



FAX TO: 706-660-8044
Columbus Diagnostic Center Patient Referral Form

2040 10th Ave Columbus, GA

| | |
|----------------------------|--|
| Patient's Name | |
| Referring Physician | |
| Appt. Date/Time | |
| Arrival Time | |

For Scheduling
 or Questions
 Please Call:
 706-322-3000 Option 1
 or Fax:
706-660-8044

www.columbusdiagnosticcenter.com

A Map and Patient Instructions Are On Back

Please Indicate the Procedure Required

| DIGITAL MAMMOGRAPHY | CARDIOLOGY | CT | X-RAY | |
|------------------------------------|-------------------------------|--|-------------------------------|-------------------------------------|
| MAMMO BILATERAL SCREENING | EKG | CT SINUS LIMITED | XR LEFT SHOULDER 2 VIEWS | XR MANDIBLE COMP. 4 VIEWS |
| MAMMO BILATERAL DIAGNOSTIC | HOLTER MONITOR WINTERP | CT SINUS FULL | XR RIGHT SHOULDER 2 VIEWS | XR MASTOIDS COMPLETE |
| MAMMO UNILATERAL (R or L) | ECHOCARDIOGRAM | CT SINUS (FUSION) | XR LEFT HUMERUS 2 VIEWS | XR FACIAL BONES 3 VIEWS OR < |
| | | CT ABDOMEN W/O CONTRAST | XR RIGHT HUMERUS 2 VIEWS | XR FACIAL BONES COMPLETE |
| | BONE DENSITOMETRY | CT ABDOMEN W/ CONTRAST | XR LEFT ELBOW AP & LAT | XR NASAL BONES 3 VIEWS |
| MRA | SPINE/HIP | CT ABDOMEN W/ & W/O CONTRAST | XR RIGHT ELBOW AP & LAT | XR ORBITS MINIMUM 4 VIEWS |
| MRA CAROTID | | CT PELVIS W/O CONTRAST | XR LEFT ELBOW 4 VIEWS | XR SINUSES LESS THAN 3 VIEWS |
| MRA COW | ULTRASOUND | CT PELVIS W/ CONTRAST | XR RIGHT ELBOW 4 VIEWS | XR SINUSES COMPLETE |
| MRA RENAL | US ABDOMEN COMPLETE | CT PELVIS W/ & W/O CONTRAST | XR LEFT FOREARM 2 VIEWS | XR SKULL COMPLETE 4 VIEWS |
| | US ABDOMEN LTD. RUQ/GB | CT BRAIN W/O CONTRAST | XR RIGHT FOREARM 2 VIEWS | XR TMJ'S BILAT OPEN/CLOSE |
| | US BREAST BILATERAL | CT BRAIN W/ & W/O CONTRAST | XR LEFT WRIST AP & LAT | XR SOFT TISSUE NECK |
| MRI | US BREAST UNILATERAL (R or L) | CT IAC'S W/O CONTRAST | XR RIGHT WRIST AP & LAT | XR CHEST ONE VIEW |
| MRI BRAIN W/O | US OB | CT CHEST W/O CONTRAST | XR LEFT WRIST 4 VIEWS | XR CHEST 2 VIEWS PA & LAT |
| MRI BRAIN W/ & W/O | US PELVIC NON-OB | CT CHEST W/ CONTRAST | XR RIGHT WRIST 4 VIEWS | XR CHEST W/APICAL LORDOTIC |
| MRI BRAIN /PITUITARY W/ & W/O | US RENAL (KIDNEYS) | CT CHEST W/ & W/O CONTRAST | XR LEFT HAND <THAN 3 VIEWS | XR CHEST PA, LAT, OBLI |
| MRI CERVICAL SPINE W/O | US AORTA | CT S.T. NECK W/O CONTRAST | XR RIGHT HAND <THAN 3 VIEWS | XR RIBS UNILATERAL 3 VIEWS (R or L) |
| MRI CERVICAL SPINE W/ & W/O | US THYROID/PARATHYROID | CT S.T. NECK W/ & W/O CONTRAST | XR LEFT HAND COMPLETE | XR RIBS BILAT MORE THAN 1 |
| MRI THORACIC SPINE W/O | US SCROTUM | CT CERVICAL SPINE W/O CONTRAST | XR RIGHT HAND COMPLETE | XR STERNUM MINIMUM 2 VIEWS |
| MRI THORACIC SPINE W/ & W/O | US TRANSVAGINAL | CT THORACIC SPINE W/O (PLEASE LIST LEVELS _____) | XR LEFT FINGER 2 VIEWS | XR S-C JOINTS 3 VIEWS |
| MRI LUMBAR SPINE W/O | US EXTREMITY | CT LUMBAR SPINE W/O CONTRAST | XR RIGHT FINGER 2 VIEWS | XR SPINE ENTIRE (AP & LAT) |
