



Appointment date: _____ Appointment time: _____ Call to schedule? Y N Today's date: _____

Patient's name: _____ DOB: _____ Mobile #: _____ Alternate #: _____

Insurance (Fax front & back of patient's card and any clinical information): _____

Clinical Indications/Signs/Symptoms: _____

COMMENTS: _____

Provider name (printed): _____ Provider signature: _____

Office phone: _____ Office fax: _____

STAT (Referring provider direct line) # _____ Fax STAT Report to: _____

MRI	CT	ULTRASOUND	X-RAY
CONTRAST <input type="radio"/> W <input type="radio"/> W/O <input type="radio"/> W&W/O <input type="radio"/> Radiologist Discretion <input type="radio"/> Brain <input type="radio"/> Orbits/Brain <input type="radio"/> Brain IACs/7th & 8th Nerve C/S <input type="radio"/> Brain Pituitary/Sella C/S <input type="radio"/> Trigeminal Nerve <input type="radio"/> TMJ <input type="radio"/> MRA <input type="radio"/> Head <input type="radio"/> Neck C/S <input type="radio"/> Abdomen C/S <input type="radio"/> Soft Tissue Neck <input type="radio"/> Brachial Plexus <input type="radio"/> Extremity <input type="radio"/> Shoulder <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Humerus <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Forearm <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Elbow <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Wrist <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Hand <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Hip <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Thigh <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Knee <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Lower leg <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Ankle (hind foot) <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Foot (mid foot to toe) <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Spine <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Abdomen <input type="radio"/> Specify: _____ <input type="radio"/> MRCP <input type="radio"/> Pelvis <input type="radio"/> Female <input type="radio"/> Bony Pelvis <input type="radio"/> Sacrum <input type="radio"/> Coccyx	CONTRAST <input type="radio"/> W <input type="radio"/> W/O <input type="radio"/> W&W/O <input type="radio"/> Radiologist Discretion <input type="radio"/> Perform 3-D Reconstruction <input type="checkbox"/> All CT patients over 60 years old and/or diabetic are required to have a current creatinine. Creatinine level: _____ Date: _____ <input type="radio"/> Obtain at imaging facility Head <input type="radio"/> Head <input type="radio"/> Orbits w/coronals <input type="radio"/> Paranasal Sinus <input type="radio"/> Temporal Bones w/coronals <input type="radio"/> Facial Bones w/coronals <input type="radio"/> Soft Tissue Neck Chest <input type="radio"/> Chest <input type="radio"/> Chest - High Res <input type="radio"/> Chest - Low Dose Lung Screening <input type="radio"/> Cardiac Calcium Scoring <input type="radio"/> Abdomen <input type="radio"/> Pelvis Abd/Pelvis <input type="radio"/> Renal Protocol (mass) <input type="radio"/> Appendix Protocol (IV and Oral) <input type="radio"/> Urogram (Stone Protocol) CT Enterography <input type="radio"/> Enterography w/contrast Spine w/reconstruction <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar Extremity w/reconstruction <input type="radio"/> Shoulder <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Elbow <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Wrist <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Knee <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Ankle <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Foot <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Other (specify): _____ CT Angiogram <input type="radio"/> Chest (Aorta) <input type="radio"/> Abdomen/Pelvis with Runoffs (Aorta)	<input type="radio"/> Aorta <input type="radio"/> Thyroid <input type="radio"/> Soft Tissue: _____ <input type="radio"/> Abdomen - Complete <input type="radio"/> Abdomen - Limited (RUQ and Gallbladder) <input type="radio"/> Abdomen Wall (Hernia) <input type="radio"/> Liver Elastography <input type="radio"/> Renal with Bladder <input type="radio"/> OB (Transvaginal as indicated) <input type="radio"/> Pelvic (Women-Transvaginal as indicated) <input type="radio"/> Transvaginal Only <input type="radio"/> Testicular (Scrotum doppler for arterial inflow and venous outflow) <input type="radio"/> Other: _____ Vascular <input type="radio"/> Carotid <input type="radio"/> Arterial <input type="radio"/> Upper Ext <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Lower Ext <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Venous <input type="radio"/> Upper Ext <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Lower Ext <input type="radio"/> R <input type="radio"/> L	(X-rays are done on a work-in basis) <input type="radio"/> Skull <input type="radio"/> Nasal Bones <input type="radio"/> Sinuses <input type="radio"/> Mandible <input type="radio"/> TMJ <input type="radio"/> Soft Tissue Neck <input type="radio"/> Ribs <input type="radio"/> R <input type="radio"/> L (PA Chest Included) <input type="radio"/> Extremity <input type="radio"/> Clavicle <input type="radio"/> Shoulder <input type="radio"/> Elbow <input type="radio"/> Humerus <input type="radio"/> Forearm <input type="radio"/> Wrist <input type="radio"/> Hand <input type="radio"/> Finger <input type="radio"/> Femur <input type="radio"/> Knee <input type="radio"/> Tibia/Fibula <input type="radio"/> Foot <input type="radio"/> Ankle <input type="radio"/> Toe <input type="radio"/> Other (specify): _____ <input type="radio"/> Spine (specify) <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Limited <input type="radio"/> Complete <input type="radio"/> Abdomen Complete (Flat & Upright KUB) <input type="radio"/> Abdominal Series (Flat & Upright KUB, including PA Chest) <input type="radio"/> KUB <input type="radio"/> Pelvis <input type="radio"/> Hip <input type="radio"/> Sacrum <input type="radio"/> Coccyx

