

**ADVANCED  
RADIOLOGY  
IMAGING  
ASSOCIATES**

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Fort Myers, FL 33912**

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[www.aria-images.com](http://www.aria-images.com)

**APPOINTMENT**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**PLEASE BRING THIS PRESCRIPTION TO YOUR APPOINTMENT**

Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Diagnosis & Special Instructions: \_\_\_\_\_ Phone: \_\_\_\_\_

ICD-9: \_\_\_\_\_ Fax: \_\_\_\_\_

STAT-Call with Report \_\_\_\_\_

Send: Films or CD  Fax Report

Copy of Report to: \_\_\_\_\_

COMPUTED TOMOGRAPHY (CT SCAN) *	MRI <b>OPEN MRI IN CAPE CORAL</b> *	BREAST IMAGING
<p><b>Abdomen And Pelvis</b></p> <p><input type="checkbox"/> Abdomen / Pelvis - { Abdomen with/without Pelvis with</p> <p><input type="checkbox"/> Abdomen / Pelvis with only</p> <p><input type="checkbox"/> Abdomen with and without</p> <p><input type="checkbox"/> With Only</p> <p><input type="checkbox"/> Without Only</p> <p><input type="checkbox"/> Pelvis with Contrast</p> <p><input type="checkbox"/> With and without</p> <p><input type="checkbox"/> Without Only</p> <p><input type="checkbox"/> Stone Protocol (No Oral or IV Contrast)</p>	<p><b>Head</b></p> <p><input type="checkbox"/> Brain</p> <p><input type="checkbox"/> Orbits</p> <p><input type="checkbox"/> IACs/Temporal Bone with MPR { High resolution of cranial nerves</p> <p><input type="checkbox"/> IAC without MPR</p> <p><input type="checkbox"/> Pituitary</p> <p><input type="checkbox"/> Sinuses</p> <p><input type="checkbox"/> Temporomandibular Joint w/ Cine Loop</p> <p><b>Spine</b></p> <p><input type="checkbox"/> Cervical</p> <p><input type="checkbox"/> Thoracic</p> <p><input type="checkbox"/> Lumbar</p> <p><input type="checkbox"/> Sacrum</p>	<p><input type="checkbox"/> Bilateral <input type="checkbox"/> Right Only <input type="checkbox"/> Left Only</p> <p><input type="checkbox"/> Screening Mammography with breast ultrasound if questionable mammo</p> <p><input type="checkbox"/> Diagnostic Mammography with breast ultrasound if questionable mammo</p> <p><input type="checkbox"/> Ultrasound</p> <p><input type="checkbox"/> Breast Biopsy <input type="checkbox"/> Stereo <input type="checkbox"/> US</p> <p><input type="checkbox"/> Needle Localization <input type="checkbox"/> Stereo <input type="checkbox"/> US <input type="checkbox"/> Mammo</p>
<p><b>Head and Neck</b></p> <p><input type="checkbox"/> Brain/Head</p> <p><input type="checkbox"/> Sinus with MPR</p> <p><input type="checkbox"/> Sinus without MPR</p> <p><input type="checkbox"/> Facial Bones with MPR</p> <p><input type="checkbox"/> Facial Bones without MPR</p> <p><input type="checkbox"/> Orbits with MPR</p> <p><input type="checkbox"/> Orbits without MPR</p> <p><input type="checkbox"/> Neck Soft Tissue</p> <p><b>Chest</b></p> <p><input type="checkbox"/> Chest</p>	<p><b>Musculoskeletal</b></p> <p><input type="checkbox"/> Shoulder L / R</p> <p><input type="checkbox"/> Humerus L / R</p> <p><input type="checkbox"/> Elbow with MPR L / R</p> <p><input type="checkbox"/> Elbow without MPR L / R</p> <p><input type="checkbox"/> Forearm { High resolution of ligaments and tendons</p> <p><input type="checkbox"/> Wrist with MPR L / R</p> <p><input type="checkbox"/> Wrist without MPR L / R</p> <p><input type="checkbox"/> Hand { High resolution of ligaments and TFC</p> <p><input type="checkbox"/> Pelvis L / R</p> <p><input type="checkbox"/> Hip L / R</p> <p><input type="checkbox"/> Femur L / R</p> <p><input type="checkbox"/> Knee with MPR L / R</p> <p><input type="checkbox"/> Knee without MPR L / R</p> <p><input type="checkbox"/> Tibia / Fibula L / R</p> <p><input type="checkbox"/> Ankle L / R</p> <p><input type="checkbox"/> Achilles <input type="checkbox"/> Hindfoot <input type="checkbox"/> Forefoot L / R</p>	<p><b>ULTRASOUND - BODY &amp; SMALL PARTS*</b></p> <p><input type="checkbox"/> Abdomen Including Retroperitoneum</p> <p><input type="checkbox"/> Abdomen Only</p> <p><input type="checkbox"/> Single Organ (Eg, gallbladder): _____</p> <p><input type="checkbox"/> Retroperitoneum</p> <p><input type="checkbox"/> Kidneys Only</p> <p><input type="checkbox"/> Aorta</p> <p><input type="checkbox"/> Pelvis with Transvaginal</p> <p><input type="checkbox"/> Pelvis without Transvaginal</p> <p><input type="checkbox"/> Transvaginal Only</p> <p><input type="checkbox"/> Thyroid</p> <p><input type="checkbox"/> Scrotum, with Doppler If indicated</p> <p><input type="checkbox"/> Scrotum without Doppler</p> <p><input type="checkbox"/> Other _____</p>
