

**Bay Imaging Group, Inc. Phone (305) 891-1900 – Fax (305) 891-1911**  
**Medical Diagnostic Services \* 1755 NE 127<sup>th</sup> Street \* North Miami, FL 33181**  
**TOLL FREE: 1-800-450-7226 (SCAN)**

**CIRCLE ONE**    W/C    PIP    S/F    Medicare    Medicaid    HMO    PPO    Private Pay    Other \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Pt Hm #: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wt: \_\_\_\_\_ lbs Ht: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone: \_\_\_\_\_

ID: \_\_\_\_\_ Policy: \_\_\_\_\_ Claim: \_\_\_\_\_ DOA: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PHYSICIANS SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

Appointment: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

**MRI**

- \_\_\_ Brain
  - \_\_\_ Internal Auditory Canal (IAC'S)
  - \_\_\_ Pituitary Gland
  - \_\_\_ TMJ'S
  - \_\_\_ Neck
  - \_\_\_ Spine CS \_\_\_\_ TS \_\_\_\_ LS \_\_\_\_
  - \_\_\_ Upper Extremities: \_\_\_\_\_
  - LT \_\_\_\_ RT \_\_\_\_
  - \_\_\_ Lower Extremities: \_\_\_\_\_
  - LT \_\_\_\_ RT \_\_\_\_
  - \_\_\_ Chest
  - \_\_\_ Abdomen
  - \_\_\_ Pelvis
  - \_\_\_ MRA Brain
  - \_\_\_ MRA Carotid
  - \_\_\_ Other: \_\_\_\_\_
  - \_\_\_ With Contrast     **(SEE PREP ON BACK)**
  - \_\_\_ With and Without Contrast **(SEE PREP ON BACK)**
- DX: \_\_\_\_\_

**X-RAY**

- \_\_\_ Chest PA \_\_\_\_ LAT \_\_\_\_
  - \_\_\_ Skull
  - \_\_\_ Paranasal Sinuses
  - \_\_\_ Spine CS \_\_\_\_ TS \_\_\_\_ LS \_\_\_\_
  - \_\_\_ Upper Extremities: \_\_\_\_\_
  - RT \_\_\_\_ LT \_\_\_\_
  - \_\_\_ Lower Extremities: \_\_\_\_\_
  - RT \_\_\_\_ LT \_\_\_\_
  - \_\_\_ Abdomen
  - \_\_\_ KUB ( one view )
  - \_\_\_ Other: \_\_\_\_\_
  - \_\_\_ Pelvis
  - \_\_\_ Other: \_\_\_\_\_
- DX: \_\_\_\_\_

**MAMMOGRAM (SEE PREP ON BACK)**

- \_\_\_ Mammogram Screening
  - \_\_\_ Unilateral Mammogram \_\_ Rt \_\_ Lt
  - \_\_\_ Bilateral Mammogram
- DX: \_\_\_\_\_

**CAT SCAN**

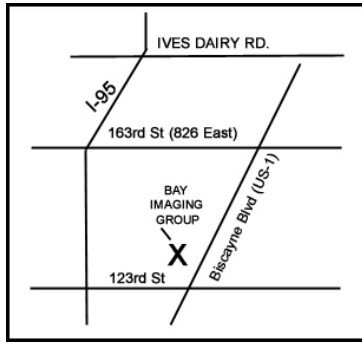
- \_\_\_ Brain
  - \_\_\_ Paranasal Sinuses
  - \_\_\_ Neck (Soft Tissue)
  - \_\_\_ Spine CS \_\_\_\_ TS \_\_\_\_ LS \_\_\_\_
  - \_\_\_ Chest
  - \_\_\_ Abdomen **(SEE PREP ON BACK)**
  - \_\_\_ Pelvis **(SEE PREP ON BACK)**
  - \_\_\_ Lower \_\_\_\_ Upper Extremity LT \_\_\_\_ RT \_\_\_\_
  - \_\_\_ Orbit, Sella, Posterior Fossa, Outer, Middle, Inner Ear
  - \_\_\_ Maxillofacial
  - \_\_\_ Other: \_\_\_\_\_
  - \_\_\_ With Contrast **(SEE PREP ON BACK)**
  - \_\_\_ With and Without Contrast **(SEE PREP ON BACK)**
- DX: \_\_\_\_\_

**ULTRASOUND**

- \_\_\_ Abdomen **(SEE PREP ON BACK)**
  - \_\_\_ Liver \_\_\_\_ Spleen \_\_\_\_ Gallbladder
  - \_\_\_ Retroperitoneal **(SEE PREP ON BACK)**
  - Aorta \_\_\_\_ Pancreas \_\_\_\_ Renal
  - \_\_\_ Thyroid
  - \_\_\_ Pelvic **(SEE PREP ON BACK)**
  - \_\_\_ Obstretic **(SEE PREP ON BACK)**
  - Obstretic Follow-up
  - \_\_\_ Breast Unilateral \_\_ ( RT / LT ) Bilateral \_\_\_\_
  - Prostate
  - Testicles
  - \_\_\_ Extremity Non-Vascular (soft tissue) \_\_\_\_\_
- DX: \_\_\_\_\_

