



Patient's name: _____ DOB: _____ Email: _____
Mobile #: _____ Alternate #: _____ Insurance: _____
Appointment date: _____ Appointment time: _____ Authorization: _____

Call patient to schedule
Clinicals Attached?
 Yes No

Please call when
scheduling all STAT exams

MRI	CT	ULTRASOUND	X-RAY
<p>CONTRAST</p> <p><input type="radio"/> Radiologist Discretion <input type="radio"/> W/O <input type="radio"/> W/ & W/O</p> <p><input type="radio"/> Brain <input type="checkbox"/> IAC <input type="checkbox"/> Neuroquant Protocol <input type="checkbox"/> Pituitary <input type="checkbox"/> Orbits <input type="checkbox"/> Seizure Protocol <input type="checkbox"/> Trigeminal Protocol (MRI Brain w/ and w/o AND MRI Face w/ and w/o)</p> <p><input type="radio"/> Stroke Protocol (MRA Brain w/o, MRI Brain w/ & w/o, MRA Neck w/ & w/o)</p> <p><input type="radio"/> MRA of: _____ <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Abdomen</p> <p><input type="radio"/> MR Arthrogram Rt Lt _____</p> <p><input type="radio"/> Face <input type="radio"/> Soft Tissue Neck <input type="radio"/> Cervical Spine <input type="radio"/> Lumbar Spine <input type="radio"/> Thoracic Spine <input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Prostate <input type="radio"/> MRCP <input type="radio"/> Shoulder Rt Lt Bilat <input type="radio"/> Elbow Rt Lt Bilat <input type="radio"/> Wrist Rt Lt Bilat <input type="radio"/> Hip Rt Lt Bilat <input type="radio"/> Knee Rt Lt Bilat <input type="radio"/> Ankle Rt Lt Bilat <input type="radio"/> Foot Rt Lt Bilat <input type="checkbox"/> Forefoot <input type="checkbox"/> Midfoot <input type="checkbox"/> Hindfoot</p> <p><input type="radio"/> Other: _____</p>	<p>CONTRAST</p> <p><input type="radio"/> Radiologist Discretion <input type="radio"/> W/ <input type="radio"/> W/O</p> <p><input type="radio"/> Head <input type="radio"/> Facial Bones <input type="radio"/> Orbits <input type="radio"/> Temporal Bones/IAC <input type="radio"/> Paranasal Sinus <input type="checkbox"/> Stealth <input type="checkbox"/> Fusion</p> <p><input type="radio"/> Soft Tissue Neck <input type="checkbox"/> Parathyroid Protocol</p> <p><input type="radio"/> Cervical Spine <input type="radio"/> Thoracic Spine <input type="radio"/> Lumbar Spine <input type="radio"/> Bony Pelvis (Sacrum) <input type="radio"/> Upper Extremity: _____ <input type="radio"/> Lower Extremity: _____</p> <p><input type="radio"/> Chest <input type="radio"/> Cardiac Score <input type="radio"/> Abdomen & Pelvis <input type="checkbox"/> Stone Protocol</p> <p><input type="radio"/> Abdomen (Only) <input type="radio"/> Pelvis (Only) <input type="radio"/> Dedicated Studies (W/WO) <input type="checkbox"/> Adrenal <input type="checkbox"/> Pancreas <input type="checkbox"/> Liver <input type="checkbox"/> Kidney</p> <p><input type="radio"/> CT Angiogram (w/w/o) <input type="checkbox"/> Head <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Pelvis <input type="checkbox"/> Chest/aorta <input type="checkbox"/> UE Runoff <input type="checkbox"/> PE Chest <input type="checkbox"/> LE Runoff</p> <p><input type="radio"/> Other: _____</p> <p>Advanced Imaging</p> <p><input type="radio"/> 3D Reconstruction</p>	<p><input type="radio"/> Soft Tissue Neck <input type="checkbox"/> Thyroid <input type="checkbox"/> Parotid Gland <input type="checkbox"/> Submandibular Gland <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior Other: _____</p> <p><input type="radio"/> Abdomen Complete <input type="radio"/> Right Upper Quadrant (Liver, Gallbladder, Rt. Kidney, Pancreas) <input type="radio"/> Left Upper Quadrant (Spleen, Lt. Kidney)</p> <p><input type="radio"/> Aorta <input type="radio"/> Liver Only <input type="radio"/> Renal (Kidneys & Bladder) <input type="radio"/> Pelvic (transvaginal as indicated) <input type="radio"/> OB (transvaginal as indicated) <input type="radio"/> Scrotum <input type="radio"/> Hernia <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Epigastric <input type="checkbox"/> Umbilical <input type="checkbox"/> Abdominal <input type="checkbox"/> Inguinal</p> <p><input type="radio"/> Other: _____</p> <p>Vascular</p> <p><input type="radio"/> Carotid Doppler <input type="radio"/> Upper Extremity Venous Doppler <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat <input type="radio"/> Lower Extremity Venous Doppler <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat</p>	<p>*Call ahead for appointment time</p> <p><input type="radio"/> Weight-Bearing</p> <p>COMMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>REPORT DELIVERY</p> <p>Standard Report in 24-48 hours.</p> <p><input type="radio"/> STAT Fax Fax#: _____</p> <p><input type="radio"/> Call Report Cell or backline #: _____</p> <p>COMPARISON STUDIES</p> <p>Date of service: _____ Location: _____ Type of study: _____</p> <p>IMPLANT</p> <p><input type="radio"/> Pacemaker (no MRI) <input type="radio"/> Neurostimulator <input type="radio"/> Other: _____ Brand: _____ Serial #: _____</p>
		<p>IMAGE DELIVERY</p> <p><input type="radio"/> Send CD with patient <input type="radio"/> PowerShare <input type="radio"/> LifeIMAGE</p>	

