

Scheduling:  
 (800) 521-5185  
 (803) 435-3121



Diagnostics Order Form  
 10 Hospital St.  
 Manning, SC 29102

*We're here for you*

If procedure is scheduled by physician's office staff

PLEASE write the exact order and diagnosis that was given to the scheduler  
 THIS REQUEST MUST ACCOMPANY THE PATIENT AT THE TIME OF SERVICE.

Dates of Service \_\_\_\_\_

Patient Name (Last, First): \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnostic Radiology	Lower Extremity	CT Scan
Chest (1 view)	Hip Right	CT Renal Stone <input type="checkbox"/> w/o <input type="checkbox"/> w contrast
Chest Pa and Lat	Hip Left	CT Abd/Pelvis <input type="checkbox"/> w/o <input type="checkbox"/> w contrast
Ribs Left	Femur Right	CT Abd only <input type="checkbox"/> w/o <input type="checkbox"/> w contrast
Ribs Right	Femur Left	CT Pelvis only
Other:	Knee Right	CT Head <input type="checkbox"/> w/o <input type="checkbox"/> with contrast
	Knee Left	CT Sinus
KUB	Tibula/Fibula Right	CT Sinus Stryker Protocol
Acute Abd Series	Tibula/Fibula Left	CT Chest <input type="checkbox"/> w/o <input type="checkbox"/> with contrast
Other:	Ankle Right	Other:
	Ankle Left	<input type="checkbox"/> w/o <input type="checkbox"/> w contrast
Cervical Spine	Foot Right	Ultrasound
Thoracic Spine	Foot Left	Abdomen
Lumbar Spine	Toe Right 1 2 3 4 5	Pelvis
Scoliosis Series	Toe Left 1 2 3 4 5	OB complete
Sacrum/Coccyx	Other:	OB Follow up
Other:		OB Bio Physical Profile
		Trans Vaginal
Head	Fluoroscopy/IVP	Renal <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilat
Skull	Barium Swallow	Other:
Sinus Series	UGI with air	
Sinus Upright Waters	Small Bowel Series	Vascular
Facial Bones	Barium Enema / Fleets enema kit # 1	Carotid
Other:	IVP / Fleets enema kit # 1	Venous Duplex <input type="checkbox"/> Right <input type="checkbox"/> Left
	Other:	<input type="checkbox"/> Lower Ext. <input type="checkbox"/> Upper Ext.
Upper Extremity	*	Arterial Segmental Pressures
Shoulder, Right	<b>Patient needs to purchase the Fleets Enema kit #1 from a local pharmacy</b>	Other:
Shoulder, Left		
Humerus, Right		
Humerus, Left	Nuclear Medicine	Cardio-Pulmonary
Elbow, Right	Bone Scan	Echocardiogram
Elbow, Left	Cardiolite Stress	Electroencephalogram (EEG)
Forearm, Right	Lung Scan	* Do not use any hair care products
Forearm, Left	HIDA Scan	* Please have clean loose hair.
Wrist, Right	Thyroid Scan	Holter Monitor
Wrist, Left	Other:	Cardiac Event Monitor
Hand, Right		Ambulatory Blood Pressure Monitor
Hand, Left	MRI / MRA	Arterial Blood Gas (ABG)
Finger, Right 1 2 3 4 5	Brain <input type="checkbox"/> w/o <input type="checkbox"/> with contrast	Pulmonary Function Test (PFT)
Finger, Right 1 2 3 4 5	Cervical <input type="checkbox"/> w/o <input type="checkbox"/> with contrast	Other:
Other:	Lumbar <input type="checkbox"/> w/o <input type="checkbox"/> with contrast	
	Thoracic <input type="checkbox"/> w/o <input type="checkbox"/> with contrast	
	IAC <input type="checkbox"/> w/o <input type="checkbox"/> with contrast	Remarks / Comments
Mammography / Bone Density	Other:	
Screening	<input type="checkbox"/> w/o <input type="checkbox"/> with contrast	
Diagnostic	MRA Head & Neck	
BMD / DEXA	Other:	
Other:	<input type="checkbox"/> w/o <input type="checkbox"/> with contrast	

Diagnosis ICD9: \_\_\_\_\_ Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

The reports will be faxed to physicians within 3 business days. The images and reports are available at  
[www.clarendonhealth.com](http://www.clarendonhealth.com)

*We're here for you*

**Dear Patient:** Thank you for choosing Clarendon Memorial Hospital. We are here for you.

You have the option to pre register over the phone. Please call (803)-435-8463 and ask for Registration. Be prepared to give your current address, phone number, employer and insurance information.

Upon your arrival to Clarendon Memorial Hospital, please report to the Outpatient Registration area and sign in. The next available registration personnel will check you in and process your paperwork. Please remember to bring in your insurance cards with you on the day you arrive and present them to the registration personnel.

