

Date: _____



- PALM BEACH GARDENS**
2529 Burns Road
Palm Beach Gardens, FL 33410 • 561.625.4441
- WEST PALM BEACH**
5405 Okeechobee Blvd.
West Palm Beach, FL 33417 • 561.697.3001
- JUPITER**
345 Jupiter Lakes Blvd.
Jupiter, FL 33458 • 561.748.7477

- ABACOA (MR Only)**
601 University Blvd.
Jupiter, FL 33458 • 561.354.2599
- WELLINGTON/ROYAL PALM**
440 N. State Road 7
Royal Palm Beach, FL 33411 • 561.209.6083
- LAKE WORTH**
3713 S. Congress Avenue
Lake Worth, FL 33461 • 561.964.8414

Scheduling Phone: 561.697.3001 - Option "1" • Scheduling Fax: 561.697.3284 • www.midtownimagingllc.com Tax ID#20-0132586

Patient Name: _____ DOB: _____ Phone: _____

Diagnosis: _____

Insurance: _____ Research Study Authorization: _____

Referring Physician Name: _____	Signature: _____
Referring Physician Phone: _____	Referring Physician Fax: _____

STAT Dr. Requests Call to (_____) _____ Fax Prelim to (_____) _____

Appt Date: _____ Time: _____ Loc: _____ Scheduled by: _____

MRI (High Field and Open)	NUCLEAR MEDICINE (Lake Worth / PBG)	ULTRASOUND																																																																		
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w/Captopril <input type="checkbox"/> w/Lasix</p> <p>Thyroid (Refer to Prep on Back)</p> <p><input type="checkbox"/> Parathyroid <input type="checkbox"/> Uptake & Scan</p> <p><input type="checkbox"/> Technetium-99m Face Scan</p> <p><input type="checkbox"/> Other: _____</p> <p style="text-align: center;">PET/CT (Wellington / Jupiter Only)</p> <p><input type="checkbox"/> Whole Body (78816) (Melanoma)</p> <p><input type="checkbox"/> Skull to Thigh (78815) (All Other CA)</p> <p><input type="checkbox"/> Limited (78814) (Head Only)</p> <p><input type="checkbox"/> Initial <input type="checkbox"/> Staging <input type="checkbox"/> Restaging</p> <p><input type="checkbox"/> PET Registry if Applicable</p> <p style="text-align: center;">DIGITAL MAMMOGRAPHY</p> <p><input type="checkbox"/> Screening Mammogram <input type="checkbox"/> Implants</p> <p><input type="checkbox"/> Diagnostic Mammogram</p> <p>Uni _____ <input type="checkbox"/> Rt <input type="checkbox"/> Lt</p> <p>Bilat _____</p> <p><input type="checkbox"/> US, if Clinically Indicated</p> <p style="text-align: center;">BONE DENSITY</p> <p><input type="checkbox"/> DEXA</p> <p><input type="checkbox"/> Pediatric</p> <p><input type="checkbox"/> Total Body (w/Body Composition)</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Abdominal <input type="checkbox"/> Abdomen for AAA</p> <p><input type="checkbox"/> Aorta</p> <p><input type="checkbox"/> Arterial _____ <input type="checkbox"/> Rt <input type="checkbox"/> Lt</p> <p><input type="checkbox"/> Breast <input type="checkbox"/> Rt <input type="checkbox"/> Lt</p> <p><input type="checkbox"/> Carotid <input type="checkbox"/> Rt <input type="checkbox"/> Lt</p> <p><input type="checkbox"/> Pelvic (Transabdominal)</p> <p><input type="checkbox"/> Pregnancy - Weeks: _____</p> <p><input type="checkbox"/> Renal Limited <input type="checkbox"/> Renal Complete <input type="checkbox"/> Doppler</p> <p><input type="checkbox"/> Scrotum Doppler</p> <p><input type="checkbox"/> Soft Tissue - Area: _____</p> <p><input type="checkbox"/> Thyroid</p> <p><input type="checkbox"/> Transvaginal</p> <p><input type="checkbox"/> Venous _____ <input type="checkbox"/> Rt <input type="checkbox"/> Lt</p> <p><input type="checkbox"/> Other: _____</p> <p style="text-align: center;">CARDIAC ECHO (18 Years or Older)</p> <p><input type="checkbox"/> Initial</p> <p><input type="checkbox"/> Follow Up</p> <p style="text-align: center;">DIGITAL X-RAY</p> <p><input type="checkbox"/> Abdomen <input type="checkbox"/> KUB</p> <p><input type="checkbox"/> Ankle <input type="checkbox"/> Rt <input type="checkbox"/> Lt</p> <p><input type="checkbox"/> Bone Age Study</p> <p><input type="checkbox"/> Cervical Spine</p> <p><input type="checkbox"/> Thoracic Spine</p> <p><input type="checkbox"/> Lumbar Spine</p> <p><input type="checkbox"/> Chest <input type="checkbox"/> 1 View <input type="checkbox"/> 2 View <input type="checkbox"/> 4 View</p> <p><input type="checkbox"/> Elbow 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<p><input type="checkbox"/> Shunt Series</p> <p><input type="checkbox"/> Skeletal Survey</p> <p><input type="checkbox"/> Tibia / Fibula <input type="checkbox"/> Rt <input type="checkbox"/> Lt</p> <p><input type="checkbox"/> Wrist <input type="checkbox"/> Rt <input type="checkbox"/> Lt</p> <p><input type="checkbox"/> Other: _____</p> <p style="text-align: center;">FLUOROSCOPY</p> <p><input type="checkbox"/> Arthrogram _____</p> <p><input type="checkbox"/> Barium Enema</p> <p><input type="checkbox"/> Esophagram</p> <p><input type="checkbox"/> IVP</p> <p><input type="checkbox"/> Small Bowel Series</p> <p><input type="checkbox"/> Upper GI Series <input type="checkbox"/> w/AIR</p>
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PREP INSTRUCTIONS



