

Innervision at Grove
 1 Cannon Drive
 Greenville, SC 29605
 Phone: 864.242.2020
 Fax: 864.240.5776

Innervision at Eastside
 1 Marcus Drive, Suite 100
 Greenville, SC 29615
 Phone: 864.242.2020
 Fax: 864.240.5776

Bon Secours Radiology at Millennium
 2 Innovation Drive, Suite 110
 Greenville, SC 29607
 Phone: 864.675.4875
 Fax: 864.400.3610



Innervision at Grove
 Innervision at Eastside
 Bon Secours Radiology at Millennium

Patient's name: _____ DOB: _____ Call to schedule? YES NO
 Mobile #: _____ Alternate #: _____ Appointment date: _____ Appt. Time: _____
 Insurance: _____ Authorization: YES NO Authorization #: _____
 Clinical indications: _____

MRI	CT	Radiographic Procedures	Ultrasound
CONTRAST: <input type="radio"/> With <input type="radio"/> Without <input type="radio"/> With & w/o <input type="radio"/> If Needed <small>Recent Creatinine levels are required for ALL diabetic patients in addition to patients over age 50.</small> Creatinine: _____ Date drawn: _____ Range: _____ <input type="radio"/> I-STAT creatinine as needed.		No appointment needed/ Walk-in service with this form	
<input type="radio"/> Brain <input type="radio"/> Brain-Pituitary <input type="radio"/> MRA-Brain <input type="radio"/> MRA-Carotids w/wo <input type="radio"/> MRA Abdomen (renals) <input type="radio"/> Soft Tissue Neck <input type="radio"/> Brain Seizure protocol <input type="radio"/> Stroke Protocol (brain, MRA head, MRA neck) <input type="radio"/> Brain-IAC w/wo <input type="radio"/> Brain-Orbits w/wo <input type="radio"/> Breast w/wo <input type="radio"/> Breast Biopsy <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> C-spine <input type="radio"/> T-spine <input type="radio"/> L-spine <input type="radio"/> TMJ <input type="radio"/> MRCP <input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Hips <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Midfoot/Forefoot <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Ankle/Hindfoot <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> MR Arthrography <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Other (specify): _____	Perform 3-D Reconstruction (if necessary) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Brain <input type="radio"/> Orbits <input type="radio"/> Paranasal Sinus <input type="checkbox"/> Fusion protocol <input type="radio"/> C-spine <input type="radio"/> L-spine <input type="radio"/> T-spine <input type="radio"/> Knee <input type="radio"/> Chest <input type="radio"/> CT Arthrography <input type="radio"/> Enterography <input type="radio"/> Neck, Soft Tissue <input type="radio"/> Temporal Bones <input type="radio"/> Facial Bones <input type="radio"/> Dental Implants <input type="radio"/> Bone Length Study <input type="radio"/> Other (specify): _____ <input type="radio"/> Abd/Pelvis Stone Protocol <input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Urogram (w & wo) Dedicated studies (all w & wo) <input type="checkbox"/> Adrenal <input type="checkbox"/> Pancreas <input type="checkbox"/> Liver <input type="checkbox"/> Renal	<input type="radio"/> Abdomen Series <input type="radio"/> Chest <input type="radio"/> Skull <input type="radio"/> Facial Bones <input type="radio"/> KUB <input type="radio"/> Scoliosis Survey <input type="radio"/> Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="radio"/> Nose <input type="radio"/> Sinuses <input type="radio"/> Pelvis <input type="radio"/> Soft Tissue Neck <input type="radio"/> Extremities & Joints: _____ <input type="radio"/> Other (specify): _____ <input type="radio"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L <input type="radio"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L <input type="radio"/> Ribs <input type="checkbox"/> R <input type="checkbox"/> L	<input type="radio"/> Abdomen <input type="radio"/> Gallbladder (Rt Upper Quadrant) <input type="radio"/> Renal (Kidneys & Bladder) <input type="radio"/> Pelvis/NON OB <input type="checkbox"/> Transabdominal <input type="checkbox"/> Transvaginal <input type="checkbox"/> Both <input type="radio"/> OB <input type="checkbox"/> Greater than 14 weeks <input type="checkbox"/> Less than 14 weeks <input type="radio"/> Carotid Doppler <input type="radio"/> ABI <input type="radio"/> Arterial <input type="radio"/> Venous Doppler <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="radio"/> Thyroid <input type="radio"/> AAA protocol <input type="radio"/> Scrotum (with doppler) <input type="radio"/> Scrotum <input type="radio"/> Breast <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Breast Biopsy <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Other: _____ <input type="radio"/> Triple AAA screening
		Bone Densitometry	Screenings
		<input type="radio"/> Bone Mineral Densitometry (DEXA)	<input type="radio"/> Cardiac Score <input type="radio"/> Carotid IMT
		Mammography	Image Delivery
		<input type="radio"/> Screening <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Diagnostic <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="radio"/> Biopsy <input type="checkbox"/> US <input type="checkbox"/> MRI <input type="checkbox"/> Stereotactic <input type="radio"/> Screening at radiologist discretion, additional mammography views, Ultrasound, Breast MRI, or Breast Biopsy may be done the day of screening or at a later date.	<input type="radio"/> CD <input type="radio"/> Send with patient <input type="radio"/> Courier to office
Fluoroscopy		Report Delivery	
<input type="radio"/> Barium Swallow <input type="radio"/> Upper GI (includes limited esophogram) <input type="radio"/> Small Bowel follow through		STAT fax result: Fax#: _____ CALL REPORT result: Direct phone #: _____	
<input type="radio"/> CTA Chest: Thoracic Aorta <input type="radio"/> CTA Abdomen: Abdominal Aorta <input type="radio"/> CTA Abdomen and Pelvis Carotid Artery Protocol <input type="radio"/> CTA Carotids CT Runoff <input type="radio"/> CTA Abdomen, Pelvis & Extremities Head <input type="radio"/> CTA Head Mesenteric artery protocol <input type="radio"/> CTA abdomen Pulmonary embolism protocol <input type="radio"/> CTA chest w/contrast Renal artery <input type="radio"/> CT abdomen only w/contrast			

