



CRYSTAL RIVER

CRYSTAL RIVER MRI

Phone: 352-437-8005

Fax: 352-228-4323

www.crystalrivermri.com

Patient Name: _____ DOB: _____

Patient Phone: _____ Insurance: _____

Diagnosis / Symptoms: _____

Physician Signature: _____ Date: _____

HIGH-FIELD MRI

- w/ Contrast
 - w/ and w/o Contrast

 - Abdomen
 - Brain
 - SWI
 - DTI
 - NeuroQuant
 - Breast-Bilateral
 - Cervical
 - ALAR Ligament
 - Chest
 - Face
 - IAC
 - Lumbar
 - Neck (Soft Tissue)
 - Orbits
 - Pelvis
 - Bony
 - Soft Tissue
 - Pituitary
 - Thoracic
 - TMJ-Bilateral
 - Upper Extremity
 - R L
- Area: _____
- Lower Extremity
 - R L
- Area: _____

ULTRASOUND

- Abdomen Complete
 - Abdomen Limited/RUQ
 - Aorta
 - Breast
 - BiLat R L
 - Carotid
 - Pelvic
 - Renal
 - Renal Arteries
 - Scrotum w/doppler
 - Thyroid
 - Transvaginal
 - OB 1st Trimester
 - OB 2nd/3rd Trimester
 - OB Limited _____
 - OB Transvaginal
 - Arterial Lower Ext w/ABI
 - BiLat R L
 - Arterial Upper Extremity
 - BiLat R L
 - Venous Lower Extremity
 - BiLat R L
 - Venous Upper Extremity
 - BiLat R L
 - Non-Vascular Ext
- Area: _____
- Other: _____

DIGITAL X-RAY

- Abdomen
 - KUB 1V
 - Flat/Upright 2V
 - Series 3V
 - Cervical
 - 3V 5V F/E
 - Chest 2V
 - Clavicle
 - Hip 2V
 - R L
 - Lumbar
 - 3V 5V Bend
 - Neck (Soft Tissue)
 - Pelvis 1/2V
 - Rib Series
 - R L
 - Sacrum / Coccyx
 - Scapula
 - Skull
 - SI Joints
 - Sinus Series
 - Thoracic
 - 2V 3V
 - Upper Extremity
 - R L Views _____
- Area: _____
- Lower Extremity
 - R L Views _____
- Area: _____

MRA - MRV

- Abdomen
- Brain - MRA
 - w/o Contrast
 - w/ and w/o Contrast
- Brain - MRV
- Carotid Artery
 - w/o Contrast
 - w/ and w/o Contrast
- MRCP
- Renal Artery
- Other: _____

SPECIAL REQUESTS

- STAT EXAM
 - STAT AFTER HOURS:
- CALL: _____
- PHONE: _____
- PLEASE CONTACT PATIENT TO SCHEDULE
- PHONE: _____

SPECIAL INSTRUCTIONS:

PATIENT INSTRUCTIONS

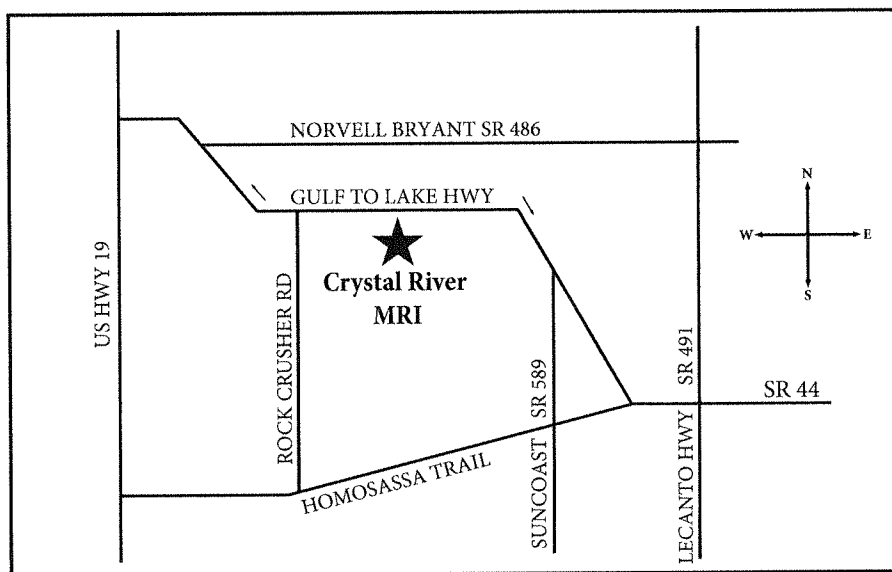
Please bring all prior images and reports at time of appointment.
Please arrive 15 minutes prior to appointment time.
Please call if you have any questions, concerns or
unable to make appointment.

MRI

- Patients with implanted devices; *Pacemakers, Defibrillators, Stimulators, Pain Pumps, Stents or Aneurysm Clips* are **required to bring the vendor provided card.**
- Patients with Glucose Monitors, please inform our staff when scheduling. Most Patch Monitors will need to be removed prior to exam.

ULTRASOUND

- **Abdomen, Aorta, Gall Bladder, Liver, Pancreas, Kidneys**
 - Nothing to eat or drink 8 hours prior to exam.
- **Bladder, Pelvis, OB Exams:**
 - Drink 32 oz of water 1 hour before exam. **Do not empty bladder prior to exam.**
- **Renal, Kidneys:**
 - Drink plenty of fluids. **You may empty bladder prior to exam.**



CRYSTAL RIVER



QUALITY PATIENT CARE
SINCE 2002

Crystal River MRI
6136 W Gulf to Lake Hwy.
Crystal River, FL 34429

SCHEDULE TODAY



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Web: www.cyrstalrivermri.com



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