



# FAX TO: 706-660-8044

## Columbus Diagnostic Center Patient Referral Form

2040 10th Ave Columbus, GA

<b>Patient's Name</b>	<b>DOB:</b>
<b>Referring Physician</b>	
<b>Appt. Date/Time</b>	
<b>Arrival Time</b>	

For Scheduling  
or Questions  
Please Call:  
706-322-3000 Option 1  
or Fax:  
**706-660-8044**

www.columbusdiagnosticcenter.com

*A Map and Patient Instructions Are On Back*

**Please Indicate the Procedure Required**

DIGITAL MAMMOGRAPHY	VASCULAR	CT	X-RAY
MAMMO BILATERAL SCREENING	BILAT VENOUS REF LUX DOPPLER LOW EXT	CT SINUS LIMITED	XR LEFT SHOULDER 2 VIEWS
MAMMO BILATERAL DIAGNOSTIC	UNILAT ARTERIAL DUPLEX DOPPLER (R or L)	CT SINUS FULL	XR RIGHT SHOULDER 2 VIEWS
MAMMO UNILATERAL (R or L)	BILAT ARTERIAL DUPLEX DOPPLER	CT SINUS (FUSION)	XR LEFT HUMERUS 2 VIEWS
3D MAMMO SCREENING		CT ABDOMEN W/O CONTRAST	XR RIGHT HUMERUS 2 VIEWS
		CT ABDOMEN W/ CONTRAST	XR LEFT ELBOW AP & LAT
		CT ABDOMEN W/ & W/O CONTRAST	XR RIGHT ELBOW AP & LAT
		CT PELVIS W/O CONTRAST	XR LEFT ELBOW 4 VIEWS
		CT PELVIS W/ CONTRAST	XR RIGHT ELBOW 4 VIEWS
		CT PELVIS W/ & W/O CONTRAST	XR LEFT FOREARM 2 VIEWS
		CT BRAIN W/O CONTRAST	XR RIGHT FOREARM 2 VIEWS
		CT BRAIN W/ & W/O CONTRAST	XR LEFT WRIST AP & LAT
		CT IAC'S W/O CONTRAST	XR RIGHT WRIST AP & LAT
		CT CHEST W/O CONTRAST	XR LEFT WRIST 4 VIEWS
		CT CHEST W/ CONTRAST	XR RIGHT WRIST 4 VIEWS
		CT CHEST W/ & W/O CONTRAST	XR LEFT HAND <THAN 3 VIEWS
		CT S.T. NECK W/O CONTRAST	XR RIGHT HAND <THAN 3 VIEWS
		CT S.T. NECK W/ & W/O CONTRAST	XR LEFT HAND COMPLETE
		CT CERVICAL SPINE W/O CONTRAST	XR RIGHT HAND COMPLETE
		CT THORACIC SPINE W/O (PLEASE LIST LEVELS)	XR LEFT FINGER 2 VIEWS
		CT LUMBAR SPINE W/O CONTRAST	XR RIGHT FINGER 2 VIEWS
		CT ORBITS W/O CONTRAST	XR LEFT FINGER COMPLETE
		CT FACIAL BONES W/O CONTRAST	XR RIGHT FINGER COMPLETE
		CT ANKLE W/O CONTRAST (R or L)	XR LEFT HIP COMPLETE 2 VIEWS
		CT FOOT W/O CONTRAST (R or L)	XR RIGHT HIP COMPLETE 2 VIEWS
		CT HIP W/O CONTRAST (R or L)	XR LEFT FEMUR
		CT KNEE W/O CONTRAST (R or L)	XR RIGHT FEMUR
		CT THIGH W/O (R or L)	XR LEFT KNEE 2 VIEWS
		CT TIBIA W/O (R or L)	XR RIGHT KNEE 2 VIEWS
		CT CALCIIUM SCORING	XR LEFT KNEE 4 OR MORE VIEWS
		CT STONE PROTOCOL (NO ORAL CONTRAST)	XR RIGHT KNEE 4 OR MORE VIEWS
		CTA HEAD W/O & W	XR LEFT KNEE W/ PATELLA
		CTA NECK W/O & W	XR RIGHT KNEE W/ PATELLA
		CTA CHEST W/O & W	XR LEFT TIBIA/FIBULA 2 VIEWS
		CTA ABD W/O & W	XR RIGHT TIBIA/FIBULA 2 VIEWS
		CT LUNG CANCER SCREENING	XR LEFT ANKLE AP & LAT
			XR RIGHT ANKLE AP & LAT
			XR LEFT ANKLE COMPLETE
			XR RIGHT ANKLE COMPLETE
			XR LEFT FOOT AP & LAT
			XR RIGHT FOOT AP & LAT
			XR LEFT FOOT COMPLETE
			XR RIGHT FOOT COMPLETE
			XR LEFT CALCANEUS 2 VIEWS
			XR RIGHT CALCANEUS 2 VIEWS
			XR LEFT TOES 2 VIEWS
			XR RIGHT TOES 2 VIEWS
			XR LEFT TOES COMPLETE
			XR RIGHT TOES COMPLETE

