
| 77059                      | Breast MRI, bi    prep 4                          |
| 19102                      | Core Biopsy                                       |
|                            | MRCP    prep 2                                    |
|                            | Other   |
| ARTHROGRAPHY (WEST)        |   |
| 73040                      | Shoulder, 23350                                   |
| 73115                      | Wrist, 24246                                      |
| 73085                      | Elbow, 24220                                      |
| 73580                      | Knee, 27370                                       |
| 73615                      | Ankle, 27648                                      |
| 72525                      | Hip, 27093  |
|                            | <input type="checkbox"/> WITH MRI (WEST OFFICE)   |
|                            | <input type="checkbox"/> WITH CT (VIP OFFICE)     |
| BONE SPECIFIC (DIC)        |   |
| 77080                      | Dexa Bone Density                                 |
|                            | (NO CONTRAST OF ANY TYPE 7 DAYS PRIOR TO EXAM)    |
| 77075                      | Bone Survey, complete                             |
| 77072                      | Bone Age  |
| VASCULAR STUDIES (DIC/VIP) |   |
| 93880                      | Carotid Doppler                                   |
| 93970                      | Venous, Duplex, Bilateral                         |
| 93971                      | Venous Duplex, Unilateral or ltd                  |
| 76770                      | Aorta   |
| DIGITAL MAMMOGRAPHY (DIC)  |   |
| G0206/77051                | Mammography unl w/CAD    prep 4                   |
| G0204/77051                | Mammography bl w/CAD    prep 4                    |
| G0202/77052                | Mammography Screen w/CAD    prep 4                |

| FLUOROSCOPY/GI/GU (VIP)            |   |
|------------------------------------|---|
| 74740                              | Hysterosalpingogram    prep 6   |
| 74430                              | Cystogram (adult only)  |
| 74450                              | Urethrocytography   |
|                                    | Retrograde (adult only)   |
| 74400                              | Urography, IVP  |
| GASTROINTESTINAL (VIP)             |   |
| 74220                              | Esophagus    prep 1   |
| 74246                              | Upper GI    prep 2  |
| 74249                              | GI & Small Bowel    prep 2  |
| 74250                              | Small Bowel Study    prep 2   |
| 74250                              | Entero-vu (small bowel)    prep 5   |
| 74270                              | Barium Enema    prep 5  |
| 74280                              | BE with Air    prep 5   |
| NUCLEAR MEDICINE (DIC OFFICE ONLY) |   |
|                                    | (Your appointment time is your injection time. Be aware there may be a 3-hour delay between the injection time and the exam.) |
| Bone Scan                          | SITE  |
| 78306                              | Whole Body  |
| 78315                              | 2 PHASE    3 PHASE  |
| 78320                              | SPECT    SITE   |
| LIVER SCANS                        |   |
|                                    | Liver/Spleen scan   |
|                                    | Tagged red cell liver SPECT   |
| RENAL SCANS                        |   |
|                                    | Captopril    Lasix  |
| HEPATOBILIARY                      | prep 2  |
| 78223                              | Hepatobiliary Scan  |
| 78223                              | CCK   |
| 78264                              | GASTRIC Emptying    prep 2  |
|                                    | Erythromycin    Reglan  |
| GALLIUM SCAN                       |   |
| THYROID SCAN                       |   |
| 78472                              | MUGA SCAN   |
| SPLIT LUNG                         |   |
| ULTRASOUND (DIC)                   |   |
| 76536                              | Thyroid   |
| 76645                              | Breast  |
| 76700                              | Abdominal    prep 2   |
| 76770                              | Renal   |
| 76830 and 76856                    | Transvaginal and Pelvic    prep 3   |
| 76870                              | Scrotum   |
| 76880                              | Extremity, non-vascular   |
|                                    | Other   |
| GENERAL RADIOLOGY (DIC)            |   |
| HEAD                               |   |
| 70110                              | Mandible  |
| 70150                              | Facial Bones  |
| 70130                              | Mastoids  |
| 70160                              | Nasal Bones   |
| 70200                              | Orbits  |
| 70220                              | Sinuses Complete  |

