

APPOINTMENT DATE: ___/___/___ TIME: _____

ORDER FORM



5007 Summerville Rd. Phenix City, AL. 36867
Office: (334) 408-2854 Fax: (334) 384-9274
www.2bridgeway.com

TODAYS DATE: ___/___/___

PATIENT NAME: _____ DATE OF BIRTH: ___/___/___ PT. PHONE #: _____

INSURANCE: _____ POLICY #: _____ AUTHORIZATION #: _____

ICD CODE(S): _____ DIAGNOSIS: _____

CLINICAL INFORMATION/SYMP TOMS: _____

ORDERING PHYSICIAN: _____ ORDERING PHYSICIAN SIGNATURE: _____

☐ FAX REPORT: _____ ☐ STAT ☐ CALL REPORT: _____

X-RAY

- ☐ Skull ☐ Skull LTD
☐ Sinus ☐ Sinus LTD
☐ Facial Bones ☐ Facial LTD
☐ Chest ☐ 1 View ☐ 2 Views ☐ 4 view min.
☐ Ribs w/PA Chest ☐ L ☐ R
☐ Ribs ☐ L ☐ R
☐ Abdomen (KUB)
☐ Abdomen 2 views ☐ Abdomen Complete Series
☐ Bone/ Skeletal Survey (Scheduled Exam)
☐ Sacroiliac Joints ☐ L ☐ R
☐ Pelvis complete
☐ AP Pelvis
☐ Other _____

- Spine
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Spine Survey
☐ Scoliosis Series
☐ Sacrum & Coccyx
☐ Other _____

PLEASE CHOOSE 1
☐ Routine (complete)
☐ LTD (2 views)
☐ Flex/Ext
☐ Routine with Flex/Ext

- Extremity ☐ Complete ☐ LTD
☐ Shoulder ☐ L ☐ R
☐ Humerus ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Forearm ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Hand ☐ L ☐ R
☐ Finger Digit # _____ ☐ L ☐ R
☐ Hip Unilateral ☐ L ☐ R
☐ Hips Bilateral with Pelvis ☐ L ☐ R
☐ Femur ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Tib-Fib ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R
☐ Toe Digit # _____ ☐ L ☐ R
☐ Other _____

FLUORO/DIAGNOSTICS

- ☐ Barium Swallow ☐ Joint inj. (specify meds)
☐ UGI
☐ UGI with SBFT
☐ SBFT (Small Bowel)
☐ Colon/Barium Enema
☐ Other _____

EMG/NCV

- ☐ Upper ☐ Lower

CT

Please Choose Contrast Option
☐ WO ☐ W/WO ☐ W

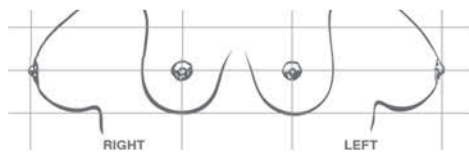
- ☐ Brain
☐ Maxillofacial
☐ Sinus
☐ Neck Soft Tissue
☐ Chest ☐ Screening (low dose)
☐ Abdomen Specify Organ _____
☐ Abdomen/Pelvis
☐ Abdomen/Pelvis Stone Protocol
☐ Pelvis ☐ Ortho Pelvis ☐ 3d recon
☐ C-Spine ☐ T-Spine ☐ L-Spine ☐ 3d recon
☐ Myelogram Specify Site
☐ Upper Ext _____ ☐ 3d recon ☐ L ☐ R
☐ Lower Ext _____ ☐ 3d recon ☐ L ☐ R
☐ Arthrogram specify _____ ☐ L ☐ R
☐ Other _____

CT Angiogram

- ☐ CTA Brain ☐ CTA Chest for PE
☐ CTA Neck ☐ CTA Renal
☐ CTA Chest ☐ CTA Abdomen with Pelvis
☐ CTA Abdomen and Pelvis with Runoff
☐ Other _____

BREAST IMAGING

Indicate location of abnormality



- ☐ Screening Mammogram with Automated Breast Ultrasound and 3D rendering if Dense Breasts
☐ Automated Breast Ultrasound with 3D Rendering of Dense Breasts
☐ Screening Mammogram
☐ Diagnostic Mammogram with US if indicated
☐ Bilateral ☐ Right ☐ Left
☐ Ultrasound Breast
☐ 3-D Breast Tomography ☐ Diagnostic ☐ Screening
☐ MRI Breast Bilateral
☐ MRI Breast Unilateral ☐ L ☐ R

DXA

- ☐ DXA Axial Spine and Hip
☐ Other _____

MRI

Please Choose Contrast Option
☐ WO ☐ W/WO

- ☐ Brain
☐ Stroke Protocol (WO) ☐ Seiz Protocol (W/WO)
☐ MS Protocol (W/WO) ☐ Pitu Protocol (W/WO)
☐ IAC (W/WO) ☐ Brain and Orbits
☐ 3D DIR ☐ DTI W/3D Fiber Tracking
☐ C-Spine ☐ T-Spine ☐ L-Spine
☐ Pelvis ☐ Ortho Pelvis ☐ Female Pelvis
☐ Pelvis for Sacrum/Coccyx
☐ Breast ☐ Routine ☐ Implants
☐ Breast Bilateral ☐ Unilateral ☐ L ☐ R
☐ Abdomen
☐ Renal Protocol ☐ Adrenal Protocol
☐ Liver Protocol ☐ MRCP
☐ Pancreas Protocol W/MRCP ☐ Other _____