<p><b>Contrast / Radiologist Discretion</b> (unless otherwise marked below)</p> <p><input type="checkbox"/> With / without</p> <p><input type="checkbox"/> Without</p> <p><input type="checkbox"/> With Only</p>	<p><b>Body</b></p> <p><input type="checkbox"/> Neck - Soft Tissue</p> <p><input type="checkbox"/> Liver</p> <p><input type="checkbox"/> Pancreas / MRCP</p> <p><input type="checkbox"/> Kidneys</p> <p><input type="checkbox"/> Pelvis - Soft Tissue</p> <p><input type="checkbox"/> Other _____</p>	<p><b>ULTRASOUND - CARDIOVASCULAR*</b></p> <p><input type="checkbox"/> Carotid Doppler, Bilateral</p> <p><input type="checkbox"/> Venous Lower Extremity / DVT, Bilateral</p> <p><input type="checkbox"/> Unilateral: L / R</p> <p><input type="checkbox"/> Venous Upper Extremity Bilateral</p> <p><input type="checkbox"/> Unilateral: L / R</p> <p><input type="checkbox"/> Arterial, Non Invasive, Lower Extremities</p> <p><input type="checkbox"/> With Duplex if Abnormal ABI</p> <p><input type="checkbox"/> Arterial, Non Invasive, Upper Extremities</p> <p><input type="checkbox"/> With Duplex if Abnormal ABI</p> <p><input type="checkbox"/> Echocardiogram</p>
<p><b>Spine and Extremities</b></p> <p><input type="checkbox"/> Cervical Spine with MPR</p> <p><input type="checkbox"/> Cervical Spine without MPR</p> <p><input type="checkbox"/> Thoracic Spine with MPR</p> <p><input type="checkbox"/> Thoracic Spine without MPR</p> <p><input type="checkbox"/> Lumbar Spine with MPR</p> <p><input type="checkbox"/> Lumbar Spine without MPR</p> <p><input type="checkbox"/> Extremity with MPR _____</p> <p><input type="checkbox"/> Extremity without MPR _____</p>	<p><b>Contrast / Radiologist Discretion</b> (unless otherwise marked below)</p> <p><input type="checkbox"/> With / without</p> <p><input type="checkbox"/> Without</p> <p><input type="checkbox"/> With Only</p>	<p><b>NUCLEAR MEDICINE*</b></p> <p><b>Bone Scan</b></p> <p><input type="checkbox"/> Whole Body Bone Scan, Triple (3) Phase, with SPECT</p> <p><input type="checkbox"/> Whole Body Bone Scan with SPECT</p> <p><input type="checkbox"/> Whole Body Bone Scan without SPECT</p> <p><input type="checkbox"/> Other _____</p> <p><b>Cardiac</b></p> <p><input type="checkbox"/> Myocardial Perfusion - Complete, Treadmill</p> <p><input type="checkbox"/> Gated with No Wall Motion or EF</p> <p><input type="checkbox"/> Myocardial Perfusion - Complete, Pharmacologic</p> <p><input type="checkbox"/> Gated with No Wall Motion or EF</p> <p><input type="checkbox"/> Cardiac Muga (Multigated Acquisition) Scan</p>
<p><b>CT Angio / Cardiovascular</b></p> <p><input type="checkbox"/> Cardiac Calcium Scoring</p> <p><input type="checkbox"/> CT Angiography Carotids</p> <p><input type="checkbox"/> CT Angiography Aorta</p> <p><input type="checkbox"/> CT Angiography of the Pulmonary Arteries (P.E. study)</p>	<p><b>MR Arthrography / Arthrogram</b></p> <p><input type="checkbox"/> Arthrogram then MR Shoulder L / R</p> <p><input type="checkbox"/> Arthrogram then MR Elbow with MPR L / R</p> <p><input type="checkbox"/> Elbow MR without MPR</p> <p><input type="checkbox"/> Arthrogram then MR Wrist with MPR L / R</p> <p><input type="checkbox"/> Wrist MR without MPR</p> <p><input type="checkbox"/> Arthrogram then MR Hip L / R</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Body</b></p> <p><input type="checkbox"/> Thyroid Scan and Uptake (I-123)</p> <p><input type="checkbox"/> Thyroid Scan Only</p> <p><input type="checkbox"/> Thyroid Therapy (I-131) Dose _____</p> <p><input type="checkbox"/> Parathyroid with SPECT</p> <p><input type="checkbox"/> Parathyroid without SPECT</p> <p><input type="checkbox"/> Hepatobiliary Scan with EF</p> <p><input type="checkbox"/> Hemangioma Liver RBC Scan with SPECT</p> <p><input type="checkbox"/> Hemangioma Scan without SPECT</p> <p><input type="checkbox"/> Gastric Emptying Scan</p> <p><input type="checkbox"/> Lung Scan (Perfusion Only, Quantitative)</p> <p><input type="checkbox"/> White Blood Cell Scan with SPECT</p> <p><input type="checkbox"/> White Blood Cell Scan without SPECT</p> <p><input type="checkbox"/> Other _____</p>
<p><b>DEXA (DXA, DUAL ENERGY X-RAY ABSORPTIOMETRY)</b></p> <p><input type="checkbox"/> DEXA</p>	<p><b>MR Angiography (MRA) WO/W Contrast</b></p> <p><input type="checkbox"/> Brain / Circle of Willis (no contrast)</p> <p><input type="checkbox"/> Carotid</p> <p><input type="checkbox"/> Thoracic Aorta</p> <p><input type="checkbox"/> Abdominal Aorta</p> <p><input type="checkbox"/> Renal Arteries</p> <p><input type="checkbox"/> Abdomen / Run Off Extremities</p>	<p><b>MR Angiography (MRA) WO/W Contrast</b></p> <p><input type="checkbox"/> Brain / Circle of Willis (no contrast)</p> <p><input type="checkbox"/> Carotid</p> <p><input type="checkbox"/> Thoracic Aorta</p> <p><input type="checkbox"/> Abdominal Aorta</p> <p><input type="checkbox"/> Renal Arteries</p> <p><input type="checkbox"/> Abdomen / Run Off Extremities</p>
<p><b>X-RAY</b></p> <p><input type="checkbox"/> Chest PA and Lateral</p> <p><input type="checkbox"/> Rib Series with PA Chest L / R / Bilat</p> <p><input type="checkbox"/> Without PA Chest</p> <p><input type="checkbox"/> Abdomen</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Hip with Pelvis L / R</p> <p><input type="checkbox"/> Hip Only L / R</p> <p><input type="checkbox"/> Spine, Cervical</p> <p><input type="checkbox"/> Spine, Thoracic</p> <p><input type="checkbox"/> Spine, Lumbar</p> <p><input type="checkbox"/> Extremity: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>MPR= Multiplanar Reconstruction</b></p> <p>THIN SECTION MULTIPLANAR IMAGES FOR HIGHER SENSITIVITY</p>	<p><b>Other:</b> _____</p>