| GENERAL RADIOLOGY (DIC) |  |
|-------------------------|--|
| HEAD (Cont'd)           |  |
| 70250                   | Skull AP/LAT   |
| 70260                   | Skull Series   |
| 70330                   | TM Joints  |
| 70360                   | Neck Soft Tissue   |
| THORAX & ABDOMEN        |  |
| 71010                   | Chest, 1 view  |
| 71020                   | Chest, 2 view  |
| 71021                   | Chest, lordotic  |
| 71035                   | Chest, decubitus <input type="checkbox"/> L <input type="checkbox"/> R     |
| 71100                   | Ribs, unilateral <input type="checkbox"/> L <input type="checkbox"/> R     |
| 71101                   | Ribs, uni w/ PA <input type="checkbox"/> L <input type="checkbox"/> R      |
| 71110                   | Ribs, bilateral  |
| 71120                   | Sternum  |
| 74000                   | Abdomen, single view   |
| 74020                   | Abdomen, complete (flat & upright)   |
| SPINE & PELVIS          |  |
| 72040                   | Cervical Spine, AP & LAT   |
| 72050                   | Cervical Spine, incl. obl.   |
| 72052                   | Cervical Spine, complete incl. obliques & flex/ext                         |
| 72072                   | Thoracic Spine, AP & LAT   |
| 72069                   | Scoliosis Series PA only   |
| 72100                   | Lumbar Spine, AP & LAT   |
| 72110                   | Lumbar Spine, incl. obl.   |
| 72114                   | Lumbar Spine, complete incl. obl & bending                                 |
| 72170                   | Pelvis AP  |
| 72202                   | SI Joints, > 3 views   |
| 72220                   | Sacrum & Coccyx, min 2 views   |
| UPPER EXTREMITY         |  |
| 73000                   | Clavicle, complete <input type="checkbox"/> L <input type="checkbox"/> R   |
| 73010                   | Scapula, complete <input type="checkbox"/> L <input type="checkbox"/> R    |
| 73030                   | Shoulder, complete <input type="checkbox"/> L <input type="checkbox"/> R   |
| 73050                   | AC joints <input type="checkbox"/> L <input type="checkbox"/> R            |
| 73060                   | Humerus <input type="checkbox"/> L <input type="checkbox"/> R              |
| 73080                   | Elbow, complete <input type="checkbox"/> L <input type="checkbox"/> R      |
| 73090                   | Forearm, AP & LAT <input type="checkbox"/> L <input type="checkbox"/> R    |
| 73110                   | Wrist, complete <input type="checkbox"/> L <input type="checkbox"/> R      |
| 73130                   | Hand, min 3 views <input type="checkbox"/> L <input type="checkbox"/> R    |
| 73140                   | Fingers, min 2 views <input type="checkbox"/> L <input type="checkbox"/> R |
| LOWER EXTREMITY         |  |
| 73510                   | Hip, complete <input type="checkbox"/> L <input type="checkbox"/> R        |
| 73520                   | Hip, bilateral   |
| 73550                   | Femur, AP & LAT <input type="checkbox"/> L <input type="checkbox"/> R      |
| 73564                   | Knee, complete <input type="checkbox"/> L <input type="checkbox"/> R       |
| 73590                   | Tibia & Fibula, AP & <input type="checkbox"/> L <input type="checkbox"/> R |
| 73610                   | Ankle, complete <input type="checkbox"/> L <input type="checkbox"/> R      |
| 73630                   | Foot, complete <input type="checkbox"/> L <input type="checkbox"/> R       |
| 73650                   | Calcaneous, min 2 <input type="checkbox"/> L <input type="checkbox"/> R    |
| 73660                   | Toes, min, 2 views <input type="checkbox"/> L <input type="checkbox"/> R   |

**PATIENT INSTRUCTIONS**

- Prep #1: Nothing to eat or drink 2 hours before examination.
- Prep #2: Nothing to eat or drink after midnight. (Minimum 12 hours)
- Prep #3: Drink 32 ounces of any type of fluid 1 hour before appointment.  
**DO NOT URINATE**
- Prep #4:
  - a. Wash under arm and breasts the day of the exam.
  - b. **DO NOT** use deodorants, perfumes, powders, ointments or anything in the underarm area or on the breasts until exam is complete.
  - c. a two-piece outfit is suggested for your convenience:
- Prep #5: **DAY BEFORE EXAMINATION**
  - a. Non residue diet (**NO** fruits, vegetables, fiber cereal or breads). Drink 8 ounces of clear liquids every hour until 5pm (**NO** drinks with pulp ie: orange juice or grapefruit juice)
  - b. 4:30pm: drink 1 bottle, Magnesium Citrate  
 6 – 9pm: 8 ounces of water EVERY HOUR  
 7:30pm: 2 Dulcolax (Bisacodyl) tabs by mouth  
 9:30pm: **Nothing by mouth until exam**  
*(you may take regular medications with small amount of water ONLY THAT NECESSARY TO GET MEDS DOWN)*

**DAY OF EXAMINATION**

  - a. **NOTHING TO EAT OR DRINK** (you may take regular medication with small amount of water ONLY THAT NECESSARY TO GET MEDS DOWN)
  - b. Use **ONE** Dulcolax suppository **TWO** hours prior to scheduled exam.

***DIABETIC PATIENTS SHOULD CONTINUE CLEAR LIQUIDS (SEE ABOVE ) UNTIL EXAM TIME***
- Prep #6: Must be scheduled between 7 – 10 menstrual days.

**LOCATIONS**

**Diagnostic Imaging Center (DIC)**

Phone:(352) 331-9729

Fax: (352)331-9744

Address: 6716 NW 11th Place, Gainesville

Hours: 7:30 a.m. to 5:30 p.m. Monday through Friday

**Vascular & Interventional Physicians (VIP)**

Phone:(352) 333-7847

Fax: (352) 333-0990

Address: 6685 NW 9<sup>th</sup> Blvd, Gainesville

Hours: 7:30 a.m. to 5:30 p.m. Monday through Friday

**West Office**

Phone:(352) 371-3336

Fax: (352)371-3372

Address: 4960 Newberry Rd, Suite 280 Gainesville

Hours: 8:00 a.m. to 5:00 p.m. Monday through Friday