PATIENT INSTRUCTIONS: PREPARING FOR YOUR EXAM

BRING THIS ORDER WITH YOU TO YOUR SCHEDULED EXAM

MRI (Magnetic Resonance Imaging)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

Do not wear eye makeup or mascara for ANY Brain & Neck studies. Do not wear any jewelry or hairpins. Wear comfortable clothing.

Let us know if you have:

- Metallic fragments in your eyes or previous injury to the eye involving a metal object
- Any type of implanted mechanical pump
- Any type of surgery within the past 8 weeks
- A history of cancer
- A pacemaker/ defibrillator/ stimulator
- An aneurysm clip
- Any metallic/ electronic implant

Let us know if you are:

- Allergic to CT or MRI contrast
- Claustrophobic
- Pregnant/Nursing
- In need of special assistance

CT (Computed Tomography)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

Oral prep

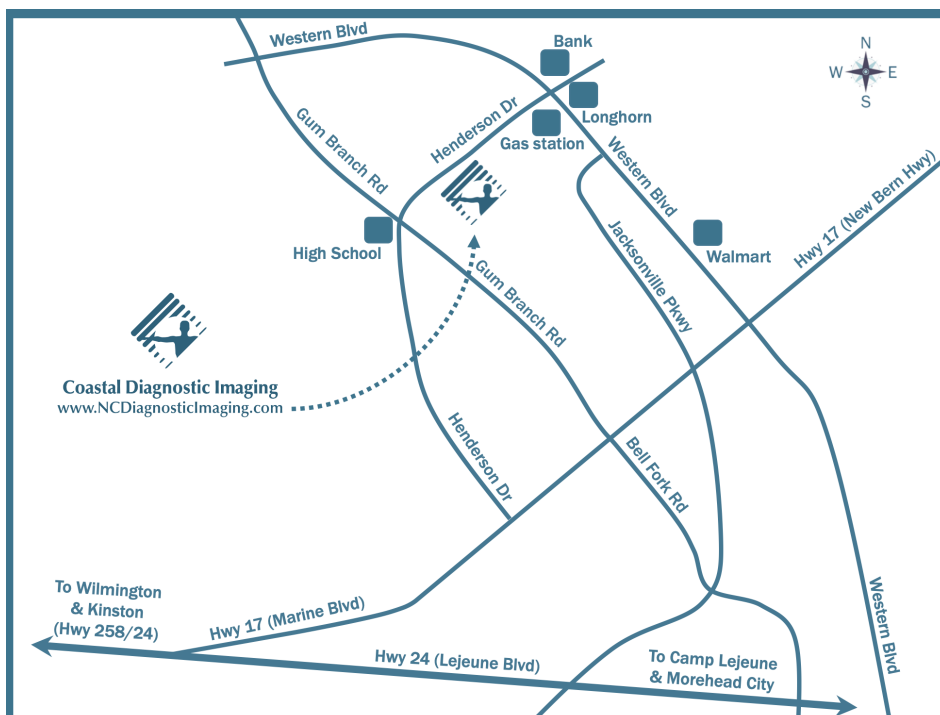
- You may be given Readi-Cat, a Barium Sulfate suspension, to drink for your CT Scan.
- This is not a laxative. Its purpose is to enhance your digestive tract so that the radiologist can better visualize your anatomy during your CT Scan.
- If eating prior to exam, please eat only a light meal or snack.
- If you have ever had any reaction to X-ray dye, please call us at 877.361.4757 *prior* to your exam.

Ultrasound

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.



Coastal Diagnostic Imaging
MRI | CT | X-ray | Ultrasound
CoastalDiagnostic.com



Coastal Diagnostic Imaging

Tax ID: 94-3419385
3606 Henderson Drive
Jacksonville, NC 28546
Phone: 877.361.4757

Traveling US Hwy 17 Northbound:

1. Turn left onto Gumbranch Rd.
2. Turn right onto Henderson Drive
3. Coastal Diagnostic Imaging will be at 3606 Henderson Drive on the right

Traveling US Hwy 17 Southbound:

1. Turn right onto Western Blvd.
2. Turn left onto Henderson Drive
3. Coastal Diagnostic Imaging will be at 3606 Henderson Drive on the left