## ABERCROMBIE = RADIOLOGY

## 1112 E. Weisgarber Road, Knoxville, TN 37909

Scheduling:	865-584-3444	or 1-800-422-6007
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Fax orders to: 865-824-0038	
PATIENT NAME: DATE OF BIRTH:	
APPT DATE and TIME:	EXAM ORDERED:
	DIAGNOSIS AND SYMPTOMS:
	ROM ABERCROMBIE HAS NOT CALLED YOU WITHIN 24 HOURS OF YOUR APPOINTMENT,  PLEASE CALL 865-584-3444 TO PRE-REGISTER
	PATIENT INSTRUCTIONS
	ALUATION: Arrive 15 minutes early - Screening mammogram, if asymptomatic <b>OR</b> Diagnostic ional views and/or ultrasound, if deemed necessary).
SONE DENSITOMETRY: (Weigh DEXA: No calcium supplements nuclear medicine studies 1 week bei	24 hours before appointment time. No I.V. or oral contrast 48 hours before appointment time. No
JLTRASOUND EXAMS: (Weigh ABDOMINAL ULTRASOUND CO  ABDOMINAL ULTRASOUND LIN	MPLETE:
o not eat or drink anything 6 – 8 ho PELVIC ULTRASOUND: Eat as n xam. Do not empty bladder.	ours before your exam time. Take daily medications with a sip if water if needed.  ormal. Finish drinking 40 ounces of liquid 1 hour prior to appointment time. Full bladder is necessary formal. Finish 20 oz. of any fluids 1 hour prior to appointment. Do not empty bladder.
	.) Must be at least 16 years old to receive sedation. Under 18 years old must weigh minimum of 100 ient must bring a driver. Sedation will not be given if driver is not present at the time of the exam.
Aust be at least 18 years old to rec	
☐ MRI WITHOUT CONTRAST ☐	
MRI WITH CONTRAST: U M	
	Hours of appointment time. Take medications as prescribed.  led 7 – 14 days from the first day of menstrual cycle. Please drink 32 oz. of water within 4 hours of mens as needed.
MRCP/ABDOMEN/ENTEROGRA	APHY/LIVER: Do not eat or drink anything or take medications 4 hours before appointment time. ma 2 hours before appointment time. Please drink 32 oz. of water within 4 hours of appointment time.
PECIAL PROCEDURES/FLUORO: (  ARTHROGRAMS: Minimum age	(Weight limit 500 lbs.) Minors must have parent or legal guardian present.
· · · · · · · · · · · · · · · · · · ·	need driver following hip and knee arthrograms. Patient will need driver following hip steroid injection. ring driver):
LUMBAR PUNCTURE (must brin	
rior to exam –facility will instruct h IST]: Coumadin, Warfarin, Effient a	
eriod. This exam cannot be perforn	(Weight limit 500 lbs.)  I after the first day of menstrual cycle. Start counting the days on the day you start your menstrual med after the 10 <sup>th</sup> day of the cycle. A light meal prior to exam is okay, but prefer stomach to be almost
mpty. Must have pregnancy test the	
	ES: (Weight limit 500 lbs.) Minors must have parent or legal guardian present.  KER'S CYST ASPIRATION:
No preparation needed. No blood the ach medication. Patients on the fol	ninning medication (SEE MEDICATION HOLD LIST) prior to exam –facility will instruct how many days for lowing meds require INR and Platelet count [SEE LIST]: Coumadin, Warfarin, Effient and/or Xarelto.
lo preparation needed.	