**\* PLEASE SEE INSTRUCTIONS ON BACK**

## INSTRUCTIONS TO PATIENT

1. Arrive 30 minutes prior to your scheduled appointment.
2. Bring your insurance card and any other insurance information.
3. Please bring this Prescription with you or your appointment may have to be rescheduled.
4. Please call at least 24 hours prior to your appointment if you need to reschedule. Fort Myers T: 239.333.ARIA (2742).  
Cape Coral T: 239.454.ARIA (2742).

## PREPARATION INSTRUCTIONS

### ULTRASOUND PREPARATION:

For ALL studies, medications may be taken as normal with a sip of water

No special preparation for Ultrasound procedures except the following:

Abdomen, Retroperitoneum, Aorta including single organs (gallbladder, pancreas, spleen): Nothing to eat, drink or chew for 6 hours prior to exam except normal medications with a sip of water.

Pelvis: Drink several glasses of water to fill the bladder 1-2 hours prior to the exam. Do not urinate prior to the exam as a FULL bladder is required for the examination.

### MRI PREPARATION:

For ALL studies, medications may be taken as normal with a sip of water

No special preparation for MRI procedures except the following:

MRI abdomen, pancreas/MRCP studies: nothing to eat, drink or chew for 6 hours prior to exam except normal medications with a sip of water.

### IV CONTRAST BLOODWORK REQUIREMENTS:

MRI - All MRI exams with IV Contrast require bloodwork

CT - All Patients over 60 years of age require bloodwork prior to IV contrast.