covance, advatament. If you are taking any of these medications you must refrain from taking medication one day prior CT as well as 2 days after exam. If you have a history of iodine or shellfish allergy, please contact Midtown Imaging. **Lab requirements for CT exams with/without contrast: We must obtain BUN/Creatinine levels for all patients with Renal Disease or CTA patients over the age of 60 (taken with last 6 weeks).**

CT Abdomen or Pelvis: No solid food or drinking 2 hours prior to exam (except medications). Oral prep (Barium) can be picked up at any of our facilities and **MUST** be picked up prior to exam.

For Abdomen Exam Only: Drink one bottle of barium one hour prior to exam.

For Pelvis Exam Only: A.M. Examination Prep: Nothing by mouth 2 hours prior to exam. Drink one bottle of barium at 9 p.m. the evening prior to the exam. Drink second bottle 2 hours prior to appointment time.

***P.M. Examination Prep Appointment Time After 11 a.m.:** Nothing by mouth 2 hours prior to exam. Drink one bottle of barium at 8 a.m. the day of the exam. Drink second bottle 2 hours prior to appointment time.

Abdomen/Pelvis Exams: A.M. Examination Prep: Nothing by mouth 2 hours prior to exam. Drink one bottle of barium at 10 p.m. the evening prior to the exam. Drink second bottle 1 hour prior to appointment time.

***P.M. Examination Prep Appointment Time After 11 a.m.:** Nothing by mouth 2 hours prior to exam. Drink one bottle of barium at 8 a.m. the day of the exam. Drink second bottle 1 hour prior to the appointment time.

MRI (Magnetic Resonance Imaging): Please bring any previous x-rays that are related to this exams. If you have a pacemaker, electromechanical device, aneurysm clip, neurotransmitters, or metal fragments in your body, please let us know prior to your appointment as you may be unable to have the examination. Also, please let us know if there is a possibility of pregnancy.

Breast MRI: Patient must have Breast MRI within 7-10 days following the first day of their menstrual cycle. Patient must bring priors mammogram films if applicable.