| MRI LUMBAR SPINE W/ & W/O | | CT ORBITS W/O CONTRAST | XR LEFT FINGER COMPLETE | XR CERVICAL SPINE (AP & LAT) |
| MRI HIP UNILATERAL (R or L) | FLUORO | CT FACIAL BONES W/O CONTRAST | XR RIGHT FINGER COMPLETE | XR CERVICAL SPINE COMPLETE |
| MRI HIPS BILATERAL | BARIUM ENEMA | CT ANKLE W/O CONTRAST (R or L) | XR LEFT HIP COMPLETE 2 VIEWS | XR THORACIC SPINE (AP & LAT) |
| MRI PELVIS W/ & W/O | BARIUM ENEMA W/ AIR | CT FOOT W/O CONTRAST (R or L) | XR RIGHT HIP COMPLETE 2 VIEWS | XR THORACIC SPINE COMPLETE |
| MRI SHOULDER W/O (R or L) | UPPER GI SERIES | CT HIP W/O CONTRAST (R or L) | XR LEFT FEMUR 2 VIEWS | XR LUMBAR SPINE (AP & LAT) |
| MRI SHOULDER W/ & W/O (R or L) | UPPER GI W/ AIR | CT KNEE W/O CONTRAST (R or L) | XR RIGHT FEMUR 2 VIEWS | XR SCOLIOSIS SERIES |
| MRI KNEE W/O (R or L) | BA SWALLOW | CT THIGH W/O (R or L) | XR LEFT KNEE 2 VIEWS | XR LUMBAR SPINE 4-6 VIEWS |
| MRI ELBOW W/O (R or L) | SMALL BOWEL SERIES | CT TIBIA W/O (R or L) | XR RIGHT KNEE 2 VIEWS | XR LUMBAR SP. INCL. BEND |
| MRI WRIST W/O (R or L) | | CT CALCIUM SCORING | XR LEFT KNEE 3-5 VIEWS | XR PELVIS AP ONLY |
| MRI FOOT W/O (R or L) | SPECIAL PROCEDURES | CT STONE PROTOCOL (NO ORAL CONTRAST) | XR RIGHT KNEE 3-5 VIEWS | XR PELVIS COMP. MIN 3 V |
| MRI ANKLE W/O (R or L) | MYELOGRAM - CERVICAL | | XR LEFT KNEE W/ PATELLA | XR SJ. JNTS. LESS THAN 3 V |
| MRI ABDOMEN W/ & W/O | MYELOGRAM - LUMBAR | EMG | XR RIGHT KNEE W/ PATELLA | XR COCCYX & SACRUM 2 V |
| MRI UPPER EXTREMITY W/O (R or L) | MYELOGRAM - THORACIC | 1 EXTREMITY | XR LEFT TIBIA/FIBULA 2 VIEWS | XR CLAVICAL COMP 2 V |
| MRI LOWER EXTREMITY W/O (R or L) | ARTHOGRAM LEFT - SHOULDER | 2 EXTREMITIES | XR RIGHT TIBIA/FIBULA 2 VIEWS | XR AP PELVIS LAT BOTH HIPS |
| MRI SOFT TISSUE NECK | ARTHOGRAM RIGHT - SHOULDER | 3 EXTREMITIES | XR LEFT ANKLE AP & LAT | XR ABDOMEN AP VIEW (KUB) |
| MRCP | ARTHOGRAM RIGHT - KNEE | 4 EXTREMITIES | XR RIGHT ANKLE AP & LAT | XR ABD, COMP, DECUB, & UPRIGHT |
| MRI KNEE W/ | ARTHOGRAM LEFT - KNEE | | XR LEFT ANKLE COMPLETE | XR ABDOMEN COMPLETE SERIES |
| MRI ELBOW W/ | ARTHOGRAM RIGHT - WRIST | REMINDER | XR RIGHT ANKLE COMPLETE | XR BONE AGE PA HAND & WRIST |
| MRI WRIST W/ | ARTHOGRAM LEFT - WRIST | BUN AND CREATININE LABS NEEDED IF THE | XR LEFT FOOT AP & LAT | XR OSSEOUS SURVEY COMP |
| MRI FOOT W/ | | PATIENT IS OVER 60 YEARS OF AGE. | XR RIGHT FOOT AP & LAT | XR AC JOINTS |
| MRI ANKLE W/ | IVP W/ NEPHOGRAMS | DON'T TAKE GLUCOPHAGE DAY OF EXAM | XR LEFT FOOT COMPLETE | |
| | IVP | | XR RIGHT FOOT COMPLETE | |
| VASCULAR | | | XR LEFT CALCANEUS 2 VIEWS | |
| US CAROTID DUPLEX | | | XR RIGHT CALCANEUS 2 VIEWS | |
| VENOUS DOPPLER BILATERAL | | | XR LEFT TOES 2 VIEWS | |
| VENOUS DOPPLER UNILATERAL (L or R) | | | XR RIGHT TOES 2 VIEWS | |
| | | | XR LEFT TOES COMPLETE | |
| | | | XR RIGHT TOES COMPLETE | |

