PUTNAM RADIOLOGY GROUP & WOMEN'S CENTER

☐ PRG OFFICE
6121 St. Johns Ave., · Palatka, FL · 32177
(386) 326-0077 · FAX (386) 326-0188
DoctorsImagingGroup.com

Name:_____ DOB:_____ M / F

Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ Dr.Phone:_____

SS#:_____ Insurance:_____

Referring Provider

Dr. Name:_____ Dr. Phone:_____ Dr. FAX:_____

☐ PHONE REPORT ☐ PHONE & HOLD REPORT ☐ SEND CD/DVD VIA PATIENT ☐ COPY TO:_____

DX History & Notes:_____

_____

_____

_____ X:_____ /_____

Physician's Signature: Date:

MRI

☐ Creatinine ☐ Contrast

- Brain
- Breast
- Orbit, Face, & Neck
- Pelvis
- Prostate
- Spine, Cervical
- Spine, Thoracic
- Spine, Lumbar
- Upper Extremity L / R
- Upper Extremity, Joint L / R
- Lower Extremity L / R
- Lower Extremity, Joint L / R
- Abdomen MRCP [1]
- MR Angiogram, Neck
- MR Angiogram, Head

CT

☐ Creatinine ☐ IV Contrast

- Head [1]
- Orbital, Sella, Ear
- Maxillofacial/Sinus w/ Reformat(s)
- Soft Tissue, Neck
- Chest, Thorax [1]
- Abdomen/Pelvis [2]
- Abdomen/Pelvis Stone Protocol
- Lung CA Screening
- Spine, Cervical w/ Reformat(s)
- Spine, Thoracic w/ Reformat(s)
- Spine, Lumbar w/ Reformat(s)
- Upper Extremity w/ Reformat(s)
- Lower Extremity w/ Reformat(s)
- CT Angiogram Head
- CT Angiogram Neck
- CT Angiogram Chest
- CT Angiogram Abdomen & Pelvis
- CT Angiogram Aorta w/ Runoff

General Radiology

HEAD

- Mandible
- Facial Bones
- Nasal Bone
- Orbits
- Sinuses Complete
- Skull Series
- TM Joints
- Neck Soft Tissue

THORAX

- Chest, 1 View
- Chest, 2 Views
- Ribs L / R / B
- Ribs w/ PA Chest L / R / B
- Sternum

SPINE & PELVIS

- Cervical Spine, AP & LAT
- Cervical Spine, Inc. Onl.
- Cervical Spine, Complete incl. Obliques & Flex/Ext.
- Thoracic Spine, AP & LAT
- Scoliosis Series
- Lumbar Spine, AP & LAT
- Lumbar Spine, Inc. OBL
- Lumbar Spine, Complete incl. Obl. & Bending
- Pelvis AP)
- SI Joints, > 3Views
- Sacrum & Coccyx, >2 Vws
- Abdomen, 1 View (KUB)
- Abdomen, Complete (Flat & Upright)

UPPER EXTREMITY

☐ LEFT ☐ RIGHT ☐ BILAT

- Clavicle, Complete
- Clavicle, Complete
- Scapula, Complete
- Shoulder, Complete
- AC Joints
- Humerus
- Elbow, Complete
- Forearm, AP & LAT
- Wrist, Complete
- Hand, min 3 Views
- Fingers, min 2 Views

LOWER EXTREMITY

☐ LEFT ☐ RIGHT ☐ BILAT

- Hip, Unilateral
- Hip, (Incl. Pelvis)
- Femur
- Knee, Complete
- Tibia & Fibula
- Ankle, Complete
- Foot, Complete
- Calcaneous, Min. 2 views
- Toes, Min. 2 Views

Arthrogram/Joint Injections

MR Arthrogram		CT Arthrogram	
Shoulder	R / L	Shoulder	R / L
Elbow	R / L	Elbow	R / L
Wrist	R / L	Wrist	R / L
Hip	R / L	Hip	R / L
Knee	R / L	Knee	R / L
Ankle	R / L	Ankle	R / L

