

Partners Imaging of Naples

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PARTNERS IMAGING OF NAPLES

DIAGNOSTIC MODALITIES

Magnetic Resonance Imaging (MRI)
Magnetic Resonance Angiography (MRA)
Computed Tomography (CT)
Computed Tomography Angiography (CTA)

You must bring this form to your appointment along with any previous related studies.

Call Stat Report Patient to Return with CD Call Patient to Schedule Appt.

Patient Name: _____ DOB: _____ Phone: _____

Chart Diagnosis/ICD9 Code: _____

Signs and/or Symptoms: _____

Clinical Information: _____

MAGNETIC RESONANCE IMAGING (MRI)

<input type="checkbox"/> Brain	<input type="checkbox"/> Sacrum	EXTREMITY <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilat <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other: _____	MRI SCREENING Permanent Eyeliner <input type="checkbox"/> Y <input type="checkbox"/> N Patient Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N Metallic Implants <input type="checkbox"/> Y <input type="checkbox"/> N Cardiac Pacemaker <input type="checkbox"/> Y <input type="checkbox"/> N Aneurysm Clip in Brain <input type="checkbox"/> Y <input type="checkbox"/> N Shrapnel <input type="checkbox"/> Y <input type="checkbox"/> N Special Instructions: _____ _____
<input type="checkbox"/> Posterior Fossa	<input type="checkbox"/> Coccyx		
<input type="checkbox"/> Pituitary	<input type="checkbox"/> Chest		
<input type="checkbox"/> Orbits	<input type="checkbox"/> Abdomen		
<input type="checkbox"/> Internal Auditory Canals	<input type="checkbox"/> Pelvis: _____ <small>(specify area of interest)</small>		
<input type="checkbox"/> Temporomandibular Joints	<input type="checkbox"/> MRCP		
<input type="checkbox"/> Brachial Plexus	<input type="checkbox"/> MRA Carotids		
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> MRA Cerebral		
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Thoracic Spine			
<input type="checkbox"/> Lumbar Spine			

W/WO Contrast

Please indicate if you wish us to use contrast when indicated but not ordered: Yes Please call first

Creatinine Level: _____

COMPUTED TOMOGRAPHY (CT)

<input type="checkbox"/> Brain	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> CTA Abdominal (AAA) <input type="checkbox"/> CTA Carotids <input type="checkbox"/> CTA Runoff <input type="checkbox"/> Extremity: _____ <small>(specify area of interest)</small> <input type="checkbox"/> Other: _____	CT SCREENING Patient Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N Allergic to Contrast <input type="checkbox"/> Y <input type="checkbox"/> N Other Allergies <input type="checkbox"/> Y <input type="checkbox"/> N Asthma <input type="checkbox"/> Y <input type="checkbox"/> N Heart/Kidney Disorder <input type="checkbox"/> Y <input type="checkbox"/> N Myeloma/Diabetes <input type="checkbox"/> Y <input type="checkbox"/> N Special Instructions: _____ _____
<input type="checkbox"/> Posterior Fossa	<input type="checkbox"/> Thoracic Spine		
<input type="checkbox"/> Orbits	<input type="checkbox"/> Lumbar Spine		
<input type="checkbox"/> Internal Auditory Canals	<input type="checkbox"/> Urogram		
<input type="checkbox"/> Temporal Bones	<input type="checkbox"/> Chest		
<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Abdomen		
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Pelvis		

W/Contrast **W/WO Contrast**

Please indicate if you wish us to use contrast when indicated but not ordered: Yes Please call first

Creatinine Level: _____

Requested by Dr. _____ Phone: _____

Address: _____ Appointment Day: _____

Physician's Signature: _____ Date: _____ Time: _____

(Signature Required)

Pre-Exam Instructions

In preparation for your exam, wear comfortable clothing that does not contain metal fasteners. Do not wear jewelry, eye makeup or hair clips. If you have any questions or concerns about your exam, please call our office prior to your scheduled appointment.

- MRI** This exam may not be performed:
- If you have a pacemaker
 - Aneurysm Clips
 - Metal Shrapnel
 - Metal Implants
 - If you're pregnant
- CT** This exam may not be performed if you're pregnant.
- Do not eat or drink 4 hours prior to test
 - Do not skip any prescribed medications.
They will not affect the outcome of your exam.

Directions to Partners Imaging of Naples (Located in Brennan Medical Building)

(239) 262-5151

Conveniently located off 7th Ave. North & Goodlette Road. The Commons Brennan Medical Building is located on the south side of the lake directly across from Waypoint Community Church.