<input type="checkbox"/> Patient is in Hospice or Assisted Living Care.	
<input type="checkbox"/> STAT (same day results will be faxed)	
<input type="checkbox"/> Call-Report (2-hour results)	<input type="checkbox"/> Call Phone #
Diagnosis	
Physician Signature	

Dear Patient:

Your diagnostic procedure has been scheduled at the Columbus Diagnostic Center. A map with directions to our Center has been provided. We are located on 10th Avenue in front of Open Gate Pharmacy. If you have any questions or wish to reschedule your appointment, please call us at (706) 322-3000 Option 1.

To prepare for your exam, please follow the instructions indicated below. If there are any questions about how you should prepare for your exam, call us at (706) 322-3000 Option 1. Please follow the instructions given by your doctor's office if they differ from those listed below.

- |                          |                                    |  |
|--------------------------|------------------------------------|--|
| <input type="checkbox"/> | Abdominal Ultrasound               | Do not eat or drink after 12:00 midnight the night before exam.  |
| <input type="checkbox"/> | Barium Enema (X-ray of the Colon): | Day before exam: Follow the 24 hour instructions in the Barium Enema prep kit.<br>Night before exam: Take only clear liquids or Ensure. You can have coffee or tea without cream. Clear fruit juices are fine (Apple or Cranberry Juice)<br>No orange or tomato juice.   |
| <input type="checkbox"/> | CT of the Abdomen or Pelvis:       | You will need two (2) bottles of oral contrast and follow the directions below:<br>1) Drink first bottle of oral contrast at 9:00 pm, the night before the exam.<br>2) The day of the scheduled appointment drink 1/2 of the second bottle two hours prior to the exam and the other 1/2 one hour prior to the exam.<br>3) Nothing to eat or drink after midnight prior to exam. |
| <input type="checkbox"/> | CT of all other areas:             | Do not eat or drink 1 hour before exam   |
| <input type="checkbox"/> | G.I. Series (Xray of the stomach): | Do not eat or drink anything (no water) after 12 midnight the night before test  |
| <input type="checkbox"/> | IVP (Xray of the Kidneys)          | Mild laxative evening prior to exam<br>Do not eat or drink anything (no water) after 12:00 the night before the exam   |
| <input type="checkbox"/> | Mammogram                          | Day of exam: Do not wear deodorant, lotion or talcum powder in the breast area or under arm  |
| <input type="checkbox"/> | Pelvic and/or OB Ultrasound        | <b>VERY IMPORTANT!</b> Drink one quart of water one hour prior to exam and do not urinate  |
| <input type="checkbox"/> | Holter Monitor                     | Bring a list of medications  |
| <input type="checkbox"/> | MRCP                               | Do not eat or drink after 12:00 midnight the night before exam.  |
| <input type="checkbox"/> | MRI (All Exams)                    | Do not wear jewelry, remove hair accessories and turn off cell phones.   |