

Central Imaging High Field



OPEN MRI

6101 Central Avenue • St. Petersburg, Florida 33710
Tel: 727-381-4674 • Fax: 727-341-1182 • Website: CentralOpenMRI.com

Name: _____ Date: _____

Exam: _____

Diagnosis: _____

Appointment: Day: _____ Date: _____ Time: _____

MRI Exam: With Contrast Without Contrast

BRAIN:

- Routine
- Pituitary
- IAC
- Sinus

MRA:

- Brain
- Carotid
- Renal
- Femoral

SPINE:

- Cervical
- Thoracic
- Lumbar

**ABDOMEN/
CHEST:**

- Liver
- Renal
- Pelvis
- Hilar

**EXTREMITIES/
JOINTS:**

- Hip
- Knee
- Shoulder
- TMJ (Uni/Bi)
- Other

X-Ray:

- Chest PA / LAT
- Abdomen
- Pelvis
- Skull
- Cervical
- Thoracic
- Lumbar
- Upper Extremity
- Lower Extremity

Sonograms:

- Pelvis (GYN)
- Prostate
- Bladder
- Obstetrical Scanning

Do not urinate for 2 hours prior to the exam. Drink at least 40 ounces of water 1 hour prior to the exam.

- Pancreas
- Gallbladder
- Biliary Tree
- Complete Abdominal
- Aorta

Do not eat or drink a MINIMUM of 6 hours prior to examination.

- Thyroid
- Scrotum
- Spleen
- Kidneys
- Extremities
- Breast

NO SPECIAL PREPARATION REQUIRED.

Cardiology:

- Color Flow Echocardiogram

NO SPECIAL PREPARATION REQUIRED.

Vascular:

- Color Flow Carotid Duplex
- Peripheral Venous Duplex Extremities
- Peripheral Arterial Duplex Extremities
- Transcranial

NO SPECIAL PREPARATION REQUIRED.

Physician's Name: _____ Telephone: _____

Physician's Signature: _____