Patient Referral Form

Patient Name: _____ DOB: _____ Patient Phone: _____

Diagnosis: _____

☐ Report Only ☐ CD ☐ Portal ☐ Films

MRI

☐ Brain
☐ IACs
☐ Pituitary
☐ Orbits
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Soft Tissue Neck
☐ Abdomen
☐ Pelvis
☐ Shoulder ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Hand ☐ L ☐ R
☐ Hip ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R
☐ **Other:** _____

Arthrography

☐ Hip ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Shoulder ☐ L ☐ R
☐ Other (Please Specify)
_____

X-Ray

☐ C-Spine	☐ Shoulder	☐ L	☐ R
☐ T-Spine	☐ Humerus	☐ L	☐ R
☐ L-Spine	☐ Elbow	☐ L	☐ R
☐ Scoliosis	☐ Forearm	☐ L	☐ R
☐ Pelvis	☐ Wrist	☐ L	☐ R
☐ Chest	☐ Hand	☐ L	☐ R
☐ KUB	☐ Ribs	☐ L	☐ R
☐ Skull	☐ Hip	☐ L	☐ R
☐ Facial	☐ Femur	☐ L	☐ R
☐ Orbits	☐ Knee	☐ L	☐ R
☐ Sinus	☐ Tib/Fib	☐ L	☐ R
☐ SI Joints	☐ Ankle	☐ L	☐ R
☐ Bone Age	☐ Foot	☐ L	☐ R
☐ Finger (Specify digit)_____		☐ L	☐ R
☐ Toe (Specify digit)_____		☐ L	☐ R

☐ Soft Tissue Neck
☐ Abdomen w/ Upright
☐ Sacrum/Coccyx
☐ **Other:** _____

Bone Densitometry

☐ Dexa Scan

Contrast

☐ Without ☐ With/Without

MRA

☐ Head (COW) (w/o contrast is routine)
☐ Carotid (Contrast optional)
☐ **Other:** _____

Upright Protocols

☐ Cervical ☐ Flex. ☐ Ext. ☐ ALAR
☐ Thoracic
☐ Lumbar ☐ Flex. ☐ Ext.
☐ **Other** (Please Specify): _____

CT Scan

☐ Brain ☐ Cervical Spine ☐ Pelvis
☐ Sinuses ☐ Thoracic Spine ☐ **Other:**
☐ Neck ☐ Lumbar Spine _____
☐ Chest ☐ Abdomen

☐ Oral Contrast ☐ With Only
☐ IV Contrast ☐ With & Without

If patient is over 60, diabetic, or has high blood pressure current Creatinine/BUN is required

Ultrasound

☐ Abdomen ☐ Pelvis (Transabdominal) ☐ OB _____ Trimester
☐ RUQ (GB, Liver) ☐ Pelvis (Transvaginal) ☐ Echo
☐ Renal ☐ Renal Artery Doppler ☐ Breast ☐ L ☐ R
☐ Scrotal ☐ Thyroid ☐ Carotid Doppler
☐ Arterial Imaging ☐ Upper ☐ Lower
☐ Venous Doppler ☐ Upper ☐ Lower ☐ Right ☐ Left
☐ Soft Tissue Non-Vascular (Please specify location) _____
☐ **Other:** _____

Mammography

☐ Screening (Bilateral) ☐ Diagnostic ☐ Bilateral ☐ L ☐ R
Include Ultrasound ☐ Bilateral ☐ L ☐ R

Physician Name: _____ Physician Phone: _____

Physician Signature: _____ Date: _____

Phone: 352.241.6100 **871 Oakley Seaver Drive Clermont FL 34711** **Fax: 352.241.6101**

CLERMONT RADIOLOGY

871 Oakley Seaver Drive Clermont, Florida 34711
(Located in the South Lake Medical Arts Center)
Phone: 352.241.6100 Fax: 352.241.6101

