

# SCHEDULING/REFERRAL FAX FORM



534 Biltmore Avenue • 222 Asheland Avenue

SCHEDULING: (828) 213-XRAY (9729)

FAX: (828) 213-XFAX (9329)

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ SSN \_\_\_\_\_ DOB: \_\_\_\_\_

REGULAR REPORT \_\_\_\_\_ HOLD PATIENT/CALL REPORT TO: \_\_\_\_\_ STAT FAX TO: \_\_\_\_\_

HISTORY/CLINICAL FINDING/ ICD-9: \_\_\_\_\_

RETURN MD APPT. DATE \_\_\_\_\_

REFERRING MD: \_\_\_\_\_ MD SIGNATURE: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

## CHECK APPROPRIATE BOXES

<b>MRI</b>	High Field	Open	MRCP
	Area of Body: _____		

<b>ULTRASOUND</b>	Abdomen	Aorta	Carotid	Thyroid	
	Obstetric	Pelvis	Renal	RUQ/GB	Testicular
	Venous r/o DVT Extremity, Specify: _____				Other: _____

<b>BREAST STUDIES</b>	Screening Mammogram (asymptomatic patients)	Diagnostic Mammogram	
	Breast Ultrasound	Stereotactic Biopsy	Needle Localization
	Appropriate additional exam(s) as determined by Asheville Radiology		

<b>CT</b>	Area of Body: _____	
Recent creatinine _____	ENT SCAN (pre-op 3D reconstruction)	<b>Allergic to contrast: Y N</b>
Date of labwork _____	Appropriate additional exam(s) as determined by Asheville Radiology	

<b>BONE DENSITY</b>	DEXA Scan
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<b>GENERAL X-RAY</b>	Chest PA/LAT	Abdomen	Abdominal series, flat/upright with erect chest		
	C-Spine	T-Spine	L-Spine	Ribs	Sinus
	Hip: ___right ___left		Other: _____		

<b>FLUOROSCOPY</b>	Barium Swallow	Barium Enema	Air Contrast BE	
	Upper GI	UGI/Small Bowel	Small Bowel	VCUG
	Arthrogram ___joint	Myelogram ___level	HSG	
	Sitzmark with KUB		Other: _____	

<b>NUCLEAR MEDICINE</b>	Hepatobiliary (HIDA)	Hepatobiliary with CCK	Meckels
	Bone Scan Whole Body	Bone Scan 3-Phase (specify area)	Liver-Spleen
	Thyroid Scan	Thyroid Uptake & Scan	Other: _____

**AIC Scheduling (828) 213-9729 • Asheville MRI Scheduling (828) 213-9729**

Exam preps and office locations on back

**YOU MUST BRING THIS FORM TO YOUR EXAM**

# EXAM PREPARATIONS

## Pelvic or Obstetric Ultrasound

This examination requires a full bladder. One hour before your appointment, empty your bladder and immediately drink 32 oz. of any liquid. Please do not empty your bladder until after your examination is completed. Patients more than 16 weeks pregnant: No preparation is necessary.

## Abdominal Ultrasound

Do not eat, drink, smoke or chew gum after midnight the night before your appointment.

## Barium Enema

Follow instructions on enema prep kit.

## Breast Studies

Do not use deodorant, powder or lotion in the breast and underarm area. For your comfort, two-piece outfits are recommended. Please bring any previous mammogram films or call that office and have them sent to us at Asheville Imaging Center 534 Biltmore Ave., Asheville, NC 28801.

## Computed Tomography (CT)

If you have a history of allergy to contrast media (X-ray dye), please contact us before the day of the examination.

*Head, Neck, Chest:* Clear liquid only, four hours prior to your examination.

*Spine (Cervical, Thoracic, Lumbar):* Follow myelogram instructions if you are having a myelogram first. Otherwise, there are no special instructions.

*Abdominal, Pelvis:* Clear liquids on the morning of examination. Nothing to eat or drink four hours prior to your examination. If oral contrast is to be used, you may need to pick up the oral contrast prior to your examination. If you have had any barium studies within the last three days, your physician should prescribe a laxative. If your exam includes the pelvis, you should expect to drink oral contrast upon arrival at Asheville Imaging Center and allow 2 hours for the contrast to travel through your body before the scan.

*Extremities, Sinuses:* No special instructions.

## DEXA Scan

No calcium supplements on day of scan. No barium contrast studies five days before scan.

## Magnetic Resonance Imaging (MRI)

Inform us if you have a pacemaker, artificial heart valves, any metal objects in your body, are pregnant or nursing.

Without contrast: No preparation is required. For abdominal MRI, do not eat or drink four hours before your exam.

## Myelogram

Clear liquids after midnight. An observation period will follow the examination. Someone must accompany you to drive you home.

## UGI, Small Bowel

Nothing by mouth after midnight. If your exam includes the small bowel series, you should expect the exam to take 45 minutes to several hours.

## IMPORTANT

Please inform our radiology technologists of any allergies you may have or if you are pregnant or nursing.

## Bring this form to your appointment.

If you cannot make your appointment, please call (828) 213-9729 to reschedule your examination.

Clear Liquid Diet includes: clear soups, jello, unsweetened strained fruit juices, tea with no milk or sugar, and fruit juice popsicles.

Diabetics: please contact us for special instructions.



**ASHEVILLE RADIOLOGY ASSOCIATES**  
Serving Western North Carolina since 1944

