Tricounty Radiology
Tricom | West Ashley
TricountyRadiology.com

Tricom | 2851 Tricom St., North Charleston, SC 29406
West Ashley | 1975-H Magwood Rd., Charleston, SC 29414
Tax ID: 56-2231622
Phone: 843.529.0600 • Fax: 843.747.6565

Patient's name: _____ DOB: _____

Mobile #: _____ Alternate #: _____ Insurance: _____

Appointment date: _____ Appointment time: _____ Authorization: _____

○ Call patient to schedule

Please call when scheduling all STAT exams

MRI

CONTRAST
○ Radiologist Discretion
○ W/ ○ W/O ○ W/ & W/O

○ Brain
☐ IAC
☐ Pituitary
☐ Orbits
☐ Seizure Protocol
○ TMJ
○ Soft Tissue Neck
○ Stroke Protocol
(Brain, MRA Head, MRA Neck)
○ Cervical Spine
○ Lumbar Spine
○ Thoracic Spine
○ Abdomen
○ Pelvis
○ Prostate
○ MRCP
○ Shoulder Rt Lt Bilat
○ Elbow Rt Lt Bilat
○ Wrist Rt Lt Bilat
○ Hip Rt Lt Bilat
○ Knee Rt Lt Bilat
○ Ankle Rt Lt Bilat
☐ Hindfoot
○ Foot Rt Lt Bilat
☐ Midfoot ☐ Forefoot
○ MRA of: _____
○ MR Arthrogram Rt Lt
_____
○ Other: _____
_____

CT

CONTRAST
○ Radiologist Discretion
○ W/ ○ W/O

○ Head
○ Orbits
○ Paranasal Sinus
☐ Stealth/Brain Lab
☐ Fusion
○ Temporal Bones/IAC
○ Facial Bones
○ Soft Tissue Neck
○ Cervical Spine
○ Lumbar Spine
○ Thoracic Spine
○ Chest
○ Cardiac Score
○ Abdomen & Pelvis
☐ Stone Protocol
○ Abdomen (Only)
○ Pelvis (Only)
○ CTA (All W/ & W/WO)
☐ Abdomen ☐ Pelvis
☐ Head ☐ Aorta
☐ Neck ☐ Chest
☐ LE Run-off ☐ UE Run-off
○ Dedicated Studies
(All W/ & W/WO)
☐ Adrenal ☐ Pancreas
☐ Liver ☐ Renal
○ Other: _____

Advanced Imaging
○ 3D Reconstruction

Ultrasound

○ Thyroid
○ Abdomen Complete
○ Right Upper Quadrant
(*Liver, Gallbladder, Rt. Kidney, Pancreas*)
○ Left Upper Quadrant
(*Spleen, Lt. Kidney*)
○ Aorta
○ Liver Only
○ Renal (*Kidneys & Bladder*)
○ Pelvis (*Female Only*)
☐ Transabdominal
☐ Transvaginal (*As Indicated*)
○ OB (*Transvaginal As Indicated*)
○ Scrotum
○ Soft Tissue Extremity
☐ Location: _____
☐ Rt ☐ Lt ☐ Upper ☐ Lower
○ Soft Tissue Neck
☐ Rt ☐ Lt
☐ Anterior ☐ Posterior
○ Soft Tissue Other
Location: _____
○ Hernia
☐ Rt ☐ Lt ☐ Epigastric
☐ Umbilical ☐ Abdominal
☐ Inguinal
○ Other: _____

Vascular
○ Carotid Doppler
☐ Rt ☐ Lt ☐ Bilat
○ Upper Extremity Venous Doppler
☐ Rt ☐ Lt ☐ Bilat
○ Lower Extremity Venous Doppler
☐ Rt ☐ Lt ☐ Bilat

Image Delivery

○ Send CD with patient
○ Courier to office

X-ray

*** Please have patient call to schedule X-ray appointment**

○ Weight-Bearing

Comments

Report Delivery

○ STAT Fax
Fax#: _____
○ Call Report
Cell or backline #:
_____
Standard Report in 24-48 hours.

Comparison Studies

Date of service: _____
Location: _____
Type of study: _____

Implant

○ Pacemaker (no MRI)
○ Neurostimulator
○ Other:
Brand: _____
Serial #: _____

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): _____

Provider name (printed): _____ **Provider signature:** _____

Office phone: _____ **Fax:** _____ **Date:** _____

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

REV: 9.2021

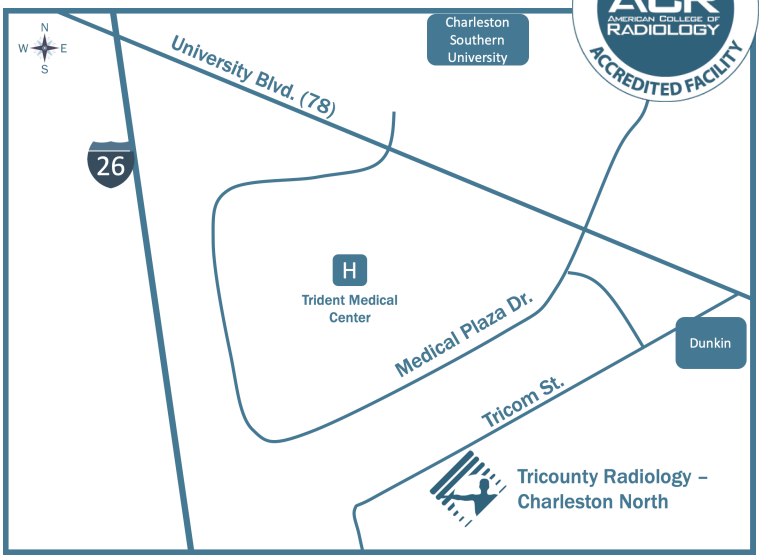
PATIENT INSTRUCTIONS

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



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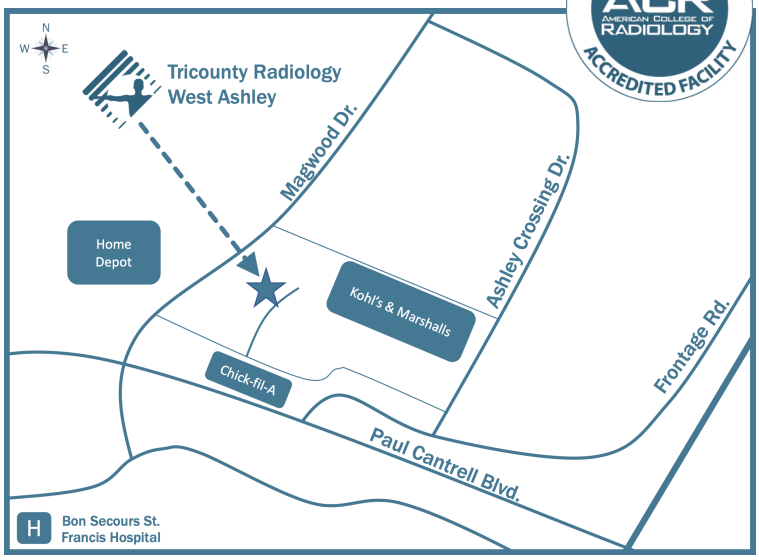
1975-H Magwood Rd.
Charleston, SC 29414



MRI (Magnetic Resonance Imaging)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

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

Let us know if you have:

- 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
- Pregnant/Nursing
- In need of special assistance

Ultrasound

Abdomen, Right Upper Quadrant, Renal, Aorta:

- Nothing to eat or drink 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)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

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