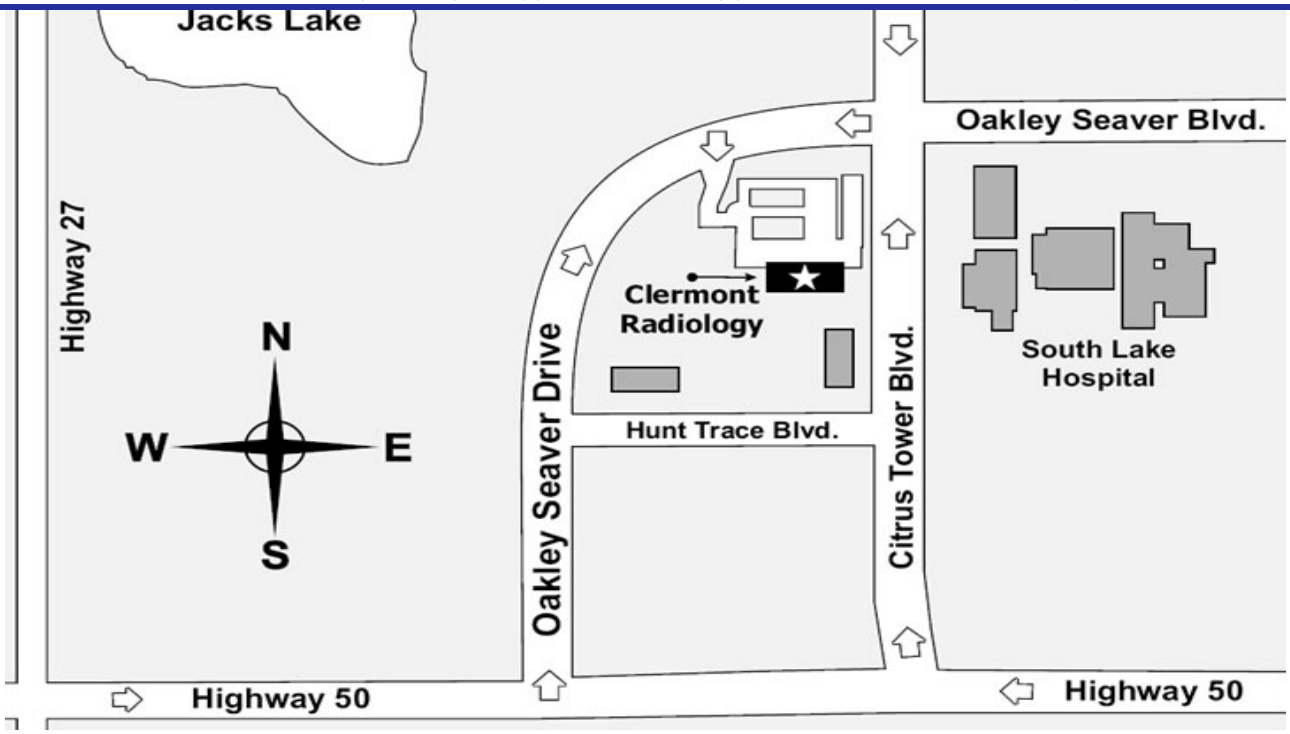
Most insurances accepted! ***Financial arrangements available!***

Outstanding Services

No more claustrophobia! Watch TV while being scanned! Scan patients standing, sitting, and bending!
Scans are scheduled within 24-48 hours with evening & weekend hours!
High field 1.5 Tesla MRI & Upright Open 0.6 Tesla MRI
Digital Mammography & Bone Densitometry
Multi-Slice CT & Ultrasound
Results in 24 hours / Same-day reads upon request.

Patient Instructions

If you must reschedule or cancel your appointment, please give at least 24 hours notice.
Please arrive 15 minutes prior to your exam.
Wear comfortable clothing without metal, if possible.
Bring any previous studies that relate to your exam(s).
Must bring prescription from your physician.
We cannot perform a MRI if you have a pacemaker,defibrillator, and/or metal fragments in the eye.
Please inform our staff prior to your appointment of any possible contraindications for your exam.



From Ocala, FL.	From The Villages	From Orlando, FL.
1. Take I-75 toward tampa. **2.** Merge onto FLORIDA'S TURNPIKE SOUTH via EXIT 328 on the LEFT toward ORLANDO (Toll Road) **3.** Merge onto US-27 South/SR-25 South via EXIT 289 toward SR-19/ TAVERES/CLERMONT. **4.** Take the SR-50 E ramp toward WINTER GARDEN/ ORLANDO/ HOSPITAL **5.** Turn Left onto SR-50 E. **6.** Turn Left onto OAKLEY SEAVER DR.	**1.** Follow Co Rd 466 West to US-301 South in Oxford. **2** Turn onto US-301 South **3**. Turn onto the Florida's Turnpike South ramp. 5. Take EXIT 289 to merge onto US-27 S toward FL-19/Tavares/Clermont. **4.** Turn left onto Citrus Tower Blvd **5.** Turn right onto Oakley Seaver Dr	**1.** Take I-4 to SR-408 TOLL W/EAST-WEST EXPY. **2.** Take the FLORIDA'S TURNPIKE exit toward OCALA **3.** Merge onto FLORIDA'S TURNPIKE N. **4.** Take the SR-50 W exit, EXIT 272, toward CLERMONT. **5.** Turn LEFT onto SR-50 WEST/W COLONIAL DR Continue to follow SR-50 W. **6.** Turn RIGHT onto OAKLEY SEAVER DR.