



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

PRG OFFICE
6121 St. Johns Ave. • Palatka, Florida 32177
Tele: (386) 326-0077 • Fax: (386) 326-0188
www.DoctorsImagingGroup.com

**VASCULAR &
INTERVENTIONAL
PHYSICIANS**

**DOCTORS
IMAGING
GROUP**

Name: _____ DOB: _____ M / F _____

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

Home Phone: _____ Cell Phone: _____ SS#: _____

Your ApPOINTment: Date: _____ Time: _____

Referring Provider	Dr. Name: _____ Dr. Phone: _____ Dr. Fax: _____		
	<input type="checkbox"/> PHONE REPORT <input type="checkbox"/> PHONE & HOLD REPORT <input type="checkbox"/> SEND CD/DVD VIA PATIENT <input type="checkbox"/> Copy to: _____		
	DX History & Notes: _____		
	Insurance: _____	Date: _____	X _____ Physician's Signature

MRI/CT Contrast Studies

MRI	CT	ULTRASOUND
70551 Brain wo	<input type="checkbox"/> Contrast	76536 Soft Tissue Head/Neck
70553 Brain wo/w	704 Head prep 1	Specify Site _____
70540 Orbit, Face & Neck	704 Orbit, Stella, Ear	76700/93975 Abdominal
721 Spine, Cervical <input type="checkbox"/> Contrast	704 Maxillofacial/sinus w/reformat(s)	(w/duplex as needed) prep 3
721 Spine, Thoracic <input type="checkbox"/> Contrast	704 Soft Tissue, Neck	76770 Aorta prep 3
721 Spine, Lumbar <input type="checkbox"/> Contrast	712 Chest, Thorax prep 1	76641 Breast, complete uni <input type="checkbox"/> L <input type="checkbox"/> R
72195 Pelvis	74176 Abdomen/Pelvis wo contrast prep 2	76770/93975 Renal prep 3
73218 Upper Extremity	74177 Abdomen/Pelvis w contrast prep 2	(w/duplex as needed) i.e. RAS
73221 Upper Extremity, Jt.	74178 Abdomen/Pelvis w/wo contrast prep 2	76830/76856/93975 Transvaginal
73718 Lower Extremity	721 Spine, Cervical w/ reformat(s)	and Pelvic (w/duplex as needed) prep 4
73721 Lower Extremity, Jt.	721 Spine, T-Thoracic w/ reformat(s)	76870/93975 Scrotal
74181 Abdomen	721 Spine, Lumbar w/ reformat(s)	(w/duplex as needed)
74185 MR Angiogram, Abdomen	732 Upper Extremity w/ reformat(s)	76881 Extremity, non vascular
<input type="checkbox"/> MRCP prep 1	737 Lower Extremity w/ reformat(s)	76942 U/S guidance cyst, any location
70544 MR Angiogram, Head	70496 CT Angiogram Head	76999 Unlisted U/S procedure
70549 MR Angiogram, Neck	70498 CT Angiogram Neck	Specify Site _____
	71275 CT Angiogram Chest	76536 Thyroid
	72191 CT Angiogram Pelvis	60100 Thyroid Biopsy <input type="checkbox"/> L <input type="checkbox"/> R
	73206 CT Angiogram Upper Extremity	VASCULAR STUDIES
	73706 CT Angiogram Lower Extremity	93880 Carotid Doppler
	74174 CT Angiogram – Abdomen & Pelvis	93925 Arterial Duplex
ARTHROGRAPHY	74175 CT Angiogram Abdomen	93970 Venous, Duplex, bilateral
73040 Shoulder, 23350	75635 CT Angiogram Aorta with Runoff	93971 Venous, Duplex, uni or ltd <input type="checkbox"/> L <input type="checkbox"/> R
73115 Wrist, 25246		MAMMOGRAPHY
73085 Elbow, 24220		77067 Mammography Screen w/CAD prep 5
73615 Ankle, 27648		77066 Mammography bi w/CAD prep 5
73525 Hip, 27093		77065 Mammography uni w/CAD prep 5
73580 Knee, 27370		19000/76942 Breast Cyst Aspiration L R
<input type="checkbox"/> WITH MRI <input type="checkbox"/> WITH CT		19083 Breast BX U/S Guided L R
		OTHER
		77080 Dexa Bone Density

SEE OTHER SIDE FOR MORE EXAMS AND INSTRUCTIONS

GENERAL RADIOLOGY

HEAD		ABDOMEN	
70110	Mandible	74018	ABD 1 View (KUB)
70130	Mastoids	74019	Abdomen, complete (flat & upright)
70150	Facial Bones		
70160	Nasal Bones		
70200	Orbits		
70220	Sinuses Complete		
70250	Skull		
70260	Skull Series		
70330	TM Joints		
70360	Neck Soft Tissue		