Patient is in Hospice or Assisted Living Care.

STAT (same day results)

Call-Report (2-hour results)

Send results to Direct phone(s) #:

Diagnosis

Physician Signature

Dear Patient:

Your diagnostic procedure has been scheduled at the Columbus Diagnostic Center. A map with directions to our Center has been provided. We are located on 10th Avenue in front of Fitzgerald's Pharmacy. If you have any questions or wish to reschedule your appointment, please call us at (706) 322-3000 Option 1.

To prepare for your exam, please follow the instructions indicated below. If there are any questions about how you should prepare for your exam, call us at (706) 322-3000 Option 1. Please follow the instructions given by your doctor's office if they differ from those listed below.

- | | | |
|--------------------------|------------------------------------|--|
| <input type="checkbox"/> | Abdominal Ultrasound | Do not eat or drink after 12:00 midnight the night before exam. |
| <input type="checkbox"/> | Barium Enema (X-ray of the Colon): | Day before exam: Follow the 24 hour instructions in the Barium Enema prep kit. Night before exam: Take only clear liquids or Ensure. You can have coffee or tea without cream. Clear fruit juices are fine (Apple or Cranberry Juice) No orange or tomato juice. |
| <input type="checkbox"/> | CT of the Abdomen or Pelvis: | You will need two (2) bottles of oral contrast and follow the directions below: 1) Drink first bottle of oral contrast at 9:00 pm, the night before the exam. 2) The day of the scheduled appointment drink 1/2 of the second bottle two hours prior to the exam and the other 1/2 one hour prior to the exam. 3) Nothing to eat or drink after midnight prior to exam. |
| <input type="checkbox"/> | CT of all other areas: | Do not eat or drink 1 hour before exam |
| <input type="checkbox"/> | G.I. Series (Xray of the stomach): | Do not eat or drink anything (no water) after 12 midnight the night before test |
| <input type="checkbox"/> | IVP (Xray of the Kidneys) | Mild laxative evening prior to exam Do not eat or drink anything (no water) after 12:00 the night before the exam |
| <input type="checkbox"/> | Mammogram | Day of exam: Do not wear deodorant, lotion or talcum powder in the breast area or under arm |
| <input type="checkbox"/> | Pelvic and/or OB Ultrasound | VERY IMPORTANT! Drink one quart of water one hour prior to exam and do not urinate |
| <input type="checkbox"/> | Holter Monitor | Bring a list of medications |
| <input type="checkbox"/> | MRCP | Do not eat or drink after 12:00 midnight the night before exam. |
| <input type="checkbox"/> | MRI (All Exams) | Do not wear jewelry, remove hair accessories and turn off cell phones. |