Extremities

- ☐ Shoulder ☐ L ☐ R ☐ Arthrogram
☐ Elbow ☐ L ☐ R ☐ Arthrogram
☐ Wrist ☐ L ☐ R ☐ Arthrogram
☐ Hip ☐ L ☐ R ☐ Arthrogram
☐ Knee ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R
☐ Metal Imaging Protocol ☐ Other _____

MR Angiogram

- ☐ Renal Insufficiency Protocol WO Contrast (Available with all MRA studies)
☐ Brain (Circle of Willis) ☐ Neck (Carotids)
☐ Chest ☐ Abdomen
☐ Abd and Pelvis with Bilat lower extremity runoff
☐ Pelvis
☐ Other _____

ULTRASOUND/DOPPLER

- ☐ Thyroid ☐ AAA
☐ Echocardiogram ☐ Carotid Doppler
☐ OB Uterus ☐ <14wks ☐ >14 weeks
☐ OB LTD
☐ Bio-Physical Profile W/O NST
☐ Abdomen Complete
☐ Abdomen Ltd (Organ Quadrant/abd wall)
☐ Pelvis with Transvaginal if indicated
☐ Renal ☐ Scrotum
☐ Ven Doppler Lwr ext ☐ Bi-Lat ☐ L ☐ R
☐ Ven Doppler Up ext ☐ Bi-Lat ☐ L ☐ R
☐ Arterial ☐ W ABI ☐ W/O ABI
☐ Other _____

Authorization to Release Medical Records: I hereby authorize Bridgeway Diagnostics to receive and/or disclose my medical records for medical purposes only to either a physician's office or my insurance company without further written permission.

Patient Signature: _____ Date of Birth: ___/___/___ Today's Date: ___/___/___

PREPARATION INSTRUCTIONS

Please arrive 15 minutes before scheduled exam in order to complete registration. Please bring this form, photo ID and insurance information. If there are any questions, please feel free to call us at (334) 408-2854.

CT

Abdomen or Pelvis with or without contrast: Nothing to eat or drink 4 hours prior to exam. 2 hours prior to exam, drink first bottle of oral contrast. 1 hour prior to exam, drink second bottle of oral contrast. Please pick up the oral contrast and further instructions from your physician or our imaging center. If no fluid restrictions, please hydrate 48 hours prior to exam.

No contrast: No prep required

Myelogram - The day before the examination, drink plenty of fluids and eat regular meals. On the day of the examination, have only liquids for breakfast. Our office will contact you with instructions. Someone must drive you to the appointment.

DEXA

No calcium supplements 24 hours prior to scheduled exam. No contrast or barium 7 days prior to scheduled exam. No Nuclear Medicine 2 days prior to scheduled exam.

DIGITAL MAMMOGRAPHY

Please do not use powder, spray, or deodorant on breast or underarm area. Please try to wear a two-piece outfit for your ease of changing. If you have had prior mammograms at another institution, you must bring them with you or have them mailed to us prior to your appointment. These will be utilized for comparison to your new exam.

MRI

MRCP: Nothing to eat or drink for 4-6 hours before the exam, but oral medications may be taken with a small amount of water unless otherwise instructed.

Abdominal/Pelvis: Nothing to eat or drink for 4-6 hours before the exam, but oral medications may be taken with a small amount of water unless otherwise instructed.

Spine/Brain/Extremity: Eat normally and continue to take your usual medications.

ULTRASOUND

Pelvis/Bladder: Drink 20 ounces of fluid one hour before the exam to fill your bladder. DO NOT empty your bladder until the exam is complete

OB: Up to 13 weeks gestation, 16 ounces of water one hour prior to exam. DO NOT empty your bladder until the exam is complete. After 13 weeks gestation, no prep necessary.

Abdominal/AO/Renal: Nothing to eat or drink after midnight. If exam is scheduled in the afternoon, you may eat a light meal 4-6 hours prior to exam.

X-RAY

Barium Enema: Colon cleansing prep required. Please call Scheduling for bowel preparation instructions.

UGI AND/OR SMALL BOWEL: Nothing to eat or drink and no gum chewing after 10 p.m. the evening before the exam.

General Xray: No preparation is required. Please tell scheduling if you being scheduled for x-ray exam of the abdomen or pelvis IF you have had an exam consuming Barium contrast product in the last 4 days. No other anatomy is affected by Barium.



DIRECTIONS

From Phenix City/Columbus Area:

From HWY 80 W Take Summerville Rd exit. Turn right onto Summerville Rd. Travel 1 mile, we are on the left.

From HWY 80 E Take Summerville Rd. exit. Turn left onto Summerville Rd. Travel 1 mile, we are on the left.

From US 280 W Merge onto 80E. Travel 1.2 miles to Summerville Rd. exit. Turn left onto Summerville Rd. Travel 1 mile, we are on the left.

From Auburn/Opelika Area:

From I-85 Take exit 62 onto US 280 E/431 S. Travel 17.9 miles. Turn left onto Summerville Rd. Travel 4.6 miles, we are on the right.

From LaGrange Area:

From I-85 Merge onto I-185 S. Travel 19.2 miles and take exit 10 (US-80) toward Phenix City. Keep right at the fork and follow signs for Phenix City (GA-22 W/US-80 W). Travel 4.9 miles and take the Summerville Rd. exit. Turn right onto Summerville Rd. Travel 1 mile, we are on the left.