



To Schedule Appt
404-225-5674

Fax order, notes, demographics, and front/back
of insurance card to 678-623-5610
capitolimagingervices.com

Patient Name _____ Date of Birth _____

Patient Phone _____ Insurance _____

Referring Physician _____ Physician Signature _____ Date: _____

Reason for Exam _____ STAT ☐ Number to call _____

Appointment Date _____ at _____ (a.m.) (p.m.) Location: PTC Newnan Atlanta Fayetteville Marietta
Decatur Kennestone Canton

PLEASE BRING YOUR INSURANCE CARD. PAYMENT IS EXPECTED AT THE TIME OF SERVICE.
PLEASE NOTIFY TECHNOLOGIST IF YOU ARE OR SUSPECT YOU MIGHT BE PREGNANT.

CIRCLE EXAMINATION DESIRED

HIGH FIELD MRI

☐ **CLOSED** ☐ **OPEN**
NO CONTRAST ☐ **WITH/WITHOUT CONTRAST**
MR Brain ☐ MR Pituitary
MR Temporal Bones
MR Angiography ☐ Brain ☐ Neck
MR Cervical Spine
MR Thoracic Spine
MR Lumbar Spine
MR TMJ
MR Abdomen LIVER PANCREAS RENAL
MRCP
MR Pelvis
MR Shoulder (R) (L)
MR Elbow (R) (L)
MR Wrist (R) (L)
MR Hand (R) (L)
MR Knee (R) (L)
MR Hip (R) (L)
MR Foot (R) (L)
MR Ankle (R) (L)
MR Arthrogram - Shoulder - Hip _____
MRI Enterography
MRI Breast Screening / Diagnostic
MR OTHER _____

CT SCAN (HELICAL) ☐ **ORAL**

NO CONTRAST ☐ **WITH CONTRAST** ☐ **IV**
CT Brain
CT Angiography ☐ HEAD ☐ NECK
CT Sinuses
CT Cervical Spine
CT Thoracic Spine
CT Lumbar Spine
CT Calcium Scoring-Coronary Arteries
CT Soft Tissue Neck
CT Chest
CT Abdomen (diaphragm to iliaccrest)
CT Pelvis
CT ABD/Pelvis
CT Urogram
Stone Protocol (diaphragm to pubis)
CT Extrem & Reconstructions
Low-Dose Lung Screen
PE Chest
CTA - Runoff
CTA Abd/Pelvis
CT OTHER _____

NUCLEAR MEDICINE

Bone Scan, Limited Whole Body (w/wo Spect)
Bone Scan, 3 Phase (w/wo Spect)
Hepatobiliary (HIDA) w/cck injection
Liver - Spleen Scan w/Spect
Gastric Emptying Scan
Gallium for Tumor w/Spect
Gallium for Infection
WBC Scan/Bone Marrow w/Spect
Lung Scan (Ventilation/Perfusion) w/cxr Renal
Scan
Renal Scan with Lasix
Thyroid I - 123 Uptake & Scan
Thyroid Treatment I - 131 (_____ mci)
Parathyroid w/Spect
DAT Scan
NM OTHER _____

ULTRASOUND

Renal
Renal Arteries w/Doppler
AAA Screening
Aorta
Abdomen
Breast (R) ⊕ (L) ⊕
Carotid Doppler
RUQ/Gallbladder/Pancreas/Liver
Pelvic Complete - Transabdominal with Doppler
Pelvic & Transvaginal with Doppler
Testicular Scrotal with Doppler
Venous Doppler, Extremity
Unilateral Bil. Upper Lower
Arterial Doppler, Extremity
☐ Unilateral Bil. Upper Lower
Thyroid
US OTHER _____

SPECIAL PROCEDURES

Epidural Nerve Root (ESI) _____
OTHER _____

FLUOROSCOPY/ABDOMEN

Esophagram/Barium Swallow
Upper GI
Upper GI & Small Bowel
Small Bowel Only

3D MAMMOGRAM - SCREENING
3D MAMMOGRAM - DIAGNOSTIC
3D MAMMOGRAM - UNILATERAL
(R) ⊕ (L) ⊕

BONE DENSITY
INSTANT VERTEBRAL
ASSESSMENT-IVA
Whole Body Composition

GENERAL X-RAY

KUB Bone Age
Abdominal Series
Nasal Bones
Sinuses
Chest PA/LAT
Rib/PA Chest (R) (L)
Cervical Spine
Thoracic Spine
Lumbar Spine
Pelvis
Sacrum/Coccyx
Clavicle (R) (L)
Shoulder (R) (L)
Humerus (R) (L)
Elbow (R) (L)
Forearm (R) (L)
Wrist (R) (L)
Hand (R) (L)
Hip (R) (L)
Femur (R) (L)
Tibia/Fibula (R) (L)
Knee (R) (L)
Ankle (R) (L)
Foot (R) (L)
Heel (R) (L)
SI Joints
Scoliosis Series
OTHER _____

IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL 24 HOURS IN ADVANCE.



TEST PREPARATIONS

MRI	No preparation required. For your comfort, you may wish to wear a sweat suit without metal closures.
CT SCAN CHEST/ABD/PELVIS	DO NOT EAT or DRINK for four (4) hours before exam. Water is acceptable.
MAMMOGRAPHY	Do not use powders, deodorant or perfume on the day of your test. These products contain substances that show up on X-ray film and can cause an unsatisfactory exam. Please bring most recent mammogram if done at another facility.
NUCLEAR MEDICINE Hepatobiliary scan:	DO NOT EAT or DRINK for four (4) hours before exam.
Bone Scan:	Initially, you will receive an injection, after which you may leave for a three (3) hour period and then return for the remainder of your study.
Thyroid Uptake Scan:	You will probably need to be off thyroid medication for a period of 4-6 weeks prior to your test. However, BEFORE discontinuing any medication, please check with your physician. This is a two day procedure.
Abdomen, Aorta, Gallbladder:	DO NOT EAT or DRINK anything after midnight of the evening prior to the exam.
Pelvic Sono:	You need a full bladder - do not void two (2) hours prior to appointment time. One (1) hour prior to your exam time drink four (4) large glasses of fluid (or (3) 8 oz. glasses of water.) Do not void until after exam. You may eat.
FLUOROSCOPY/ABDOMEN Upper GI, UGI & Small Bowel, Small Bowel Only:	DO NOT EAT or DRINK or SMOKE after midnight of the night before your exam.

*****If any questions regarding your preparations please call the office.***

CANCELLATIONS PLEASE NOTIFY IMAGING CENTER 24 HOURS BEFORE TEST TO AVOID BEING CHARGED FOR INJECTION.

**OPI PTC
10 EASTBROOK BEND
PEACHTREE CITY, GA 30269**

**OPI NEWNAN
60 OAK HILL BLVD, STE 101
NEWNAN, GA 30265**

**OPI MARIETTA
1070 WOODLAWN DR, STE 150
MARIETTA, GA 30068
*CLOSED MRI ONLY***

**OPI ATLANTA
2284 PEACHTREE RD NW
ATLANTA, GA 30309**

**OPI FAYETTEVILLE
1233 HWY 54 STE 110
FAYETTEVILLE, GA 30214**

**OPI DECATUR
1376 CHURCH ST, STE 100
DECATUR, GA 30030
*CLOSED MRI ONLY***

**OPI KENNESTONE
335 ROSELANE ST NW STE 103 MARIETTA,
GA 30060
*OPEN MRI ONLY***

**OPI CANTON
2000 VILLAGE PROFESSIONAL DR STE 100
CANTON, GA 30114**