Insurance (Please fax front and back of patient's card and any clinical information to 843.747.6565)

Clinical indications/Signs/Symptoms: _____

ICD-10 Code(s): _____ NPI #: _____

Provider name (printed): _____ Provider signature: _____

Office name: _____ Office phone: _____ Fax: _____ Date: _____

NOTE: CAREFULLY FOLLOW EXAM PREPARATION INSTRUCTIONS ON THE BACK SIDE OF THIS FORM

PATIENT INSTRUCTIONS

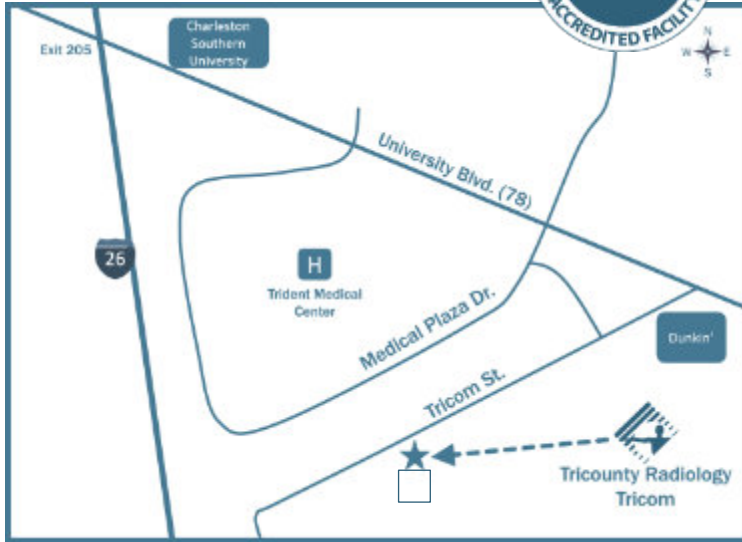
BRING THIS ORDER WITH YOU TO YOUR SCHEDULED EXAM

VISIT US ONLINE AT TRICOUNTYRADIOLOGY.COM FOR DRIVING DIRECTIONS AND TO LEARN MORE ABOUT OUR IMAGING FACILITY AND SERVICES.

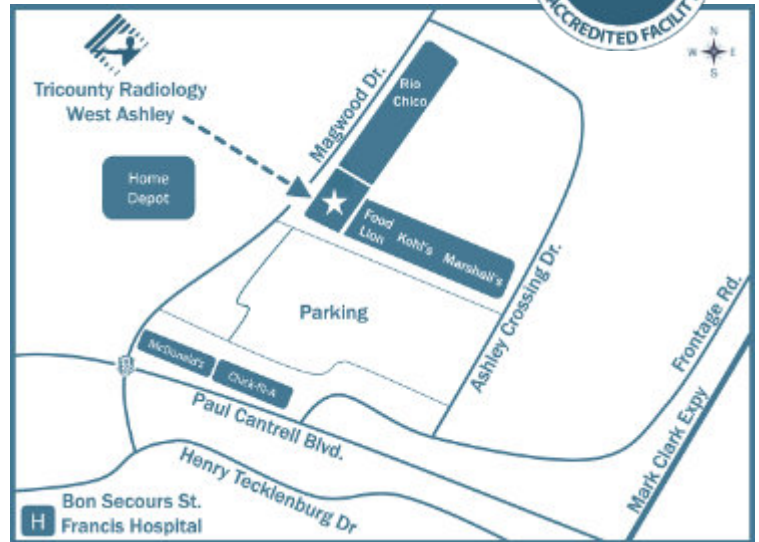
Our Locations



Tricounty Radiology - Tricom
2851 Tricom St.
N. Charleston, SC 29406



Tricounty Radiology - West Ashley
1975-H Magwood Rd.
Charleston, SC 29414



MRI (Magnetic Resonance Imaging)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions. Failure to answer screening questions will result in appointment rescheduling/cancellation.

Do not wear eye makeup or mascara for ANY Brain or Neck studies. Do not wear any jewelry or hairpins. Wear comfortable clothing.

Let us know if you have:

- Any type of glucose monitoring device (this applies to MRI, CT and X-ray)
- Metallic fragments in your eyes or previous injury to the eye involving a metal object
- Any type of implanted mechanical pump
- Any type of surgery within the past 8 weeks
- A history of cancer
- A pacemaker/defibrillator/stimulator
- An aneurysm clip
- Any metallic/electronic implant

Let us know if you are:

- Allergic to CT or MRI contrast
- Claustrophobic
 - If you are claustrophobic or anxious, we encourage you to discuss mild sedation options with your referring provider prior to your exam
- Pregnant/Nursing
- In need of special assistance

Ultrasound

Abdomen, Right Upper Quadrant, Renal, Aorta:

- Nothing to eat, drink, smoke or chew after midnight or 8 hours prior to exam.

Renal or Transabdominal Pelvic

- Full bladder required. All must drink 32 oz. of water 1 hour prior to exam (if on a fluid restricted diet, please contact the office for other instructions).

CT (Computed Tomography)

Tricounty Radiology will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions. Failure to answer screening questions will result in appointment rescheduling/cancellation.

Order & Patient Record Management

Efficiently manage your patient referrals and related documents with our secure tools. Easily send us copies of referrals, insurance/identification cards, implant information, and more by scanning the QR Code or visiting our website:

TricountyRadiology.com/upload



Additionally, through our partnership with Clearpath, we enable a seamless process for patients to receive, store, and share their medical records and images.

This service can be accessed via smartphones or computers, ensuring timely and secure transfer of important patient information. To initiate this service for your patients, simply scan the QR code or visit:

prod.myclarpath.com/login



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TricountyRadiology.com