	Dcean	Me	dical Ima	ging			e an appointment: (302) 684 5151	
			Federal Street, Suite	0 0	968	Fax:	(302) 684 1977	
ΔΤΤΕΙ	NTION	Please bi	ring: Photo ID, Insurance	e Cards, This Form, a	and prior Re	ports/Films/	CD	
	IENT:		for your Exam- review b rrive 15 minutes before y		ne 🔿 Dat	e:	Time:	
ICD9 Code:	Insurar	nce Author	ization #	Worker's	s Comp 🗆		DATE OF INJURY:	
Patient Nar	ne (Last,First)			D	OB	M	/ F weight	
Patient Phone: Patient Address: Patient Insurance:	:		Ordering Physician: Physician Phone: Physician Address:		Physiciar	n Fax:	STATRoutine	
ATTENTION F Symptoms & Clinical Histo	·				Physician	's Signature:		
Labs required for	all patients 60 and	older or tho	se at risk for renal disease	for IV contrast CT, MR	RI, and IVP	BUNCre	atinine Date	
DIGITAL MAMMC			DEXA/ BONE DENSITY EKG					
 Screening Diagnostic 	Previous Mammo		_Location:	DEXA/ Bone Den	nsity	🗆 EKG (10/12 lead)	
-				X-RAY				
ULTRASOUND	🗆 Abd I	imited	Aorta	Chest (PA+Lat)		-		
		um (Duple:			Obstructio			
			sure (ABI/PVR)	C-spine: Contine Sview w/Obliques AP+Lat Flex/Ext 7 view				
Breast				•			P+Lat 🗆 Flex/Ext 7 view	
□ □ Venous Dup	lex (DVT) \rightarrow \Box Upp	er Extremit	y 🗆 Lower Extremity	- 1	Scoliosis S		Bone Age	
Arterial .		er Extremit	· · · · · ·			ips w/ Pelvis		
Pogu	uiros Eull Bladdo	hour Prior)			() () () () () () () () () ()	R L		
Requires Full Bladder (32 oz. 1 hour Prior)				. ,	Hand (P		Finger	
Pelvic/Tran	•		Dianhysical	 Wrist (4v) Shoulder (3v) 	U Wrist (P		 Forearm Clavicle 	
Fetal 🗆 <14 v	weeks 2	L4weeks	Biophysical		□ □ Shoulde □ □ Humeru			
Carotid	🗆 Rena	l Artery Ste	enosis		□ □ Foot (AP		□ □ Foot (weightbearing)	
BIOPSY					□ □ □ Oot (AF □ □ Ankle (A			
□ Thyroid	Breast N	ode	🗆 Other	. ,	□ □ Femur	in Carly	□ AC joints	
		oue			🗆 🗆 Knee (Al	P+Lat)	 Standing knees (AP) 	
MRI			•	Specify Other:				
Non-Contra			thout Contrast	СТ				
	-		Pituitary Orbits	IV 🗌 Contras	st 🗆 N	on-Contrast		
□ MRA Head W/		arotid		Oral Contras		on-Contrast		
Abdomen Atten				□ Head/Brain		ral Bones	🗆 Sinus	
Kidneys			Liver		🗆 Facial E		Soft Tissue Neck	
Pelvis	Bony Pelvis		SI joints	Chest (Thorax)	🗆 Abdom	ien	Pelvis	
-	Thoracic Spine	9	Lumbar Spine	Abdomen/Pelvis		-	CT Urogram	
□ Right □ Left				C-Spine	🗆 T-Spine		L-spine	
Chaulder	□ Ankle	□ Foot	🗆 Hip	R L		r Puncture		
Shoulder Hand	Elbow	□ Wrist		Upper/Lower I	Extremity			
Hand Arthrogram (W)	Finger Finger Finger	Other_		CTA	Caratia	1		
Shoulder		□ Wrist	🗆 Knee	Chest (PE) Abdomen	Carotid	ien & Runoff	□ Head	
	•			Specify Other:				
□ Soft Tissue Ne	ck 🗌 Soft 1	Fissue Mas	S					

