



RADIOLOGY ASSOCIATES OF OCALA, P.A.

MRI/MRA/CT/CTA Order
Central Scheduling
671-4300
Fax 732-8010
www.raocala.com
info@raocala.com

Patient's Name _____ Date of Birth _____ Male Female
 Auth#/Pre-cert#/Pre-notification# _____ Phone _____
 Appt. Date/Time _____ Symptoms/Diagnosis/Pertinent History _____
 _____ ICD10 Code _____

Patient instructions and directions on reverse

RAO location being referred:

Medical Imaging Center - 1490 SE Magnolia Ext., Ocala, Florida 34471
Medical Imaging Center at Windsor Oaks - 1901 SE 18th Ave., Bldg. 200, Ocala, Florida 34471
TimberRidge Imaging Center - 9521 SW Hwy 200, Ocala, Florida 34481 (Inside the MRMC Emergency Center)

<input type="checkbox"/> Brain	CT	<input type="checkbox"/> CT Scanography for limb-length assessment
<input type="checkbox"/> Orbits		<input type="checkbox"/> Chest
<input type="checkbox"/> Mastoids		<input type="checkbox"/> Abdomen Only
<input type="checkbox"/> Sinus		(diaphragm to crest)
<input type="checkbox"/> Sinus Survey (limited)		<input type="checkbox"/> Pelvis Only
<input type="checkbox"/> Soft tissue neck		<input type="checkbox"/> Abdomen & Pelvis
<input type="checkbox"/> C-Spine		<input type="checkbox"/> Adrenals
<input type="checkbox"/> T-Spine		<input type="checkbox"/> Abdomen & Pelvis / IVP Combo
<input type="checkbox"/> L-Spine		<input type="checkbox"/> Parathyroid (4D)
<input type="checkbox"/> Shoulder R or L		<input type="checkbox"/> Other
<input type="checkbox"/> Elbow R or L		<input type="checkbox"/> Contrast utilized per Radiologist discretion
<input type="checkbox"/> Wrist R or L		
<input type="checkbox"/> Hand R or L		
<input type="checkbox"/> Pelvis w/o contrast (bone detail for fx)		
<input type="checkbox"/> Hip R or L		
<input type="checkbox"/> Knee R or L		
<input type="checkbox"/> Ankle R or L		
<input type="checkbox"/> Foot R or L		
<input type="checkbox"/> Enterography		

CTA

Abdomen/Pelvis

Circle of Willis

Carotid & Circle of Willis

Chest

Renal

Bilateral Leg Runoff

Aorta - Pre-op endovascular repair (no oral contrast) w/IV

Aorta - Post-op endovascular repair (no oral contrast) w/IV

CTA Pulmonary Artery for PE

Other _____

MRI

Brain

Brain/IACS

Brain & Orbits

Brain/Pituitary

Face _____ Neck _____ Both

Breast

Cervical Spine

Thoracic

Thoracolumbar Junction

Lumbar

Shoulder R or L

Elbow R or L

Wrist R or L

Hand R or L

Enterography

Pelvis (for pain)

Pelvis (uterus or prostate)

Hip R or L

Knee R or L

Ankle R or L ankle/hind foot

Foot R or L forefoot/midfoot

MRCP

Liver

Adrenal

Kidney

Extremity

w/joint arthrogram

R L Wrist

R L Shoulder

R L Hip

R L Other _____

Plain films as needed

Contrast utilized per Radiologist discretion

MRA

Circle of Willis w/o contrast

Carotid and Circle of Willis

Thoracic aorta

Abdominal aorta

Abdomen & renal arteries

Abdomen & mesenteric

Aortogram & runoff (aorta to ankles)

Lower extremity runoff (feet only)

Other _____

Please FAX or email a signed copy of this form to Central Scheduling at 732-8010

Emergency Phone Report _____ Phone Number _____ Fax Number _____
 Hold Patient _____ Clinician Signature _____ Print Name _____
 Copies to other Clinicians _____

PATIENT INFORMATION MRI/MRA EXAMS

It is important that if you're scheduled for an MRI/MRA study, you call our office at 671-4220 at least 24-48 hours prior to your exam for prescreening. Certain surgeries and/or implants can prevent some patients from having an MRI/MRA. Our Patient Services Coordinator will ask you a few questions to ensure an MRI/MRA is appropriate for you.

- Wear no jewelry
- Wear no metal (zippers, snaps, hooks.) Athletic wear with elastic waistband is a good choice.
- Patients having MRI's/MRA's of the head or neck should not wear makeup.

CT EXAMS

Appointments are recommended, however walk-ins are accepted.

CT's of the abdomen and pelvis usually require a 24-hour prep. CT for acute renal colic does not require any prep or oral contrast. Prep supplies are available for you to pick up at the location where your exam is scheduled. If you have any questions, please call us at 671-4300.

MEDICATIONS

All patients may continue to take medication as needed.

CANCELLATIONS

If cancellation is necessary, please call at least 24 hours in advance to cancel your appointment. Your courtesy will allow other patients needing exams to use your appointment time.