Lab requirements for MRI exams with/without contrast:
****We must obtain a Creatinine level (taken within the last 6 weeks) if the patient meets ANY of the following criteria...**

- History of Renal Disease
- Over the age 60
- History of Hypertension
- History of Diabetes
- History of Severe Hepatic Disease

PET/CT (Positron Emission Tomography): No carbohydrates diet 24 hours prior to exam, no sweets, and no fruits. Eat high protein foods (chicken, fish, red meat, and vegetables). No exercise 48 hours prior to exam. Increase water intake 48 hours prior to exam. No food 4 hours prior to exam, but you may have water during this time.

CT SCAN: Allow 1 hour for the examination. Please bring any previous x-rays of the area to be examined. ATTENTION for patients receiving IV CONTRAST – Special attention for Diabetic Medications: glucophage, metformin, glu-

NUCLEAR MEDICINE

Stress Test: (allow 3-4 hours for exam) Relax and get a good night sleep. Have a light meal 2 hours prior to exam. If diabetic, bring a snack. No caffeine 24 hours prior to exam. Please wear loose fitting clothes, non-metallic buttons with open front shirt. Women please wear bra. Wear rubber sole sneakers with socks (Thallium Only). If you smoke, no smoking 2 hours prior to exam. Please bring list of medications.

Hepatobiliary Scan: (allow 1-2 hours for exam) No barium studies 24 hours prior to exam. No food or drink 4 hours prior to exam. No morphine, diluadid or any other morphine derivative narcotics 12 hours prior to test.

Gastric Emptying Study: (allow 1-2 hours for exam) No food or drink 4 to 6 hours prior to exam. Please advise staff if you have allergy to eggs.

Thyroid Uptake and Scan: (this is a 3 part exam) Liquids only 4 hours prior to scheduled exam. No shellfish/seafood 2 weeks prior to exam. No seaweed (sushi) 1 month prior to exam. No Iodine based contrast media 6 weeks prior to exam (ex: contrast CT or X-ray procedure containing contrast media). No THYROID medications 2-4 weeks prior to exam (see medication list below). No anti-THYROID medications 48 hours prior to exam (see list below).

THYROID Replacement Medications must be off for 4 weeks. Eltroxin, Synthroid, Proloid, L-thyroxine, Levothyronine

THYROID Replacement Medications must be off for 2 weeks. Cytomel (Liothyronine)

ANTI-THYROID Medications must be off for 48 hours. Prophithiuracil (PTU), Tapazole (Methimazole), Thyroid drugs have many names. If unsure, please ask the Nuclear Medicine physician or technologist.

For all other exam preps, please contact MTI for further instructions.

WEST PALM BEACH OFFICE

5405 Okeechobee Blvd. • West Palm Beach
*Located on the north side of Okeechobee Blvd.
between Haverhill Rd. and the Florida Turnpike.*

ROYAL PALM/WELLINGTON OFFICE

440 North State Rd. 7, Suite 104 • Royal Palm Beach
*Located on the northeast side of State Rd. 7 (441) and
Southern Blvd., between Tire Kingdom and Applebee's.*

LAKE WORTH OFFICE

3713 S. Congress Ave. • Lake Worth
*Located next to McDonald's between
10th Ave. North and Lake Worth Rd.*

PALM BEACH GARDENS OFFICE

2529 Burns Rd. • Palm Beach Gardens
*Located on the northwest corner of Burns Rd.
and Prosperity Farms Rd. in the Oaks Center.*

JUPITER LAKES OFFICE

345 Jupiter Lakes Blvd., Suite 100 / 204 • Jupiter
*Located on the north side of Jupiter Lakes Blvd. west of Jupiter
Hospital in the Princeton Building. Jupiter Lakes Blvd. is located
½ mile south of Indiantown Road off of Military Trail.*

ABACOA OFFICE

601 University Blvd., Suite B101 • Abacoa
*Located just north of Donald Ross Rd. off of
Military Trail and University Blvd. in Abacoa Commons.*