ADVANCED IMAGING CONCEPTS

13470 Taft Street • Brooksville, FL 34613
Phone 352-597-0016 • Fax 352-597-0089 • www.AdvancedImagingConcepts.com

ADVANCING THE CARE YOU DESERVE!

Patient Name:_____ DOB:_____

Phone Numbers: _____

Referring Physician Name & Signature:_____ ✘ _____

Naveen Bikkasani, MD *Interventional Radiology* ***Scott Fisher, MD*** ***James Okoh, MD*** ***Devyani Ghanekar, MD***

HISTORY & CLINICAL DIAGNOSIS (REQUIRED)

1.5T WIDE BORE MRI

Contrast?

❑without ❑with/without

____RT ____LT

_____Brain	Prep #4
_____IAC	Prep #4
_____Orbits	Prep #4
_____Cervical	Prep #4
_____Thoracic	Prep #4
_____Lumbar	Prep #4
_____Shoulder	Prep #4
_____Arm	Prep #4
____upper ____lower	
_____Chest	Prep #4
_____Breast	Prep #4
_____Abdomen	Prep #4
_____MRCP	Prep #1 & #4
_____Prostate	Prep #4
_____Pelvis	Prep #4
_____Hip	Prep #4
_____Leg	Prep #4
___upper ____lower	
_____Knee	Prep #4
_____Ankle	Prep #4
_____Foot	Prep #4
_____Other_____	

MRI ANGIOGRAPHY

_____Brain	Prep #4
_____Carotid Arteries	Prep #4
_____Cervical Spine	Prep #4
_____Thoracic Aorta	Prep #4
_____Abdominal Aorta	Prep #4
_____Other_____	

ECHOCARDIOGRAPHY

____3 D Duplex & Color	No Prep

3D MAMMOGRAM

____RT ____LT

____Screening Mammogram	Prep #3
____Diagnostic Mammogram	Prep #3

1.2T OPEN MRI

Contrast?

❑without ❑with/without

____RT ____LT

_____Brain	Prep #4
_____IAC	Prep #4
_____Orbits	Prep #4
_____TMJ	Prep #4
_____Cervical	Prep #4
_____Thoracic	Prep #4
_____Lumbar	Prep #4
_____Shoulder	Prep #4
_____Arm	Prep #4
____upper ____lower	
_____Elbow	Prep #4
_____Wrist	Prep #4
_____Hand	Prep #4
_____Chest	Prep #4
_____Abdomen	Prep # 4
_____MRCP	Prep #1 & #4
_____Pelvis	Prep #4
_____Hip	Prep #4
_____Leg	Prep # 4
___upper ____lower	
_____Knee	Prep #4
_____Ankle	Prep #4
_____Foot	Prep #4
_____Other_____	

SPECIAL PROCEDURES

_____Breast Biopsy - US	
____RT ____LT	
_____Bone Marrow Biopsy	
_____Joint Injection	
_____MR Arthrogram - Shoulder/Hip/Knee	
____RT ____LT	
_____Thyroid Biopsy	
_____Other_____	

BONE DENSITY STUDY

____DEXA Scan	
____Body Composition	

PET/CT SCAN

____PET/CT Brain	Prep #5
____PET/CT Skull Base -Mid Thigh	Prep #5
____PET/CT Whole body	Prep #5
____PSMA	Prep #6

CT SCAN

Contrast?

❑without ❑ with ❑with/without

(No Prep) (Prep----------▼)

_____Brain	Prep #1
_____Posterior fossa/IACs	Prep #1
_____Sinuses	Prep #1
_____Neck (Soft Tissue)	Prep #1
_____Cervical Spine	Prep #1
_____Thoracic Spine	Prep #1
_____Lumbar Spine	Prep #1
_____Chest	Prep #1
_____Abdomen	Prep #1
_____Pelvis	Prep #1
_____Urogram	Prep #1
_____LDCT	Prep #1
_____Calcium Scoring	Prep #1
_____Myelogram C T L	Prep #1
_____Other_____	

CT ANGIOGRAPHY

____Carotid	Prep #1
____Coronary Arteries	Prep #1
____Thoracic Aorta	Prep #1
____Aorta w/Run off	Prep #1
____Abdominal Aorta	Prep #1
____Pulmonary Embolism	Prep #1
____Renal Arteries	Prep #1
____Other _____	

