

509 Olde Waterford Way, Suite 104, Leland, NC 28451  
Phone: 910-640-4380 Fax: 910-399-4353

**Patient Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Wet Read: \_\_\_\_\_

Physician Signature Date: \_\_\_\_\_

**REFERRING PHYSICIAN REQUEST FORM**

*PATIENT MUST HAVE THIS FORM TO RECEIVE EXAM*

CT	ICD 10	Diagnosis	CT	ICD 10	Diagnosis
CT Abdomen			CT Spine, Cervical		
CT Pelvis			CT Spine, Thoracic		
CT Chest			CT Spine, Lumbar		
CT Head			CT Angio, Aorta (Abdomen)		
CT Sinus			CT Angio, Runoff		
CT Facial Bones			CT Angio, Chest		
CT Neck Soft Tissue			CT Angio, Neck		
CT Orbits			CT Angio, Head		
CT Temporal Bone			CT Angio, Extremity/Specify		
CT Extremity, Upper/Specify					
CT Extremity, Lower/Specify					

Your CT Scan is scheduled for \_\_\_\_\_ at \_\_\_\_\_ am / pm.

**SPECIAL INSTRUCTIONS**

- |   |                |                |
|---|----------------|----------------|
| <b>Will you need lab work before your CT?</b>                       | <b>YES</b>     | <b>NO</b>      |
| <b>Can you eat or drink before your CT?</b>                         | <b>YES</b>     | <b>NO</b>      |
| <i>If no, how long before the test should you not eat or drink?</i> | <b>4 hours</b> | <b>8 hours</b> |
| <b>Will you need oral contrast before the CT?</b>                   | <b>YES</b>     | <b>NO</b>      |
| <i>If yes, you should have two bottles to drink</i>                 |                |                |
| <i>Drink one bottle 1 hour before your test</i>                     |                |                |
| <i>Drink one bottle 30 minutes before your test</i>                 |                |                |