Г

ATTENTION	Bring: Wear:	Insurance cards, photo ID, this form, prior film/CD/reports Plain comfortable clothes with no zippers, buttons, or metal.				
PATIENT:		T-shirt & Sweatpa	ants Sports Bra (no clips/adjusters)			
	Prepare as follows:					
ULTRASOUND			MRI			
🗆 Renal Duplex: 🖵	oz. of water a DER REQUIR g baby for at	least 1 hour prior to	 CAUTION: Pacemakers and Defibrillators are unsafe for MRI Please inform technologist about any other surgical implants, surgeries, or metal fragment within your body. Claustrophobic Patients: Call for consultation. We do not provide medication. Most MRI exams are more tolerable than you might imagine. Leave jewelry, watches, and other unnecessary items at home. MRI Abdomen: DO NOT eat or drink 3 hours prior to your exam. 			
BIOPSY Stop taking <u>Plavix</u> , <u>Coumadir</u> Stop taking Aspirin or fish oi			MAMMOGRAM DO NOT wear deodorant, powder, or perfume.			

СТ

DO NOT eat 3 hours prior to exam. You may drink water.

* If you are currently taking Metformin or medication containing Metformin, YOU MUST WITHOLD these medications for 48 hours following your exam.

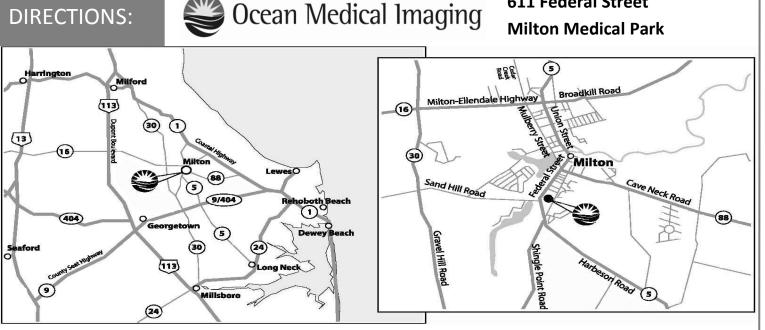
DEXA/ BONE DENSITY

No calcium on day of exam

X-RAY & EKG

No appointment is necessary. Walk-in 7:00am-5:00pm Mon-Fri

611 Federal Street



Ocean Medical Imaging is located in the Milton Medical Park on Federal Street, across the street from the Milton Elementary School. Milton is centrally located less than 15 miles from Milford, Georgetown, Lewes, Rehoboth, Long Neck and

Millsboro.

From the North:

Take Rt. 1 South to Rt. 16 West. Turn left onto Union Street. Turn right onto Federal Street, follow approximately 1 mile. Turn left into Milton Medical Park. (entrance across the street from the Milton Elementary School)

or

Take Rt. 30 South, stay left onto Cedar Creek Road. Cross over Rt. 16 - road becomes Mulberry Street. At stop sign, turn right onto Federal Street. Milton Medical Park will be on your left (entrance across the street from the Milton Elementary School).

From Lewes/Rehoboth:

Take Rt. 1 North. Turn left onto Rt. 88 – Cave Neck Road. At second stop sign, turn left onto Federal Street. Milton Medical Park will be on your left.

From Georgetown/ Sothern Points:

Take Rt. 9/404 East. Turn Left onto Harbeson Road/ Rt. 5. Milton Medical Park will be on your right (entrance across the street from the Milton Elementary School).

From Millsboro:

Take 30 North. Bear right onto Shingle Point Road. Turn left onto Rt. 5. Milton Medical Park will be on your right.

From Long Neck:

Take Rt. 5/ Indian Mission Road North. Road becomes Harbeson Road/ Rt. 5. Milton Medical Park will be on your right (entrance across the street from the Milton Elementary School).