



2040 10th Ave. • Columbus, GA
706.322.3000 Option 1 to Schedule
FAX: 706.660.8044

Columbus Diagnostic Center Patient Referral Form

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

Check Location • A Map and Patient Instructions Are On Back



7500 Veterans Pkwy. • Suite C
Columbus, GA • 706.323.7622
FAX: 706.323.7804

Clinical information/Symptoms/Diagnosis _____

Referring Physician Signature _____ FAX Report # _____

☐ STAT _____ ☐ Call Report Phone # _____

MRA

- ☐ MRA CAROTID
- ☐ MRA COW
- ☐ MRA ABDOMEN

MRI

Please select CONTRAST option
☐ WO ☐ W/WO

- ☐ BRAIN
 - ☐ BRAIN ORBITS
 - ☐ BRAIN/IAC'S
 - ☐ BRAIN PITUITARY
 - ☐ ORBITS
- ☐ TMJ
- ☐ CERVICAL
- ☐ THORACIC
- ☐ LUMBAR
- ☐ SOFT TISSUE NECK
- ☐ ABDOMEN
 - ☐ RENAL PROTOCOL
 - ☐ LIVER PROTOCOL
- ☐ BRACHIAL PLEXUS

- ☐ ADRENAL PROTOCOL
- ☐ MRCP
- ☐ OTHER

EXTREMITIES
Please select one
☐ R ☐ L

- ☐ SHOULDER
- ☐ HUMERUS
- ☐ ELBOW
- ☐ FOREARM
- ☐ WRIST
- ☐ HAND
- ☐ FINGER
- ☐ HIP
- ☐ FEMUR
- ☐ KNEE
- ☐ TIB/FIB
- ☐ ANKLE
- ☐ FOOT
- ☐ TOE
- ☐ ARTHROGRAM SPECIFY _____
- ☐ METAL REDUCTION

EMG

Please select
☐ UPPER ☐ LOWER
☐ RIGHT ☐ LEFT

- ☐ 1 EXTREMITY
- ☐ 2 EXTREMITIES
- ☐ 3 EXTREMITIES
- ☐ 4 EXTREMITIES

VASCULAR

Please select
☐ BILAT ☐ UNILAT

- ☐ LOWER CAROTID DUPLEX
- ☐ LOWER EXTL VENOUS DOPPLER ☐ R ☐ L
- ☐ UPPER EXTL VENOUS DOPPLER ☐ R ☐ L
- ☐ ARTERIAL DUPLEX DOPPLER ☐ R ☐ L

CT

Please select CONTRAST option
☐ WO ☐ W/WO ☐ W

- ☐ BRAIN
- ☐ MAXILLO FACIAL
- ☐ SINUS
- ☐ IACS
- ☐ ORBITS
- ☐ NECK SOFT TISSUE
- ☐ CHEST ☐ SCREENING (LOW DOSE)
- ☐ ABDOMEN
 - ☐ RENAL PROTOCOL
 - ☐ LIVER PROTOCOL
 - ☐ PANCREAS PROTOCOL
 - ☐ ADRENAL PROTOCOL
 - ☐ OTHER _____
- ☐ ABDOMEN/PELVIS STONE PROTOCOL
- ☐ PELVIS
- ☐ C-SPINE
- ☐ T-SPINE ☐ L-SPINE
- ☐ MYELOGRAM SPECIFY SITE _____
- ☐ CHEST/ABD/PEVIS
- ☐ UPPER EXT _____ ☐ 3D RECON ☐ L ☐ R
- ☐ LOWER EXT _____ ☐ 3D RECON ☐ L ☐ R
- ☐ ARTHROGRAM SPECIFY
- ☐ IVP
- ☐ CALCIUM SCORING

CT ANGIOGRAM

Please select CONTRAST option
☐ WO ☐ W/WO ☐ W

- ☐ CTA BRAIN
- ☐ CTA NECK
- ☐ CTA CHEST
- ☐ CTA CHEST FOR PE
- ☐ CTA ABDOMEN/PELVIS
- ☐ CTA ABDOMEN
- ☐ CTA ABDOMEN/PELVIS W/RUNOFF
- ☐ OTHER _____