NUCLEAR MEDICINE

____Bone Scan Limited	No Prep
____Bone Scan-Whole Body	No Prep
____Bone Scan 3 Phase	No Prep
____Gastric Emptying	Prep #1
____HIDA Scan w/EF	Prep #1
____Renal Scan w/Lasix	No Prep
____Other_____	

ULTRASOUND

____Carotid Arteries	Prep #8
____Aorta	Prep #8
____Thyroid	Prep #8
____Breast ___RT ___LT	No Prep
____Abdomen, Complete	Prep #8
____Abdomen, Limited	Prep #8
____Kidney	Prep #6
____Pelvic	Prep #8
❑ Transvaginal	No Prep
❑ Transabdominal	Prep #6
____Lower extremity, Arteries including ABI	No Prep
____Lower extremity, Venous	No Prep
____Venous mapping	No Prep
____Other _____	

DIGITAL X-RAY

____Chest. PA & Lat.	
____Cervical Spine	2V 3V 4V
____Thoracic Spine	2V 3V 4V
____Lumbar Spine	2V 3V 4V
____Other _____/____V	

NOTES

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PLEASE SEE OTHER SIDE FOR PREPARATION & MAP ➡

INSTRUCTIONS FOR THE PATIENT

Follow instructions for examination indicated unless your physician has told you otherwise.

FOR ALL TEST
•PLEASE REMOVE ALL JEWELRY.
• PLEASE INFORM OUR TEAM AT THE TIME OF SCHEDULING OF ANY IMPLANTS YOU MAY HAVE

Prep #1 Nothing to eat or drink 4 hours prior to test.

Prep #2 Drink approximately 40 ounces of fluid 2 hours before appointment. **DO NOT VOID**. Bladder needs to be extremely full for proper examination.

Prep #3 For your convenience, please wear a two-piece outfit. Do not use deodorant, powder, or perfume under the arm or breast area. If possible, please bring your previous mammogram films from other facilities with you.

Prep #4 **MRI** Wear comfortable clothing. Wear no metal or eye make-up. Patients with implanted pacemakers defibrillators, stimulators, pain pumps, recently implanted stents or aneurysm clips in the brain may not be canididates. Bring your vendor provided card for implant devices.
For studies with contrast, nothing to eat or drink 4 hours prior to test, except water.

WE ARE LOCATED 1½ MILES WEST OF THE SUNCOAST PARKWAY (589) AND ½ MILE NORTH OF CORTEZ BLVD. (HWY 50)

Prep #5 **CT/PET** It is essential that you follow the instructions below in order to ensure quality and accuracy of your scan.

- **24 hours before** do not drink any caffeine, including any decaf products.
- **12 hours** prior to the exam stay on a low carbohydrate diet. Do not engage in any strenuous exercise.
- **6 hours prior** to your appointment time do not eat anything and drink several glasses of water (between 2 to 6 cups) and take your medications. If you need to eat please stick to a protein only meal if possible. If you are diabetic, please consult your doctor for questions regarding medication. Wear warm and comfortable clothes.

- **At your appointment time** you'll receive an injection. After the injection, you will be asked to sit in a waiting room for 60 minutes.
  The scan generally takes about 30 minutes. In some cases, more than one scan is required.
  Your total time commitment will be about 1 to 2 hours. Most reports are available to your doctor within 48 hours.
  There are no residual side effects from PET scan.

Foods Allowed
All Meats, Unsweetened Peanut Butter, Oil Margarine, Butter, Tofu, Hard Cheese, Diet Soda, Eggs, Non-Starchy Vegetables: (i.e.: broccoli; spinach; green beans)

Foods Not Allowed
Cereals, and Breads, Pasta, Sugar/Candy, Jams and Jellies, Alcohol, Rice, Peas, Corn, Potatoes, Fruit and Fruit Juices, Gravies, Dry Beans, Honey, Milk (including non-dairy milk)

Prep #6 Drink 32 oz. of water 1 hour prior to exam.

Prep #7 No thyroid medication or iodine contrast injection for past 3 weeks. No lithium for past 48 hours. No shellfish for past 24 hours.

Prep #8 Nothing to eat or drink for 8 hours prior to test.

OPEN 7 AM TO 5:30 PM
CALL 352-597-0016
TO SCHEDULE TODAY!

Visit our Website at **www.advancedimagingconcepts.com** for more information regarding your upcoming radiological examination.
On our site you will not only find information about your specific test, plus all of the services that we provide.
You can also get to know the physicians who will be interpreting your examination.
At Advanced Imaging Concepts it is our goal to provide you with intelligent imaging with compassionate care.