



# X-RAY/FLUOROSCOPY/ULTRASOUND/ NUCLEAR MEDICINE ORDER

Central Scheduling: 352-671-4300 • Fax: 352-732-8010  
www.raocala.com • webappointments@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 \_\_\_\_\_

**RAO LOCATION BEING REFERRED:**

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

**X-RAY (No Appointment Necessary—all sites)**

**Thoracic**  
 Chest, PA & Lat  
 Ribs, Unilat. (PA Chest Incl.) . . . R  or L   
 Ribs, Bilateral (PA Chest Incl.)  
 Sternum

**Lower Extremity**  
 Pelvis  
 Hip (Pelvis included) . . . . R  or L   
 Hips, Bilateral  
 Femur . . . . . R  or L   
 Knee . . . . . R  or L   
 Tibia & Fibula . . . . . R  or L   
 Ankle . . . . . R  or L   
 Foot . . . . . R  or L   
 Os Calcis (heel) . . . . . R  or L   
 Toes . . . . . R  or L

**Upper Extremity**  
 Clavicle . . . . . R  or L   
 Shoulder . . . . . R  or L   
 Scapula . . . . . R  or L   
 Humerus . . . . . R  or L   
 Elbow . . . . . R  or L   
 Forearm . . . . . R  or L   
 Wrist Complete 3 views . . R  or L   
 Hand . . . . . R  or L   
 Sterno Clavicular Joints  
 Other \_\_\_\_\_

Fingers . . . . . R  or L   
 Bone Age

**Abdomen**  
 KUB  
 Abdomen Series 3 Views

**Spine**  
 Cervical Spine, AP & Lat  
 Cervical Spine Flex & Ext.  
 Cervical Spine w/obliques  
 Thoracic Spine  
 Thoracolumbar Junction  
 Lumbar Spine AP & Lat  
 Lumbar Spine w/obliques  
 Lumbar Spine Flex & Ext.  
 Sacrum and Coccyx  
 SI Joints  
 Scoliosis

**Head**  
 Nasal bones  
 Skull AP & Lat  
 Skull series  
 Sinuses  
 Facial Bones  
 Orbits  
 Mandible

**ULTRASOUND\***

Abdomen - RUQ  
 Abdomen - Complete  
 Gallbladder  
 Liver (w /Doppler if needed)  
 Liver (w/ Elastography)  
 Aorta (w/ Doppler)  
 Renal  
 Thyroid  
 Scrotal w/Doppler  
 Soft tissue extremity  
 OB First Trimester (w/probe if needed)  
 OB Second & Third Trimester  
 Pelvic US w/Doppler (w/probe if needed)  
 Pelvic US w/Doppler (transabdominal only)  
 Pelvic US w/ Doppler (transvaginal only)  
 Soft Tissue Head  
 Soft Tissue Neck  
 Sonohysterogram  
 Carotid US  
 Graft Surveillance (unilat) . . . . R  or L   
 Graft Surveillance (bilat)  
 Arterial doppler w/ segmental pressures  
 Venous Doppler (unilat) . . . . . R  or L   
 Venous Doppler (bilat)  
 Venous Insufficiency Study  
 Other \_\_\_\_\_

**FLUOROSCOPY\***

Barium Swallow-Esophagram  
 Upper G.I. Series  
 Upper G.I. Series w/Small Bowel  
 Small Bowel only  
 Barium Enema  
 Barium Enema w/air  
 Voiding Cystourethrogram  
 Cystogram

Hysterosalpingogram  
 Pain Injection \_\_\_\_\_ (joint)  
 Shoulder Arthrogram w/MRI . R  or L   
 Wrist Arthrogram w/MRI . . . . R  or L   
 Hip Arthrogram w /MRI . . . . . R  or L   
 Arthrogram \_\_\_\_\_ (joint)  
 Other \_\_\_\_\_

**NUCLEAR MED\***

Bone Scan (& radiography as needed)  
 BrainSpect (DaTscan)  
 3 Phase Bone Scan (& radiography as needed)  
 (Osteomyelitis & Infection)  
 Gallium Scan  
 Gastric Emptying Scan  
 Hepatobiliary/Gallbladder Scan  
 Liver/Spleen Scan  
 Parathyroid Scan  
 Thyroid scan

\*Call for an Appointment

EMERGENCY PHONE REPORT \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
 HOLD PATIENT \_\_\_\_\_ CLINICIAN SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_  
 COPIES TO OTHER CLINICIANS \_\_\_\_\_



## PATIENT INFORMATION AND EXAM PREPARATION

### Barium Swallow - Esophagram

No preparation needed.

### Gastrointestinal Series (UGI and/or Small Bowel)

Nothing by mouth after midnight

### Barium Enema (24-hour prep done the day before exam)

Breakfast - Liquid diet. No sugar. No dairy.

Noon - Light lunch. Clear soup, unsweetened fruit juices, sugar-free gelatin, black coffee or plain tea. *No milk or cream.*

1:00 PM - Drink 8 ounces of water.

2:00 PM - Drink 8 ounces of water.

3:00 PM - Drink 8 ounces of water.

4:00 PM - Drink 8 ounces of water.

5:00 PM - Liquid dinner. Clear soup, unsweetened fruit juices, sugar-free gelatin, black coffee or plain tea. *No milk or cream.*

5:30 PM - Drink one 10-ounce bottle of Magnesium Citrate.

6:00 PM - Drink 8 ounces of water.

7:00 PM - Drink 8 ounces of water.

8:00 PM - Drink 8 ounces of water.

9:00 PM - Drink 8 ounces of water.

9:30 PM - Take 3 Bisacodyl tablets with water. *Do not chew.*

Morning of Exam:

1. Do not eat or drink. You may take any prescribed medications, except for those that must be taken with food.
2. Administer Bisacodyl suppository.
3. Diabetic patients may have a liquid breakfast (12 ounces of sweetened fruit juice) and take their medication.

### Pediatric Barium Enema Prep

Call 352-671-4300 for instructions

### Intravenous Pyelogram or Nephrotomography

1. Clear liquid diet (no milk products) from noon on the day before the exam. Sugar *substitutes* are permitted.
2. Three Bisacodyl (do not chew) with two 8-ounce glasses of water at 4 p.m.
3. Do not take anything by mouth 3 hours prior to the exam. You may take any prescribed medications except for those that must be taken with food.

### Ultrasound of Abdomen/RUQ/Abdominal Aorta-Gallbladder

Nothing by mouth after midnight

### Ultrasound Pelvis/Endovaginal/OB first trimester (less than 12 weeks)

Full bladder required—drink 32 to 40 ounces of water at least one hour prior to the exam

### All other ultrasounds

No preparation necessary

### Nuclear Medicine

No preparations unless otherwise instructed.

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### MEDICAL IMAGING CENTER



### MEDICAL IMAGING CENTER AT WINDSOR OAKS AND THE WOMEN'S IMAGING CENTER

For both centers, enter through Building 200



### TIMBERRIDGE IMAGING CENTER

Located inside Advent Health Emergency Center

