

 \square LOWER EXTL VENOUS DOPPLER \square R \square L

☐ UPPER EXTL VENOUS DOPPLER ☐ R ☐ L ☐ ARTERIAL DUPLEX DOPPLER ☐ R ☐ L

Columbus Diagnostic Center Patient Referral Form

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

2040 10th Ave. • Colum	bus, GA	ne			NORTHSIDE 500 Veterans Pkwy. • Suite C
706.322.3000 Option 1 to FAX: 706.660.80 eFAX: 706.243.48	44 Check	Location • A Map and Patie	ent Instructions Are On I		FAX: 706.323.7622 FAX: 706.323.7804 eFAX: 706.256.3455
					ei AA. 700.230.0433
	-			<u> </u>	-
		ne #			
MRA	oali o i A i Tiopoit i non	CT CT		X-RAY	
☐ MRA CAROTID ☐ MRA COW ☐ MRA ABDOMEN		Please select CONTRAST option WO W/WO W BRAIN		SKULL SINUS SINUS SINUS FACIAL BONES FA	
MIRI 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	MAXILLO FACIAL SINUS IACS ORBITS NECK SOFT TISSUE CHEST SCREENING (LOW DO ABDOMEN RENAL PROTOCOL PANCREAS PROTOCOL ADRENAL PROTOCOL OTHER ABDOMEN/PELVIS STONE PROTOCOL PELVIS C-SPINE T-SPINE L-SPINE CHEST/ABD/PEVIS	COL DRECON L R	☐ RIBS W/PA CHEST☐ RIBS☐ ABDOMEN (KUB)☐ ABDOMEN 2 VIEWS☐ BONE/SKELETAL SU☐ SI JOINTS☐ PELVIS W/OBLIQUES☐ AP PELVIS☐ SOFT TISSUE NECKOTHER	□L□R
EXTREMITIES Please select one	L OTHER	☐ LOWER EXT ☐ 3 ☐ IVP ☐ CALCIUM SCORING	D RECON □ L □ R	OTHERSTA	NDING WEIGHT BEARING
☐ SHOULDER ☐ HUMERUS ☐ ELBOW ☐ FOREARM ☐ WRIST ☐ HAND ☐ FINGER ☐ HIP ☐ FEMUR ☐ KNEE ☐ TIB/FIB ☐ ANKLE ☐ FOOT ☐ TOE		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 OTHER		SHOULDER HUMERUS ELBOW FOREARM WRIST HAND FINGER DIGIT # HIP UNILATERAL HIPS BILATERAL W/F FEMUR KNEE KNEE KNEE W/PATELLA TIB/FIB ANKLE	PLETE
☐ METAL REDUCTION ☐ PROSTATE EIMG Please select ☐ UPPER ☐ LOWER ☐ RIGHT ☐ LEFT		UTRASOUND □ ABDOMEN COMPLETE □ ABDOMEN LIMITED □ BREAST BILATERAL □ BREAST UNILATERAL (R or L) □ OB <14 WKS >14 WKS	DIGITAL MAMMOGRAPHY Please select SCREENING DIAGNOSTIC	☐ TOE DIGIT # ☐ CALCANEOUS ☐ CLAVICLE ☐ BONE AGE	
☐ 1 EXTREMITY ☐ 2 EXTREMITIES ☐ 3 EXTREMITIES ☐ 4 EXTREMITIES VASCULAR		☐ PELVIC NON-OB ☐ RENAL ☐ AORTA ☐ THYROID ☐ SCROTUM/COLOR DOPPLER ☐ TRANSVAGINAL	□ 3D MAMMO □ MAMMO BILATERAL □ MAMMO UNILATERAL BONE DENSITOMETRY-		
Please select □BILAT □ UNILAT		□ EXTREMITY CARDIOLOGY	DEXA ☐ SPINE HIP		
☐ CAROTID DUPLEX		□ EKG	_ 3		

 \square HOLTER MONITOR

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.

Abdominal Ultrasound Do not eat or drink after 12:00 midnight the night before exam. 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. 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. CT of all other areas: Do not eat or drink 1 hour before exam G.I. Series (Xray of the stomach): Do not eat or drink anything (no water) after 12 midnight the night before test 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 Mammogram Day of exam: Do not wear deodorant, lotion or talcum powder in the breast area or under arm Pelvic and/or OB Ultrasound VERY IMPORTANT! Drink one quart of water one hour prior to exam and do not urinate Holter Monitor Bring a list of medications **MRCP** Do not eat or drink after 12:00 midnight the night before exam. 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.

