

Central Office
1305 Lakeland Hills Blvd.
Lakeland, FL 33805

South Office
(Ultrasound & X-Ray Only)
3021 Lakeland Highlands Rd.
Lakeland, FL 33803



Scheduling 863-688-2334
Scheduling Fax 863-688-4919
TAX ID: 59-1262719

Plant City Office
206 W. Alexander Street, Suite 1
Plant City, Florida 33563

Pablo Campus
130 Pablo Street
Lakeland, FL 33803

Appointment Needed For These Exams

- MRI** NOT OFFERED AT SOUTH OFFICE
- Without Contrast
 - With & W/O Contrast
 - Prostate (Central Only)
 - Cervical Spine
 - Thoracic Spine
 - Lumbar Spine
 - Brain
 - IAC's
 - Orbit
 - Pituitary
 - TMJ
 - Neck
 - Chest
 - Breast (Central Only)
 - Breast Biopsy
 - Abdomen
 - MRCP (must be NPO)
 - Pelvis
 - Female Pelvis
 - Brachial Plexus
 - Shoulder R L
 - Arthrogram
 - Elbow R L
 - Wrist R L
 - Hand R L
 - Hip R L
 - Knee R L
 - Ankle R L
 - Foot R L
 - Humerus R L
 - Forearm R L
 - Femur R L
 - Lower Leg R L
 - MR Enterography

- CT** NOT OFFERED AT SOUTH OFFICE
- Without Contrast
 - With Contrast
 - With & W/O Contrast
 - With Volumen
 - Abdomen/Pelvis
 - Abdomen Only
 - Pelvis Only
 - Chest
 - Kidney
 - Soft Tissue Neck
 - Head
 - Sinus - 3D Recon
 - Sinus - Prone
 - Other _____
 - Facial - 3D Recon
 - Orbit - 3D Recon
 - Temporal Bones - 3D Recon
 - C-Spine - 3D Recon
 - T-Spine - 3D Recon
 - L-Spine - 3D Recon
 - Extremity - 3D Recon
 - High Resolution (for evaluation of COPD)
 - Low Dose Lung Screening

- Hepatobiliary
- Hepatobiliary w/Ejection Fraction
- I131 Whole Body
- Renal w/Lasix
- Renal Scan
- Renal w/DMSA
- Renal w/Captopril
- Renal w/o Captopril
- Lung VQ for P.E.
- Lung VQ Quant. Eval.
- Gallium Scan
- Octreoscan
- Cardiac - MUGA
- Thyroid Uptake
- Liver/Spleen Scan
- IN-111 WBC
- Parathyroid Scan
- Meckels Scan
- Other _____

PET/CT/PEM SCANS
For PET questions please call our Scheduling Department at 863-688-2334.

No Appointment Needed For These Exams

- GENERAL RADIOLOGY**
- Chest (CXR)
 - Ribs R L
 - Abdomen (KUB)
 - Abdomen Series
 - Finger _____
 - Hand R L
 - Wrist R L
 - Forearm R L
 - Elbow R L
 - Humerus R L
 - Clavicle R L
 - Shoulder R L
 - Pelvis
 - Hip R L
 - Femur R L
 - Knee R L
 - Lower Leg R L
 - Ankle R L
 - Foot R L
 - Heel R L
 - Toe _____
 - Cervical Spine
 - Thoracic Spine
 - Lumbar Spine
 - Sacrum/Coccyx
 - Sinus Series
 - Sinus Waters View
 - Facial Bones
 - Orbits
 - Skull
 - Neck Soft Tissue
 - Bone Age
 - Scoliosis Series
 - Skeletal Bone Survey
 - Other _____