**CARDIAC ULTRASOUND**

- \_\_\_ Echocardiogram
  - \_\_\_ Lower Arterial Duplex
  - \_\_\_ Lower Arterial Doppler
  - \_\_\_ Venous Duplex
  - \_\_\_ Venous Doppler
  - \_\_\_ Arterial Duplex Scan Uni \_\_\_\_ (RT/LT) Bil \_\_\_\_
  - \_\_\_ Carotid Doppler
  - \_\_\_ Carotid Duplex Uni \_\_\_\_ (RT/LT) Bil \_\_\_\_
  - \_\_\_ EKG
  - \_\_\_ Other: \_\_\_\_\_
- DX: \_\_\_\_\_



**Directions to BIG – 1755 NE 127<sup>th</sup> Street**  
**North Miami 33181 | (305) 891-1900**

- 1) I-95 to NE 125<sup>th</sup> Street exit.**
- 2) Go east to US-1/Biscayne Blvd.**
- 3) Go North (left) on Biscayne to the 127<sup>th</sup> Street**
- 4) Turn Right at the Publix Shopping Plaza on the left.**

(We are located behind the Shopping Plaza across from Johnson & Wales University. Follow signs to our parking lot and entrance.)

**MAGNETIC RESONANCE IMAGING (MRI)**

MRI is an imaging modality utilizing a high field strength magnet and radio frequency amplifier to provide detailed imaging of the entire body. There is no ionizing radiation involved in an MRI study. At times, a contrast agent may be used for imaging, which would require IV access. Every exam performed is tailored to the needs of each patient. Every person must be carefully screened prior to entering the scan room due to the large magnetic field which remains on at all times. For the safety of everyone involved, only those persons necessary for a successful MRI study may enter the scan room. Many surgically implanted devices used today can go into the scan room, but each patient should bring their implant device card (if applicable) with them to their appointment for verification by the MRI staff. *Please inform us prior to your exam if you have the following: SURGICAL STAPLES, COCHLEAR IMPLANTS, DENTAL BRIDGES, METAL ANEURYSM CLIPS, SHRAPNEL, HEARING AIDS, OR OTHER METAL IMPLANTS.*

**\*\* PACEMAKER PATIENTS CANNOT HAVE AN MRI STUDY. \*\***

**PREP FOR IV CONTRAST STUDIES – NPO 4 HOURS PRIOR TO STUDY**

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**CT SCAN – COMPUTED AXIAL TOMOGRAPHY-**

CT is an imaging modality that provides detailed images of the body utilizing ionizing radiation. Some, but not all, exams require the patient to drink a liquid that allows us to see the stomach and bowel; this liquid must be in the system for an hour prior to the beginning of the scan. Other studies require an IV injection that allows blood vessels to be viewed. All exams performed are tailored for each patient's needs and only takes a few minutes.

**PREP FOR ABDOMEN / PELVIS – NPO 4 HOURS PRIOR TO STUDY – MUST ARRIVE 1-HOUR PRIOR TO EXAM.**

**PREP FOR IV CONTRAST STUDIES – NPO 4 HOURS PRIOR TO STUDY**

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**X-RAY - NO PREP PRIOR TO YOUR X-RAY EXAM.**

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**MAMMOGRAM PREP- NO DEODORANT, LOTION, POWDER OR PERFUME. THIS CAN GIVE A FALSE READING OF YOUR TEST.**

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**ULTRASOUND PREP – ABDOMEN AND RETROPERITONEAL - NPO 4 HOURS PRIOR TO STUDY**

**PELVIC PREP – 32 OUNCES OF WATER AND DO NOT VOID**

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**PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR SCHEDULED APPOINTMENT (UNLESS OTHERWISE NOTED ABOVE).**

**FOLLOW YOUR NORMAL DAILY ROUTINE AND CONTINUE ANY PRESCRIBED MEDICATION UNLESS YOUR DOCTOR OR OUR OFFICE HAS INSTRUCTED YOU OTHERWISE.**

**PLEASE BRING WITH YOU ANY INSURANCE CARDS, DRIVERS LICENSE AND PRESCRIPTION FOR YOUR EXAM.**

**ALSO, PLEASE BRING ALL PREVIOUS FILMS, SUCH AS X-RAYS, CT OR MRI OF THE AREA TO BE EXAMINED.**

**WE WILL NEED TO KEEP THEM FOR 24-48 HOURS AND WILL THEN RETURN THEM TO YOU.**

**IF YOU THINK YOU MAY BE PREGNANT PLEASE INFORM US PRIOR TO YOUR EXAM.**

**NPO MEANS NOTHING TO EAT OR DRINK.**

*If you have any questions prior to your exam please call our office at 305-891-1900 and we will answer any questions you may have.*

**Thank you for choosing Bay Imaging Group as your Diagnostic Imaging Center!**