ULTRASOUND

- ☐ ABDOMEN COMPLETE
- ☐ ABDOMEN LIMITED
- ☐ BREAST BILATERAL
- ☐ BREAST UNILATERAL (R or L)
- ☐ OB <14 WKS >14 WKS
- ☐ OB LTD
- ☐ PELVIC NON-OB
- ☐ RENAL
- ☐ AORTA
- ☐ THYROID
- ☐ SCROTUM/COLOR DOPPLER
- ☐ TRANSVAGINAL
- ☐ EXTREMITY

CARDIOLOGY

- ☐ EKG
- ☐ HOLTER MONITOR
- ☐ ECHOCARDIOGRAM

X-RAY

- ☐ SKULL ☐ SKULL LTD
- ☐ SINUS ☐ SINUS LTD
- ☐ FACIAL BONES ☐ FACIAL
- ☐ CHEST ☐ 1 VIEW ☐ 2 VIEWS ☐ 4 VIEWS
- ☐ RIBS W/PA CHEST ☐ L ☐ R
- ☐ RIBS ☐ L ☐ R
- ☐ ABDOMEN (KUB)
- ☐ ABDOMEN 2 VIEWS ☐ ABDOMEN COMPLETE
- ☐ BONE/SKELETAL SURVEY
- ☐ SI JOINTS ☐ L ☐ R
- ☐ PELVIS W/OBLIQUES
- ☐ AP PELVIS
- ☐ SOFT TISSUE NECK
- OTHER _____

- SPINE
- ☐ C-SPINE
- ☐ T-SPINE
- ☐ L-SPINE
- ☐ SPINE SURVEY
- ☐ SCOLIOSIS SERIES
- ☐ SACRUM & COCCYX
- ☐ OTHER _____

PLEASE CHOOSE ONE
☐ ROUTINE (COMPLETE)
☐ LTD VIEWS
☐ FLEX/EXT
☐ ROUTINE W/FLEXET.

EXTREMITY ☐ STANDING ☐ WEIGHT BEARING
☐ COMPLETE ☐ LTD

- ☐ SHOULDER ☐ L ☐ R
- ☐ HUMERUS ☐ L ☐ R
- ☐ ELBOW ☐ L ☐ R
- ☐ FOREARM ☐ L ☐ R
- ☐ WRIST ☐ L ☐ R
- ☐ HAND ☐ L ☐ R
- ☐ FINGER DIGIT # ☐ L ☐ R
- ☐ HIP UNILATERAL ☐ L ☐ R
- ☐ HIPS BILATERAL W/PELVIS ☐ L ☐ R
- ☐ FEMUR ☐ L ☐ R
- ☐ KNEE ☐ L ☐ R
- ☐ KNEE W/PATELLA ☐ L ☐ R
- ☐ TIB/FIB ☐ L ☐ R
- ☐ ANKLE ☐ L ☐ R
- ☐ FOOT ☐ L ☐ R
- ☐ TOE DIGIT # ☐ L ☐ R
- ☐ CALCANEUS ☐ L ☐ R
- ☐ CLAVICLE ☐ L ☐ R
- ☐ BONE AGE ☐ L ☐ R

DIGITAL MAMMOGRAPHY

Please select
☐ SCREENING ☐ DIAGNOSTIC



- ☐ 3D MAMMO
- ☐ MAMMO BILATERAL
- ☐ MAMMO UNILATERAL

BONE DENSITOMETRY-DEXA

- ☐ SPINE HIP

FLUERO

- ☐ BA SWALLOW
- ☐ UGI
- ☐ SBFT (SMALL BOWEL)
- ☐ BARIUM ENEMA
- ☐ MYELOGRAM
 - ☐ CERVICAL
 - ☐ THORACIC
 - ☐ LUMBAR
- ☐ ARTHROGRAM SPECIFY _____

Dear Patient:

Your diagnostic procedure has been scheduled at the Columbus Diagnostic Center or CDC Northside. A map with directions to our Centers has been provided. We are located on 10th Avenue - **(706) 322-3000** - in front of Open Gate Pharmacy and Veterans Parkway - **(706) 323-7622** - in front of the Valley Rescue Mission Retail Store. If you have questions or wish to reschedule your appointment, please call us at the above locations phone numbers.

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 or body piercings, remove hair accessories (hair pins), and turn off cell phones. Wear comfortable, loose fitting clothing, if possible. If you are scheduled for a 3T MRI, please go to our CDC Northside location at 7500 Veterans Parkway, Suite C.