### COMPUTED TOMOGRAPHY (CT) SCAN PREPARATION:

For ALL studies, medications may be taken as normal with a sip of water

No special preparation for CT procedures except the following:

Abdomen and/or pelvis studies: Drink 1 bottle of oral contrast 2 hours prior to exam time.

Studies requiring intravenous contrast: nothing to eat or drink for 3 hours prior to exam time except normal medications with a sip of water.

**CT Calcium scoring:** Nothing to eat, drink or chew 6 hours prior to exam, no stimulants, caffeine, sugar, nicotine (including patches).

### NUCLEAR MEDICINE PREPARATION:

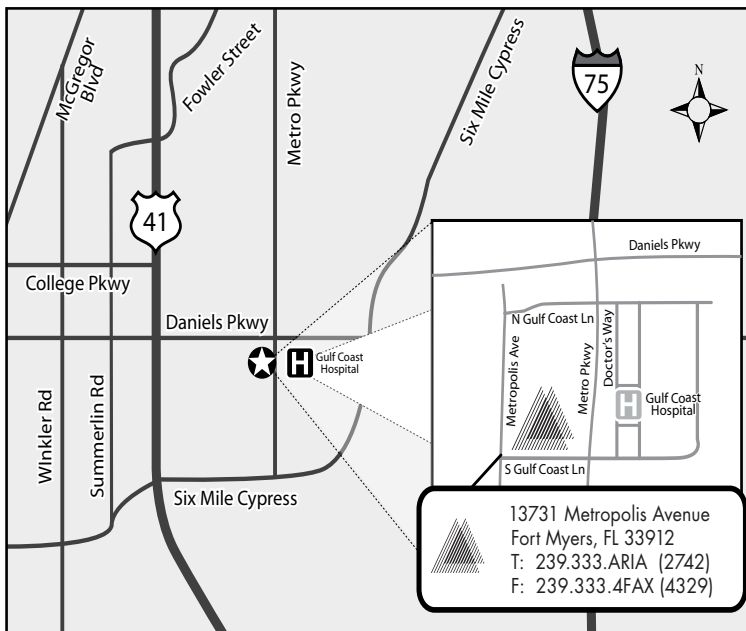
**Myocardial perfusion stress test:** Nothing to eat, drink or chew 4 hours prior to exam, NO beta blockers for 48 hours prior to exam.

**Thyroid uptake scan:** Nothing to eat, drink or chew 4 hours prior to exam, NO Intravenous contrast studies 6 weeks prior to exam, NO shellfish foods 48 hours prior to exam, NO thyroid medications 2 to 6 weeks prior to exam (**contact ARIA for specific timeframes pertinent to your medication**).

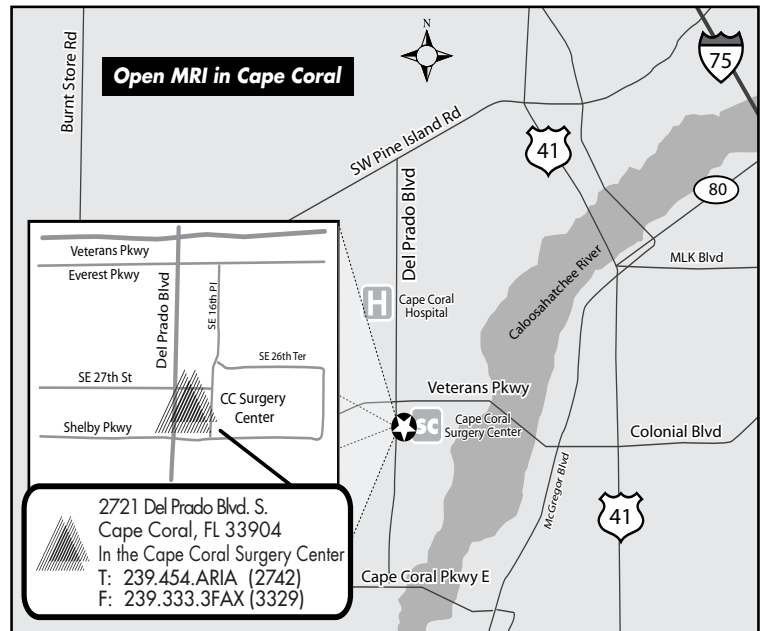
**Hepatobiliary (HIDA) scan:** Nothing to eat, drink or chew 4 hours prior to exam, NO narcotic pain medications 4 hours prior to exam.

**Gastric emptying scan:** Nothing to eat, drink or chew 4 hours prior to exam, NO antacids 24 hours prior to exam.

*For other exams, please contact us.*



2 blocks south of Daniels Parkway on Metro  
Across Metro Parkway from Gulf Coast Medical Center



2.7 miles south of Cape Coral Hospital  
3 blocks south of Veteran's Parkway