**Procedure Instructions**

Mammography / Bone Density	CT Scan	MRI / MRA
<ul style="list-style-type: none"> <li>x Do not wear powder or deodorant</li> <li>x Wear a two-piece outfit</li> <li>x Avoid caffeine 1 week prior to exam</li> </ul> <p>If you are a woman 35 or over, you need to know that breast cancer is the most common cancer in women and that the incidence of breast cancer is increasing. Mammography is an x-ray examination of the breast and is by far the best way to detect breast cancer. It is safe and can be performed quickly. A screening mammography is the proper examination for women who are over age 35 and do not have any symptoms of a breast abnormality. Women experiencing symptoms such as worrisome lump, changes in the skin of the breast or a discharge from the nipple needs a more comprehensive examination. Each breast will be compressed during exposure. Two film of each breast will be taken. Compression is usually uncomfortable and may be slightly painful. The compression may cause some soreness or bruising afterward. This does not harm your breasts. The mammogram should take approximately twenty minutes to complete. Additional views may be required at the discretion of the radiologist. Your Physician will receive a report from the radiologist within seven days and you will receive a summary of that report within 30 days.</p>	<ul style="list-style-type: none"> <li>* Do not eat or drink after midnight</li> <li>* If over 50 you may need Lab work</li> <li>* Allergies to Iodine please inform Tech.</li> <li>* CT Abdomen Patients arrive 1.5 hours early in order to drink the contrast required to fill the bowels</li> </ul> <p>Computed tomography (CT or CAT scan) is a diagnostic imaging procedure that uses a combination of x-rays and computer technology to produce cross-sectional images (often called slices), both horizontally and vertically, of the body. A CT scan shows detailed images of any part of the body, including the bones, muscles, fat, and organs. CT scans are more detailed than standard x-rays. CT scans also minimize exposure to radiation. CT scans may be done with or without "contrast." Contrast refers to a substance taken by mouth or injected into an intravenous (IV) line that causes the particular organ or tissue under study to be seen more clearly. Contrast examinations may require you to fast for a certain period of time before the procedure. Your physician will notify you of this prior to the procedure. If you have had an ALLERGIC REACTION to contrast or DYE, let the physician or technologist know immediately.</p>	<p>MRI/MRA is a painless procedure that utilizes sound waves and a very strong magnetic field to generate images. Wear comfortable clothing that has no metal buttons, snaps, or zippers if possible. You will be required to remove all metallic jewelry. The technologist will ask if you have any metallic implants such as Prosthetic hip or knee, an aneurysm clip in the brain, heart pacemaker, pins, screws, or surgical staples in your body. You may be required to have an X-ray that will detect such objects. Copies of MRI will only be printed by the MRI staff during normal business hours please provide advanced notice if you require the printed film.</p>
<p><b>Abdomen/Gallbladder-</b> Do not eat or drink anything after midnight  <b>Pelvis-</b> Drink at least 20 ounces of water prior to coming for the procedure</p>	<ul style="list-style-type: none"> <li>* Diabetic patients: Glucophage/Metformin Do not take these medications for 2 days after the procedure.</li> </ul>	<p><b>Nuclear Medicine</b></p> <p>For all nuclear and stress test procedures you should pre register one to two days prior to the procedure so that your insurance information can be certified. Please allow four hours to complete studies. There is little risk associated with nuclear Isotopes; this is not a dye. If you could be pregnant, inform your Physician and the technologist as soon as possible. If you are taking any beta blockers, please inform your Physician and the department as soon as possible. Give 24 hours notice if you need to reschedule. The isotope/medication charge will be billed to you otherwise.</p> <ul style="list-style-type: none"> <li>* <b>Stress Test Do not</b> eat/drink 4 hours prior to exam. Wear comfortable clothes and shoes</li> <li>* <b>Thyroid Scan</b> is a 2 day test. Day 1 you receive the Capsule. Day 2 you are scanned.</li> </ul>
<p><b>Ultrasound</b></p>	<p><b>IVP</b></p> <ul style="list-style-type: none"> <li>* Allow 1 hour for procedure</li> <li>* If over 50 you may need Lab work</li> <li>* Diabetic Patients See above.</li> <li>* Take a Fleets enema kit #1 the night prior to your Barium Enema or IVP.</li> <li>* The Fleets Enema Kit may be purchased at a local Pharmacy</li> </ul>	<p><b>All other procedures</b></p> <p>Wear comfortable clothes    Remove any Metallic objects    Inform the Technologist if you may be pregnant.</p>
<p><b>Fluoroscopy</b></p> <ul style="list-style-type: none"> <li>* Do not eat or drink after midnight</li> <li>* Drink at least 64 ounces of water after your procedure to clear bowels</li> <li>* Take a Fleets enema kit #1 the night prior to your Barium Enema or IVP.</li> <li>* <b>The Fleets Enema Kit may be purchased at a local Pharmacy</b></li> </ul>		