



922 N. Citrus Avenue
Crystal River, FL 34428

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Fax (352) 795-6460

www.citrusdiagnosticcenter.com

Patient Name _____

Appointment Time & Date _____

Referring Physician Name & Signature _____

History & Clinical Diagnosis	

PET/CT SCAN

- PET Scan - Body prep #6
- PET Scan - Cardiac prep #6
- PET Scan - Bone prep #6

CT SCAN w/ contrast when needed

- Brain _____ prep #1
 - Posterior Fossa/I.A.C.s _____ prep #1
 - Sinuses _____ no prep
 - Neck (soft tissue) _____ prep #1
 - Chest _____ prep #1
 - Abdomen _____ prep #1
 - Pelvis _____ prep #1
 - CT- Urogram _____ prep #1
 - C-Spine _____ no prep
 - T-Spine _____ no prep
 - L-Spine _____ no prep
 - Other _____
- (Please Specify)

CT ANGIOGRAPHY

- Pulmonary Arteries/Embolism prep #1
 - Carotid Arteries prep #1
 - Circle of Willis _____
 - Abdomen (Aorta, Renal, Mesenteric) prep #1
 - Thoracic Aorta prep #1
 - Iliac and Femoral Arteries prep #1
 - Other _____
- (Please Specify)

**1.5T MRI & OPEN MRI
w/ contrast when needed**

- Brain _____ prep #4
 - Neck (Soft Tissue) _____ prep #4
 - C-Spine _____ prep #4
 - T-Spine _____ prep #4
 - L-Spine _____ prep #4
 - Shoulder _____ R L prep #4
 - Knee _____ R L prep #4
 - Ankle _____ R L prep #4
 - Foot _____ R L prep #4
 - Abdomen _____ prep #4
 - Pelvis _____ prep #4
 - Other _____
- (Please Specify)

MR ANGIOGRAPHY

- Carotid Arteries _____ prep #4
 - Brain _____ prep #4
 - Abdominal Aorta _____ prep #4
 - Lower Extremities _____ prep #4
 - Renal Arteries _____ prep #4
 - Other _____
- (Please Specify)

ECHOCARDIOGRAPHY

- 2D Duplex & Color Doppler Study _____ no prep

ULTRASOUND

- Abdominal, Complete Survey _____ prep #1
 - Thyroid Sonogram _____ no prep
 - Kidney Sonogram _____ no prep
 - Gallbladder Sonogram _____ prep #1
 - Aorta Sonogram _____ no prep
 - Aorta Sonogram w/ Doppler _____ no prep
 - Pelvic Sonogram _____ prep #8
 - Other _____
- (Please Specify)

NUCLEAR MEDICINE

- Myocardial (Heart) Scan w/ Stress Test prep #5
 - Bone Scan - Whole Body _____ no prep
 - Bone Scan-Three Phase _____ no prep
 - G.B. (Hepatobiliary) Scan _____ prep #10
 - Thyroid Scan & Uptake _____ prep #9
 - Gastric Emptying Scan _____ prep #10
 - Renal Scan _____ no prep
 - Renal Scan w/ Captopril _____ prep #1
 - Renal Scan w/ Lasix _____ no prep
 - Other _____
- (Please Specify)

**VASCULAR DOPPLER
ULTRASOUND**

- Carotid Arteries _____ no prep
 - Lower Extremity-arteries Including ABI _____ no prep
 - Lower Extremity-venous _____ no prep
 - Other _____
- (Please Specify)

PLAIN X-RAY - DIGITAL

- Chest, PA & Lat. _____
 - Cervical Spine _____
 - Thoracic Spine _____
 - Lumbar Spine _____
 - Other _____
- (Please Specify)

OSTEOPOROSIS STUDY

- DEXA Scan _____
- DEXA Scan w/ Vertebral Fracture Assessment _____

3D MAMMOGRAM

- Screening Mammogram R L prep #3
- Diagnostic Mammogram R L prep #3
- Breast Ultrasound, if needed _____

If you can not keep your appointment, please call as soon as possible!
PLEASE SEE OTHER SIDE FOR PREPARATION & MAP

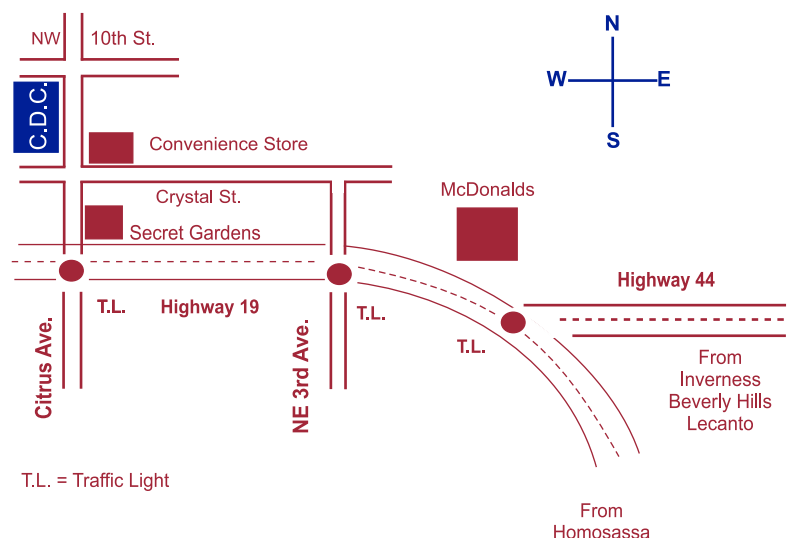
INSTRUCTIONS FOR THE PATIENT

Follow Instruction for Examination Indicated Unless
Your Physician Has Told You Otherwise

- Prep #1** Nothing to eat or drink for 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 Prep** (All MRI's) Wear comfortable clothing. Wear no metal or eye make-up. Patients with a pacemaker or Aneurysm clip surgery in brain cannot have an MRI.
- Prep #5** Nuclear Medicine Heart Perfusion Stress Test
- Ask doctor about taking any heart medications that are Beta or Calcium channel blockers 48 hours prior to study. No food, liquids, or medications 3 hours prior to exam.
- NO CAFFEINE OR CHOCOLATE PRODUCTS 48 HOURS PRIOR TO EXAM.**
- Bring all medications to Citrus Diagnostic Center on day of exam.
Wear comfortable clothing (no dresses) and comfortable walking or exercising shoes.
Approximate test time 2-3 hours
- Prep #6** Nothing to eat or drink except water 6 hours prior to test.
- Prep #7** No coffee, caffeine products or any heart stimulants for 4 hours prior to test.
- Prep #8** Drink 32 oz. of water 1 hour prior to exam.
- Prep #9** No thyroid medication, iodine contrast injection or shellfish for past 3 weeks. No lithium for past 48 hours.
- Prep #10** Nothing to eat or drink after midnight.



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For additional information, go to: www.citrusdiagnosticcenter.com