

**THIS DOCUMENT IS REQUIRED AT TIME OF SERVICE**



**SOUTHEASTERN  
RADIOLOGY ASSOCIATES**

SOUTHEASTERN HEALTH

209 W. 27<sup>th</sup> Street, Lumberton, NC 28358

**REQUEST FOR SERVICE**

Office Hours: Monday – Friday

8:00 a.m. – 5:00 pm

Telephone - (910) 738-8222

Fax (Orders) - (866) 515-7237

Date \_\_\_\_\_

PATIENT \_\_\_\_\_ REFERRING PROVIDER \_\_\_\_\_

DOB: \_\_\_\_\_ REFERRING SIGNATURE \_\_\_\_\_

DIAGNOSIS AND PERTINENT INFORMATION \_\_\_\_\_

FIRST EVALUATION \_\_\_\_\_ FOLLOW-UP \_\_\_\_\_

CALL REPORT:  YES  NO APPT: DAY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

PLEASE NOTIFY LRA IF PATIENT IS DIABETIC OR PREGNANT AT TIME OF SCHEDULING APPOINTMENT

**EXAMS REQUESTED**

**APPOINTMENT NEEDED**

PLEASE CALL 910 - 671 - 5594

CT

- Head  Sinus  Temporal Bone
- Abdomen & Pelvis (Stone Chaser)
- Abdomen & Pelvis with contrast
- Abdomen with contrast
- Pelvis with contrast
- Face/orbit with IV contrast
- Spine  Cervical  Thoracic  Lumbar
- Neck Soft Tissue with Contrast
- CTA of \_\_\_\_\_
- Other \_\_\_\_\_

US

- Abdominal Aorta
- Abdominal (complete)
- Gallbladder / RUQ
- Obstetrical
- Pelvic / Transvaginal
- Renal
- Scrotal
- Thyroid
- Venous Duplex \_\_\_\_\_
- Other \_\_\_\_\_

DIAGNOSTIC X-RAY

- Barium Enema / Air
- Barium Swallow
- Upper GI / Air
- UGI with SBFT
- IVP
- VCU
- Hysterosalpingogram
- Foreign Body
- Other \_\_\_\_\_

**NO APPOINTMENT NEEDED FOR THESE WALK-IN EXAMS  
(AFTERNOON IS PREFERRED)**

**MAMMOGRAPHY  
SCHEDULING LINE  
910 - 671 - 4000**

**SeRA Main Building**

- Diagnostic Mammogram and Breast US (if needed)
- Breast Ultrasound
- US Guided Biopsy
- Cyst Aspiration
- Stereotactic Breast Biopsy
- Breast Localization

**WIC Building**

- Screening Mammogram
- DEXA Study

**HEAD**

- Facial Bones
- Mandible
- Mastoids
- Nasal Bones
- Orbit  Lt  Rt
- Sinuses
- Skull
- T-M Joints

**SPINE**

- Cervical Spine
- Lumbar Spine
- Thoracic Spine
- Sacroiliac Joints
- Sacrum / Coccyx
- Scoliosis Study

**UPPER EXTREMITY**

- A/C Joint \_\_\_\_\_
- Clavicle \_\_\_\_\_
- Elbow \_\_\_\_\_
- Fingers \_\_\_\_\_
- Forearm \_\_\_\_\_
- Hand \_\_\_\_\_
- Humerus \_\_\_\_\_
- Scapula \_\_\_\_\_
- Shoulder \_\_\_\_\_
- Wrist \_\_\_\_\_
- Other \_\_\_\_\_

**LOWER EXTREMITY**

- Ankle \_\_\_\_\_
- Femur \_\_\_\_\_
- Foot \_\_\_\_\_
- Knee \_\_\_\_\_
- Os Calcis \_\_\_\_\_
- Tibia/Fibula \_\_\_\_\_
- Toes \_\_\_\_\_

**TRUNK**

- Abdomen
- Acute Abdomen
- Chest
- Hip \_\_\_\_\_
- Pelvis
- Ribs \_\_\_\_\_
- Sternum

**IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT –  
PLEASE CALL (910) 671-5594 TO RESCHEDULE**

**INSTRUCTIONS FOR YOUR X-RAY EXAMINATION**

- BARIUM ENEMA:** Begin clear liquids on the morning prior to the exam appointment. All meals should be: clear soups, plain jell-o without fruit, soft drinks, tea, or coffee (without milk or cream). Follow bowel evacuation kit as instructed to patient. May have liquids in the morning prior to exam.
- BARIUM SWALLOW:** No preparation is necessary.
- IVP:** (Adult) No solid food after 6PM the day prior to the exam. Continue to take unlimited liquids up to the exam.
- SMALL BOWEL:** Nothing by mouth after midnight until after the exam has been completed (no breakfast).
- UPPER GI SERIES:** Nothing by mouth after midnight until after the exam has been completed (no breakfast).
- SCREENING MAMMOGRAM:** Due to the necessary compression required to obtain high quality images, this exam should be scheduled during the monthly cycle when breasts are least tender. Please remove underarm deodorant before examination.
- DEXA STUDY:** Wear clothes with elastic waistbands and no zippers.
- CTs – ARTERIOGRAMS OR CHEST:** Nothing by mouth 4 hours prior to exam.  
**ABDOMEN/PELVIS:** Please follow the CT Oral Prep Instructions.
- ABDOMINAL ULTRASOUNDS:** Nothing by mouth after midnight.
- PELVIC ULTRASOUND:** Drink 6-8 glasses of water one hour before the exam is to be done. **DO NOT EMPTY YOUR BLADDER.**
- All oral contrast may be picked up at Southeastern Radiology any time prior to your appointment with us.**

*For all exams involving Barium, take 2 ounces of milk of magnesia after your x-ray is completed.*

**IF YOU USE A WHEELCHAIR, WALKER, OR CANE –  
PLEASE LET OUR STAFF KNOW. THANKS.**

