



**PUTNAM
RADIOLOGY
GROUP**
& WOMEN'S CENTER



PRG OFFICE

6121 St. Johns Ave., · Palatka, FL · 32177

(386) 326-0077 · FAX (386) 326-0188

DoctorsImagingGroup.com

Name: _____ DOB: _____ M / F

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Dr. Phone: _____

SS#: _____ Insurance: _____

Referring
Provider

Dr. Name: _____ Dr. Phone: _____ Dr. FAX: _____

☐ PHONE REPORT ☐ PHONE & HOLD REPORT ☐ COPY TO: _____

DX History & Notes: _____

_____ X: _____ / _____

Physician's Signature: _____

Date: _____

MRI		General Radiology		Arthrogram/Joint Injections	
☐ Creatinine	☐ Contrast	HEAD		MR Arthrogram	CT Arthrogram
Brain		Mandible	Sinuses Complete	Shoulder	R / L
Breast		Facial Bones	Skull Series	Elbow	R / L
Orbit, Face, & Neck		Nasal Bone	TM Joints	Wrist	R / L
Pelvis		Orbits	Neck Soft Tissue	Hip	R / L
Prostate		THORAX	UPPER EXTREMITY	Knee	R / L
Spine, Cervical		Chest, 1 View	☐ LEFT ☐ RIGHT ☐ BILAT	Ankle	R / L
Spine, Thoracic		Chest, 2 Views	Clavicle, Complete	Ultrasound	
Spine, Lumbar		Ribs L / R / B	Clavicle, Complete	Abdomen (w/ Duplex as needed)	[3]
Upper Extremity L / R		Ribs w/ PA Chest L / R / B	Scapula, Complete	Aorta (w/ Duplex as needed)	[3]
Upper Extremity, Joint L / R		Sternum	Shoulder, Complete	Breast L / R	
Lower Extremity L / R		SPINE & PELVIS	AC Joints	Pelvic & Transvaginal (w/ Duplex)	[4]
Lower Extremity, Joint L / R		Cervical Spine, AP & LAT	Humerus	Renal/Bladder w/ Duplex as needed	[3]
Abdomen	MRCP [1]	Cervical Spine, Inc. Onl.	Elbow, Complete	Scrotal w/ Duplex as needed	
MR Angiogram, Neck		Cervical Spine, Complete incl. Obliques & Flex/Ext.	Forearm, AP & LAT	Thyroid	
MR Angiogram, Head		Thoracic Spine, AP & LAT	Wrist, Complete	Unlisted U/S Proced: Specify Site Below	
CT	☐ Creatinine ☐ IV Contrast	Scoliosis Series	Hand, min 3 Views	Specify Site: _____	
Head	[1]	Lumbar Spine, AP & LAT	Fingers, min 2 Views	LOWER EXTREMITY	
Orbital, Sella, Ear		Lumbar Spine, Inc. OBL	☐ LEFT ☐ RIGHT ☐ BILAT	Vascular Studies	
Maxillofacial/Sinus w/ Reformat(s)		Lumbar Spine, Complete incl. Obl. & Bending	Hip, Unilateral	Carotid Doppler	
Soft Tissue, Neck			Hip, (Incl. Pelvis)	Lower Extremity Arterial ☐ LEFT ☐ RIGHT ☐ BILAT	
Chest, Thorax	[1]	Pelvis AP)	Femur	Venous, Duplex; ☐ LEFT ☐ RIGHT ☐ BILAT	
Abdomen/Pelvis	[2]	SI Joints, > 3Views	Knee, Complete	☐ UPPER ☐ LOWER	
Abdomen/Pelvis Stone Protocol		Sacrum & Coccyx, >2 Vws	Tibia & Fibula	Mammography	
Lung CA Screening		Abdomen, 1 View (KUB)	Ankle, Complete	Mammo Screening [5]	
Spine, Cervical w/ Reformat(s)		Abdomen, Complete (Flat & Upright)	Foot, Complete	Mammo Diagnostic, Ultrasound if Needed	
Spine, Thoracic w/ Reformat(s)			Calcaneous, Min. 2 views	☐ LEFT ☐ RIGHT ☐ BILAT [5]	
Spine, Lumbar w/ Reformat(s)			Toes, Min. 2 Views	Breast BX U/S/ Guided Aspiration	
Upper Extremity w/ Reformat(s)				☐ LEFT ☐ RIGHT ☐ BILAT	
Lower Extremity w/ Reformat(s)				Bone Density	
CT Angiogram Head				Dexa Bone Densitometry Exam	
CT Angiogram Neck					
CT Angiogram Chest					
CT Angiogram Abdomen & Pelvis					
CT Angiogram Aorta w/ Runoff					

SEE OTHER SIDE FOR INSTRUCTIONS AND LOCATION

REV. 6/1/25

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PUTNAM
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PREPARING FOR YOUR
VISIT

PATIENT INSTRUCTIONS

Prep #1: Nothing to eat or drink four hours before examination.

Prep #2: Use prep provided by Putnam Radiology Group, Pick up at least 2 days in advance.

Prep #3: Nothing to eat or drink after midnight.

Prep #4: Drink 32 ounces of any non-carbonated fluid 1 hour before appointment. DO NOT URINATE.

Prep #5:

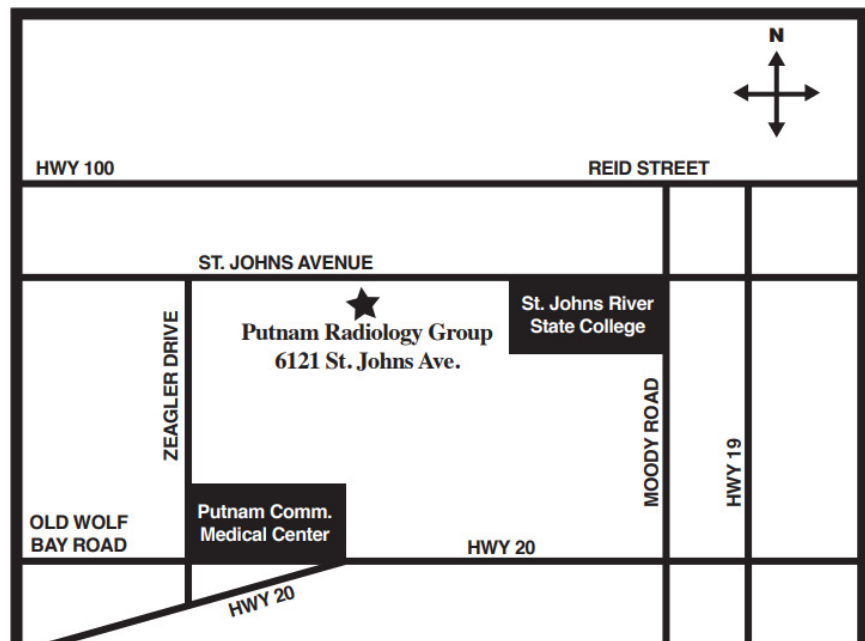
A. Wash under arm and breasts the day of exam

B. Do NOT use deodorants, perfumes, powders, or ointments, or anything in the underarm or on the breasts until exam is complete.

C. A 2-piece outfit is suggested for your convenience.

PRACTICE LOCATION:

6121 ST. JOHNS AVE. PALATKA, FL 32177
INFO@DOCTORSIMAGINGGROUP.COM



SEE OTHER SIDE FOR EXAMS