Provider name (printed): _____ Provider signature: _____
 Office phone: _____ Fax: _____ Date: _____

PATIENT INSTRUCTIONS

Bring this order with you to your scheduled exam

Visit us online at BSDImaging.com for driving directions and to learn more about our imaging facility and services.

Attention Patient: See instructions below

It is important that you read carefully the instructions checked below for appropriate study prep.
If you are pregnant or think you might be pregnant, notify your physician or the imaging center BEFORE the examination.
A pregnancy test may be required before the examination.

Mammogram

- Wear two-piece outfit. DO NOT WEAR any powder, lotion, or deodorant.

Computed Tomography (CT)

- Any abdominal CT with IV contrast no food 2 hours prior.
- For Cardiac Scoring exams, no caffeine or vigorous activity 4 hours prior.

Abdominal Ultrasound

- Do not eat or drink anything after midnight before the examination.

Pelvic Ultrasound (Transabdominal)

- Before drinking clear liquids (32-48 fluid ounces) 1 hour before examination. A FULL BLADDER IS REQUIRED FOR THIS PROCEDURE.

Colon (Barium Enema)

- Follow 48 hour prep kit. Can be obtained at the imaging center.

Upper GI Series/Esophagus/Small Bowel Series

- Do not eat or drink anything including water after midnight before the examination.

Myelogram

- A driver MUST drive you home.
- Contact the facility for further questions.

Magnetic Resonance Imaging (MRI)

- No prep for MRI exams.
- MRI cannot be performed on patients with a Cardiac Pacemaker, some Cardiac Valves and Stents, Otologic Implants, Implanted neurostimulator, non-titanium aneurysm clips in head pregnancy (in some cases).
- Please bring any relevant outside X-rays or other exams for correlation. This is especially important for Spine and Musculoskeletal MRI exams.