Ultrasound

- Abdomen (w/ Duplex as needed) [3]
- Aorta (w/ Duplex as needed) [3]
- Breast L / R
- Pelvic & Transvaginal (w/ Duplex) [4]
- Renal/Bladder w/ Duplex as needed [3]
- Scrotal w/ Duplex as needed
- Thyroid
- Unlisted U/S Proced: Specify Site Below

Specify Site:_____

Vascular Studies

- Carotid Doppler
- Lower Extremity Arterial ☐ LEFT ☐ RIGHT ☐ BILAT
- Venous, Duplex; ☐ LEFT ☐ RIGHT ☐ BILAT ☐ UPPER ☐ LOWER

Mammmography

- Mammo Screening [5]
- Mammo Diagnostic, Ultrasound if Needed ☐ LEFT ☐ RIGHT ☐ BILAT [5]
- Breast BX U/S/ Guided Aspiration ☐ LEFT ☐ RIGHT ☐ BILAT

Bone Density

- Dexa Bone Densitometry Exam

SEE OTHER SIDE FOR INSTRUCTIONS AND LOCATION REV. 5/1/25

To print this form visit us online at www.DoctorsImagingGroup.com > PHYSICIANS RESOURCES > PHYSICIAN REFERRAL FORMS

Appt. Info

PUTNAM RADIOLOGY GROUP & WOMEN'S CENTER

PREPARING FOR YOUR VISIT

PATIENT INSTRUCTIONS

Prep #1: Nothing to eat or drink four hours before examination.
Prep #2: Use prep provided by Putnam Radiology Group, Pick up at least 2 days in advance.
Prep #3: Nothing to eat or drink after midnight.
Prep #4: Drink 32 ounces of any non-carbonated fluid 1 hour before appointment. DO NOT URINATE.
Prep #5:

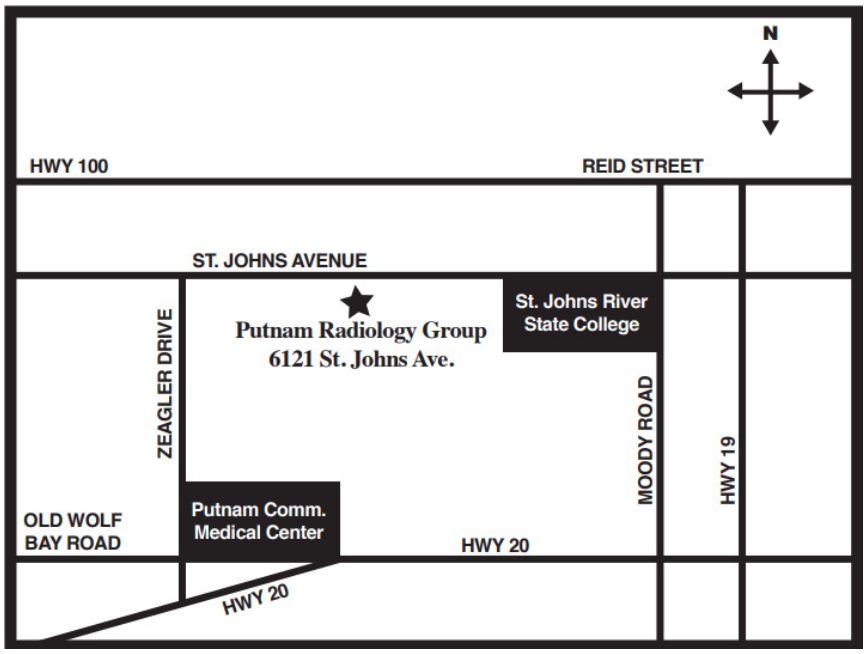
A. Wash under arm and breasts the day of exam

B. Do NOT use deodorants, perfumes, powders, or ointments, or anything in the underarm or on the breasts until exam is complete.

C. A 2-piece outfit is suggested for your convenience.

PRACTICE LOCATION:

6121 ST. JOHNS AVE. PALATKA, FL 32177
INFO@DOCTORSIMAGINGGROUP.COM



SEE OTHER SIDE FOR EXAMS