**Vascular & Interventional
and
Spine & Joint Procedures
are available at our
Gainesville locations**



THORAX	
71045	Chest, 1 view
71046	Chest, 2 views
71047	Chest, lordotic
71047	Chest, decubitus L R
71100	Ribs, Unilateral L R
71101	Ribs, Uni w/PA chest L R
71110	Ribs, Bilateral
71111	Ribs, Bilateral w/PA Chest
71120	Sternum

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
72081	Scoliosis Series
72100	Lumbar Spine, AP & LAT
72110	Lumbar Spine, incl. Obl.
72114	Lumbar Spine, complete incl. Obl. and bending
72170	Pelvis AP
72202	SI Joints, >3 views
72220	Sacrum & Coccyx min, 2 views

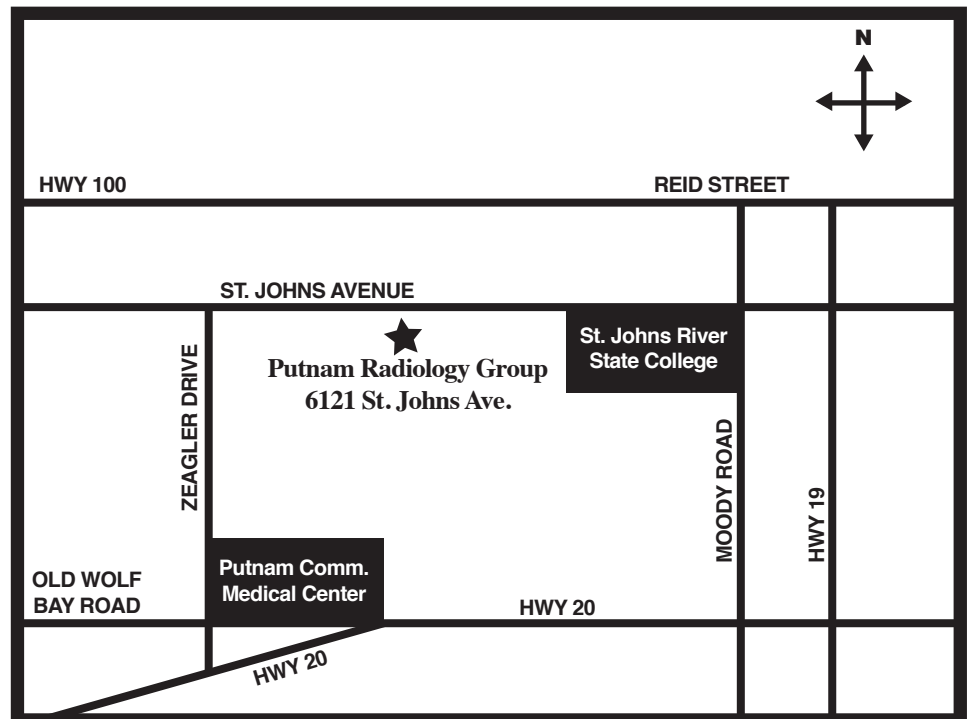
UPPER EXTREMITY	
73000	Clavicle, Complete L R
73010	Scapula, Complete L R
73030	Shoulder, Complete L R
73050	AC Joints
73060	Humerus L R
73080	Elbow, Complete L R
73090	Forearm, AP & LAT L R
73110	Wrist, Complete L R
73130	Hand, min 3 views L R
73140	Fingers, min 2 views L R

LOWER EXTREMITY	
73502	Hip, unilat L R
73521	Hip, Bilateral (incl. pelvis)
73552	Femur, AP & LAT L R
73564	Knee, Complete L R
73590	Tibia & Fibula, AP/LAT L R
73610	Ankle, Complete L R
73630	Foot, Complete L R
73650	Calcaneous, min 2 views L R
73660	Toes, min 2 views L R

PATIENT INSTRUCTIONS

Please call our office if you have any allergies, previous contrast reactions or questions.

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| <p>Prep #1. Nothing to eat or drink 4 hours before examination.</p> <p>Prep #2. Use prep provided by Putnam Radiology Group. Pick up at least 2 days in advance.</p> <p>Prep #3. Nothing to eat or drink after midnight.</p> <p>Prep #4. Drink 32 ounces of any non-carbonated fluid 1 hour before appointment. DO NOT URINATE.</p> | <p>Prep #5. A. Wash under arm and breasts the day of exam.</p> <p>B. Do NOT use deodorants, perfumes, powders, ointments, or anything in the underarm area or on the breasts until exam is complete.</p> <p>C. A 2-piece outfit is suggested for your convenience.</p> |
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SEE OTHER SIDE FOR MORE EXAMS