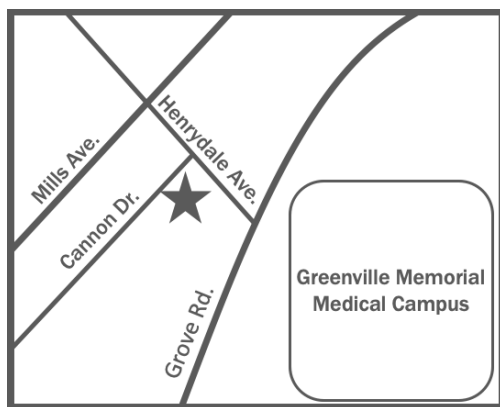
Innervision policy includes phoning all patients prior to appointment time: if no contact has been made please call before your scheduled appointment.

Notify staff of any prior studies performed elsewhere and/or any history of contrast reaction.

If you have any questions regarding current medications or insurance, please contact our office.

LOCATIONS & DIRECTIONS

Innervision at Grove

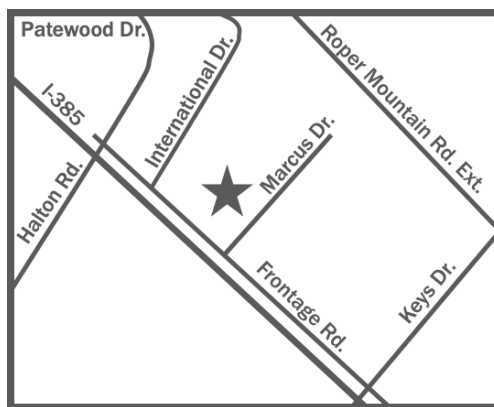


1 Cannon Drive
Greenville, SC 29605
864.242.2020 **Phone**

Coming from Mills Avenue (Church Street) make left on Henrydale Avenue towards the hospital. Take the first right onto Cannon Drive, Innervision can be seen immediately on left.

Coming from Grove Road, turn on Henrydale away from the hospital, then turn left onto Cannon Drive across from Wendy's.

Innervision at Eastside

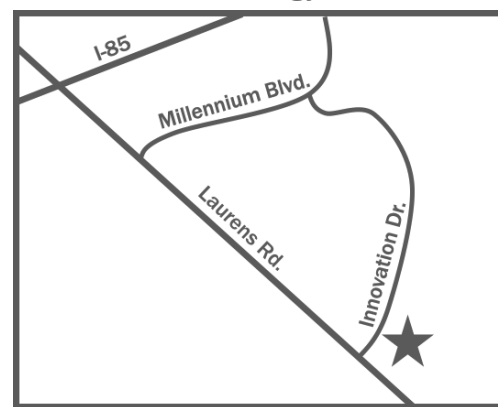


1 Marcus Drive, Suite 101
Greenville, SC 29615
864.242.2020 **Phone**

Coming from I-385 North, take exit 37 and turn right onto Roper Mountain Road. Make first left onto Frontage Road, facility will be on right in about one mile.

Coming from I-385 South, take exit 37 and turn left onto Roper Mountain Road. At second stoplight turn left on Frontage Road, Innervision will be located on right in about one mile.

Bon Secours Radiology at Millennium



2 Innovation Drive, Suite 110
Greenville, SC 29607
864.675.4875 **Phone**

Coming from I-85 S take exit 48A towards Mauldin. Follow Laurens Road for approximately 1.5 miles to Innovation drive on left. Take Innovation Dr to the first entrance on your right and at the roundabout take the first exit to the right. Entry will be straight ahead and elevators inside can be taken to our suite on the third floor.

Coming from Mauldin, follow Main Street until it becomes US-276 towards Greenville. Innovation Drive will be the first right past Forrester Drive. Take Innovation Dr to the first entrance on your right and at the roundabout take the first exit to the right. Entry will be straight ahead and elevators inside can be taken to our suite on the third floor.