DIAGNOSTIC CENTERS OF AMERICA

☐ BOYNTON
P: 561.736.3227
F: 561.424.0888

☐ DELRAY
P: 561.496.6935
F: 561.496.6936

☐ WELLINGTON
P: 561.727.2300
F: 561.727.2333

☐ STAT HOLD: Patient held at DCA until referring physician's office verbally releases patient from facility, regardless of results. Verbal results on positive and negative study; fax results within 12 hours.

☐ STAT NO-HOLD: If positive, patient held at DCA until referring physician's office verbally releases patient from facility. Verbal results only on a positive study; fax results within 12 hours.

☐ PRIORITY: We will make every effort to schedule patient same day. Appointments before 4pm will receive faxed results same day, after 4pm results faxed early the next morning.

Date of Request:_____/_____/_____ **Appointment Date:**_____/_____/_____ **Time:**_____

☐ **CD Requested** ☐ **Film Requested** ☐ **Labs Needed** ☐ **Creatinine:**_____ **Date:**_____

Diagnosis: _____
Patient's Name: _____
Patient's Phone: _____
Patient's SSN: _____
Patient's DOB: _____

Insurance: _____
Physician's Name: _____
Physician's Phone: _____
Physician's Fax: _____
Physician's Signature: _____

IF NO CONTRAST OPTION IS SELECTED, RADIOLOGIST RECOMMENDED PROTOCOL WILL BE FOLLOWED

CT

☐ With ☐ Without ☐ With & Without Contrast

☐ **Head**
☐ Sinuses:___Routine___Limited
☐ Orbits
☐ Facial Bones/Jaw/TMJ
☐ Temporal Bones/Mastoids
☐ Soft Tissue Neck
☐ **Spine:** ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ **Chest:___Routine___PE___High Res**
☐ **Abdomen & Pelvis** ☐ Enterography
☐ CT Abd/Pelvis + KUB + IVP (no oral prep)
☐ CT IVP with 3D Reconstruction
☐ CT Stone Protocol (no oral contrast)
☐ CT Abd/pelvis no oral/no IV contrast
☐ CT Abd/pelvis oral contrast/no IV
☐ CT Abd/pelvis IV contrast/no oral
☐ Abdomen Only ☐ Pelvis Only
☐ Extremity:
☐ Other:

CT ANGIOGRAPHY

☐ Brain ☐ Neck/Carotid
☐ Chest ☐ Abdomen
☐ Other:

CARDIAC

☐ Cardiac Score Only
☐ CTA Complete: Score, Structure, Artery
☐ Cardiac Structure/Morphology & Coronary Artery
☐ Triple Rule Out: PE/Coronary Artery Disease/Aortic Dissection
☐ Cardiac MRI: Viability
☐ Cardiac MRA: Aneurysm/Dissection
☐ Echocardiogram
☐ EKG Delray Only
☐ Other:

RADIOLOGY

☐ CXR: PA & LAT
☐ KUB ☐ IVP
☐ Spine: ___Cervical ___Thoracic ___Lumbar
☐ Skull ☐ Sinus ☐ Ribs ☐ Pelvis ☐ Hip
☐ Other:

MRI

☐ With ☐ Without ☐ With & Without Contrast

☐ 1.5T Open Delray ☐ 1.5T Boynton ☐ 3T Wellington

☐ Valium, 5mg x _____

☐ Brain ☐ Orbit/Face/Sinus
☐ Pituitary ☐ IAC
☐ Soft Tissue Neck
☐ Cervical Spine ☐ Thoracic Spine
☐ Lumbar Spine ☐ Compression w/Axial Load
☐ Brachial Plexus ☐ Breast
☐ Abdomen: ☐ Kidney ☐ Adrenal ☐ MRCP
☐ Pelvis ☐ Enterography
☐ Shoulder R / L ☐ Elbow R / L
☐ Wrist R / L ☐ Hand R / L
☐ Hip R / L ☐ Thigh R / L
☐ Knee R / L ☐ Calf R / L
☐ Ankle/Mid/Hindfoot R / L
☐ Mid/Forefoot R / L
☐ Forefoot/Toes R / L
☐ Other:

MR ANGIOGRAPHY

☐ 1.5T Open Delray ☐ 1.5T Boynton ☐ 3T Wellington

☐ Head: ☐ Arterial ☐ Venous
☐ Neck
☐ Chest: ☐ Pulmonary ☐ Aorta
☐ Abdomen: ☐ Aorta ☐ Renal ☐ Mesenteric ☐ Venous
☐ Extremity Runoff
☐ Other:

NUCLEAR

☐ Cardiac Stress Test:___Adeno ___Treadmill
☐ Bone Scan ☐ Three Phase
☐ Thyroid Uptake & Scan ☐ I-131WB
☐ Thyroid Therapy_____mCi
☐ Renal Scan: _____Captopril _____Lasix
☐ Hida: _____CCK
☐ Gastric Emptying ☐ Parathyroid
☐ MUGA ☐ Gallium
☐ Brain SPECT
☐ Liver Spleen ☐ Liver SPECT
☐ Other:

PET/CT

Indication: ___Diagnostic ___Staging ___Restaging

☐ Brain PET/CT Attenuation (limited)
☐ Brain PET/CT Diagnostic (limited)
☐ Whole Body PET/CT Attenuation Only
☐ Whole Body PET/Diagnostic CT: Chest/Abd/Pelvis
☐ Other:

ULTRASOUND

☐ Abdomen:___Complete___Limited
☐ Pelvis ☐ Transvaginal
☐ OB Complete ☐ TV <12 Weeks
☐ ABD >12 Weeks
☐ OB with Biophysical Profile
☐ Carotid ☐ Aorta
☐ Thyroid ☐ Renal
☐ Bladder
☐ Scrotum/Testicles
☐ Venous: Leg R / L Bilateral
Leg w/ABI R / L Bilateral
☐ Arterial: Leg R / L Bilateral
☐ Echocardiogram
☐ Other:

BONE DENSITY

☐ Bone Densitometry

WOMEN'S IMAGING

☐ Screening Digital Mammography:
___Bilateral ___R/L Unilateral ___Implants
☐ Diagnostic Digital Mammography:
___Bilateral ___R/L Unilateral ___Implants
☐ SonoCiné Guided Ultrasound *Not covered* by insurance
☐ Breast Ultrasound:
___Right ___Left ___Bilateral
☐ Breast MRI
☐ Breast MRI w/o Contrast (Implant Rupture)
☐ Bone Density/DEXA
☐ Transvaginal Ultrasound
☐ Pelvis Ultrasound
☐ OB Complete: ☐ TV<12 Weeks ☐ ABD>12 Weeks
☐ OB with Biophysical Profile
☐ Other: