



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
<b>CONTRAST</b> <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	<b>CONTRAST</b> <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  <b>Head</b> <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  <b>Chest</b> <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 <b>Abd/Pelvis</b> <input type="radio"/> Renal Protocol (mass) <input type="radio"/> Appendix Protocol (IV and Oral) <input type="radio"/> Urogram (Stone Protocol)  <b>CT Enterography</b> <input type="radio"/> Enterography w/contrast  <b>Spine w/reconstruction</b> <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar  <b>Extremity w/reconstruction</b> <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): _____  <b>CT Angiogram</b> <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: _____  <b>Vascular</b> <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	<b>(X-rays are done on a work-in basis)</b>  <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

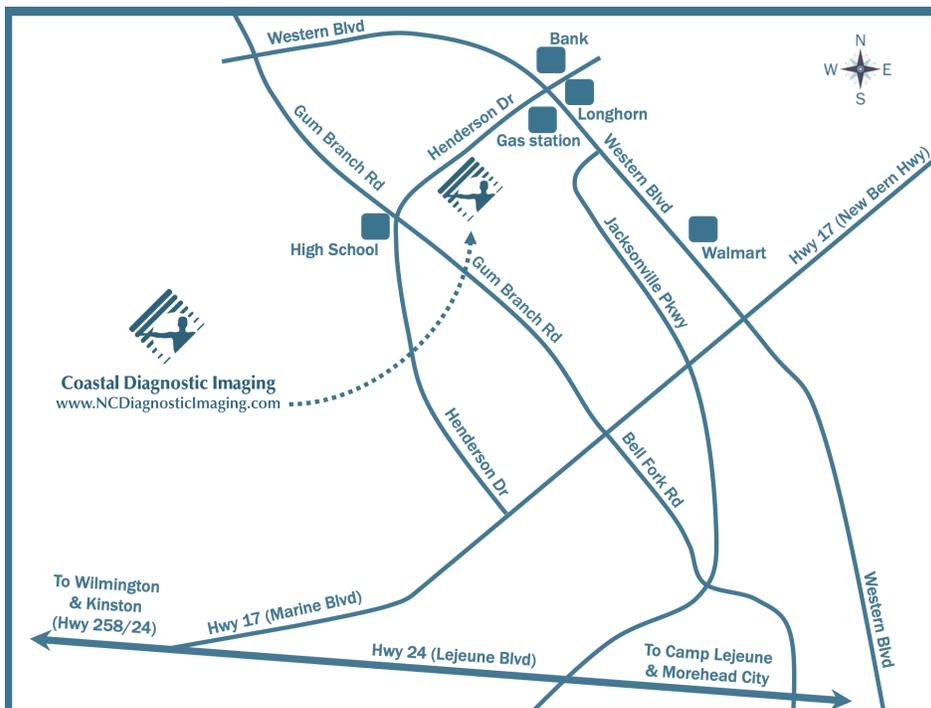
- You may be given Readi-Cat, a Barium Sulfate suspension, to drink for your CT Scan.
- This is not a laxative. Its purpose is to enhance your digestive tract so that the radiologist can better visualize your anatomy during your CT Scan.
- If eating prior to exam, please eat only a light meal or snack.
- 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