<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>Patient Phone</th>
<th>Referring Physician</th>
<th>Reason for Exam</th>
<th>STAT</th>
<th>Number to call</th>
</tr>
</thead>
</table>

**To Schedule Appt**

404-CALL-OPI (404-225-5674)

Fax order, notes, demographics to 678-623-5610

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**HIGH FIELD MRI**

- [ ] CLOSED
- [ ] OPEN
- [ ] NO CONTRAST
- [ ] WITH/WITHOUT CONTRAST

<table>
<thead>
<tr>
<th>Examination</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR Brain</td>
<td>MR Pituitary</td>
</tr>
<tr>
<td>MR Temporal Bones</td>
<td></td>
</tr>
<tr>
<td>MR Angiography</td>
<td>Brain</td>
</tr>
<tr>
<td>MR Cervical Spine</td>
<td></td>
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<tr>
<td>MR Thoracic Spine</td>
<td></td>
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<tr>
<td>MR Lumbar Spine</td>
<td></td>
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<tr>
<td>MR TMJ</td>
<td></td>
</tr>
<tr>
<td>MR Abdomen</td>
<td>LIVER</td>
</tr>
</tbody>
</table>

**MRCP**

- [ ] MR Pelvis
- [ ] MR Shoulder
- [ ] MR Elbow
- [ ] MR Wrist
- [ ] MR Hand
- [ ] MR Knee
- [ ] MR Hip
- [ ] MR Foot
- [ ] MR Ankle
- [ ] MR Arthrogram - Shoulder - Hip
- [ ] MRI Enterography
- [ ] MRI Breast Screening / Diagnostic
- [ ] MRI OTHER

**CT SCAN (HELICAL)**

- [ ] ORAL
- [ ] NO CONTRAST
- [ ] WITH CONTRAST
- [ ] IV

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>CT Brain</td>
<td></td>
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<tr>
<td>CT Angiography</td>
<td>HEAD</td>
</tr>
<tr>
<td>CT Sinuses</td>
<td></td>
</tr>
<tr>
<td>CT Cervical Spine</td>
<td></td>
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<tr>
<td>CT Thoracic Spine</td>
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<tr>
<td>CT Lumbar Spine</td>
<td></td>
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<tr>
<td>CT Calcium Scoring-Coronary Arteries</td>
<td></td>
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<tr>
<td>CT Soft Tissue Neck</td>
<td></td>
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<tr>
<td>CT Chest</td>
<td></td>
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<tr>
<td>CT Abdomen (diaphragm to iliac crest)</td>
<td></td>
</tr>
<tr>
<td>CT Pelvis</td>
<td></td>
</tr>
<tr>
<td>CT ABD/Pelvis</td>
<td></td>
</tr>
<tr>
<td>CT Urogram / Stone Protocol</td>
<td>diaphragm to pubis</td>
</tr>
<tr>
<td>CT Extrem &amp; Reconstructions</td>
<td></td>
</tr>
<tr>
<td>Low-Dose Lung Screen</td>
<td></td>
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<tr>
<td>PE Chest</td>
<td></td>
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<tr>
<td>CTA - Runoff</td>
<td></td>
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<tr>
<td>CTA Abd/Pelvis</td>
<td></td>
</tr>
<tr>
<td>CT OTHER</td>
<td></td>
</tr>
</tbody>
</table>

**NUCLEAR MEDICINE**

- [ ] Bone Scan, Limited Whole Body (w/wo Spect)
- [ ] Bone Scan, 3 Phase (w/wo Spect)
- [ ] Gated Blood Pool (MUGA)
- [ ] Hepatobiliary (HIDA) w/bck injection
- [ ] Liver - Spleen Scan w/Spect
- [ ] Octreotide w/Spect
- [ ] Gastric Emptying Scan
- [ ] Gallium for Tumor w/Spect
- [ ] Gallium for Infection
- [ ] WBC Scan/Bone Marrow w/Spect
- [ ] Lung Scan (Ventilation/Perfusion) w/cxr
- [ ] Renal Scan
- [ ] Renal Scan with Lasix
- [ ] Renal Scan with Captopril
- [ ] Thyroid I - 123 Uptake & Scan
- [ ] Thyroid Treatment I -131 (_______ mCi)
- [ ] Parathyroid w/Spect
- [ ] DAT Scan
- [ ] NM OTHER

**FLUOROSCOPY/ABDOMEN**

- [ ] IVP (No Tomos)
- [ ] Esophagram_Barium Swallow
- [ ] Upper GI
- [ ] Upper GI & Small Bowel
- [ ] Small Bowel Only
- [ ] Sniff Test
- [ ] MAMMOGRAM - SCREENING
- [ ] MAMMOGRAM - DIAGNOSTIC
- [ ] MAMMOGRAM - UNILATERAL
- [ ] BONE DENSITY
- [ ] INSTANT VERTEBRAL ASSESSMENT-IVA
- [ ] Whole Body Composition

**GENERAL X-RAY**

- [ ] KUB
- [ ] Bone Age
- [ ] Abdominal Series
- [ ] Nasal Bones
- [ ] Sinuses
- [ ] Chest PA/LAT
- [ ] Rib/PA Chest
- [ ] Cervical Spine
- [ ] Thoracic Spine
- [ ] Lumbar Spine
- [ ] Pelvis
- [ ] Sacrum/Coccyx
- [ ] Clavicle
- [ ] Shoulder
- [ ] Humerus
- [ ] Elbow
- [ ] Forearm
- [ ] Wrist
- [ ] Hand
- [ ] Hip
- [ ] Femur
- [ ] Tibia/Fibula
- [ ] Knee
- [ ] Ankle
- [ ] Foot
- [ ] Heel
- [ ] SI Joints
- [ ] Scoliosis Series
- [ ] OTHER

**ULTRASOUND**

- [ ] Aorta
- [ ] Abdomen
- [ ] Breast (Please include Mammo film)
- [ ] Carotid Doppler
- [ ] RUQ/Gallbladder/Pancreas/Liver
- [ ] Pelvic Complete
- [ ] Pelvic & Transvaginal
- [ ] Renal
- [ ] Testicular Scrotal with Doppler
- [ ] Venous Doppler, Extremity
  - [ ] Unilateral
  - [ ] Bil.
- [ ] Arterial Doppler, Extremity
  - [ ] Unilateral
  - [ ] Bil.
- [ ] Thyroid
- [ ] Thyroid Biopsy
- [ ] US OTHER

**SPECIAL PROCEDURES**

- [ ] Facet Injection
- [ ] Epidural Nerve Root (ESI)
- [ ] OTHER

---

IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL 24 HOURS IN ADVANCE.
**TEST PREPARATIONS**

**MRI**
No preparation required. For your comfort, you may wish to wear a sweat suit without metal closures.

**CT SCAN**

**CHEST/ABD/PELVIS**
DO NOT EAT or DRINK for four (4) hours before exam. Water is acceptable.

**MAMMOGRAPHY**

Do not use powders, deodorant or perfume on the day of your test. These products contain substances that show up on X-ray film and can cause an unsatisfactory exam. Please bring most recent mammogram if done at another facility.

**NUCLEAR MEDICINE**

**Hepatobiliary scan:**
DO NOT EAT or DRINK for four (4) hours before exam.

**Bone Scan:**
Initially, you will receive an injection, after which you may leave for a three (3) hour period and then return for the remainder of your study.

**Thyroid Uptake Scan:**
You will probably need to be off thyroid medication for a period of 4-6 weeks prior to your test. However, BEFORE discontinuing any medication, please check with your physician. This is a two day procedure.

**Abdomen, Aorta, Gallbladder:**
DO NOT EAT or DRINK anything after midnight of the evening prior to the exam.

**Pelvic Sono:**
You need a full bladder - do not void two (2) hours prior to appointment time. One (1) hour prior to your exam take four (4) large glasses of fluid or (3) 8 oz. glasses of water. Do not void until after exam. You may eat.

**FLUOROSCOPY/ABDOMEN**

**Upper GI, UGI & Small Bowel,**
**Small Bowel Only:**
DO NOT EAT or DRINK or SMOKE after midnight of the night before your exam.

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**CANCELLATIONS**
PLEASE NOTIFY IMAGING CENTER 24 HOURS BEFORE TEST TO AVOID BEING CHARGED FOR INJECTION.

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**OPI PTC**
10 EASTBROOK BEND
PEACHTREE CITY, GA 30269

**OPI NEWNAN**
60 OAK HILL BLVD, STE 101
NEWNAN, GA 30265

**OPI MARIETTA**
1070 WOODLAWN DR, STE 150
MARIETTA, GA 30068
*CLOSED MRI ONLY*

**OPI ATLANTA**
2284 PEACHTREE RD NW
ATLANTA, GA 30309

**OPI FAYETTEVILLE**
1233 HWY 54 STE 110
FAYETTEVILLE, GA 30214

**OPI DECATUR**
1376 CHURCH ST, STE 100
DECATUR, GA 30030
*CLOSED MRI ONLY*

**OPI HOWELL MILL**
3280 HOWELL MILL RD NW STE 345
ATLANTA, GA 30327
*ULTRASOUND AND XRAY ONLY*

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**If any questions regarding your preparations please call the office.**