- ULTRASOUND**
- Abdomen
 - Gallbladder
 - Other _____
 - Kidney
 - Liver
 - Groin
 - Testicular
 - Thyroid
 - Soft Tissue for Lump
 - Pelvic - may include ultrasound trans. Vaginal
 - Pregnancy - Multiple Gestation
 - Pregnancy - Complete
 - Pregnancy F/U
 - Pregnancy Limited
 - Biophysical Profile
 - Infant Head
 - Infant Spine
 - Infant Hips
 - Carotid: R L Bilat.
 - Lwr. Extr w/Seg. Prs.: R L Bilat.
 - Upper Extr Arteries: R L Bilat.
 - Lower Extr Arteries: R L Bilat.
 - Upper Extr Venous: R L Bilat.
 - Lower Extr Venous: R L Bilat.
 - ABI w/Segmental Pressure

- CTA**
- Head
 - Carotid
 - Abdomen
 - Pelvis
 - Run-off
 - Renal
 - Chest
 - Upper Extremity
 - Lower Extremity

- MRA**
- Head (Circle of Willis)
 - Neck (Carotids)
 - Abdomen
 - Renal
 - Aorta
 - Run-off
 - Other _____

- NUCLEAR MEDICINE**
CENTRAL OFFICE ONLY
- Bone Scan - Whole Body
 - Bone Scan - 3 Phase
 - Bone Spect.
 - Bone Scan - Limited
 - Datscan

LVI: Arterial Disease Kyphoplasty UFE Tumor Ablation Vascular consultation Other _____

VCS: Varicose/spider vein evaluation & treatment Vein Care Consultation _____

Clinical History / DX: _____

THIS IS YOUR PRESCRIPTION FOR YOUR RADIOLOGY EXAM. YOU MUST BRING IT WITH YOU.

Call Report CD With Patient

PATIENT INFORMATION

Name: _____ Date: _____

DOB: _____ Time: _____

Clinical History / DX: _____

Comparison Films at: _____

Duplicate Report to: _____

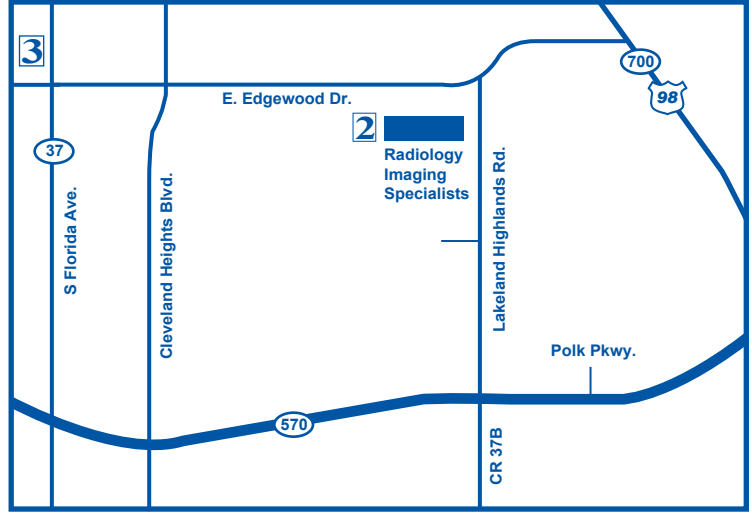
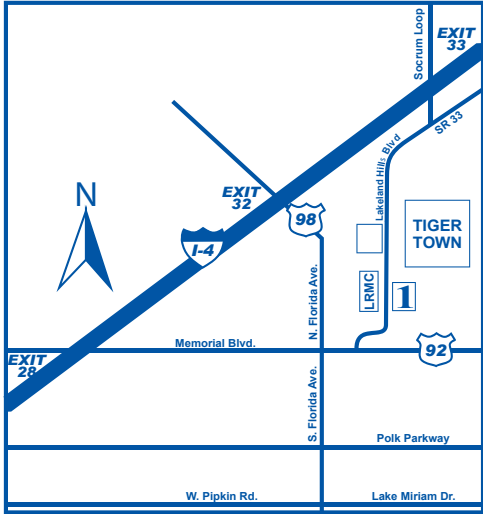
THIS EXAM IS MEDICALLY NECESSARY FOR THIS PATIENT

Please Print Physician Name: _____ Date: _____

Physician Signature: _____ Date: _____

RIS 102 - 02/16

LAKELAND

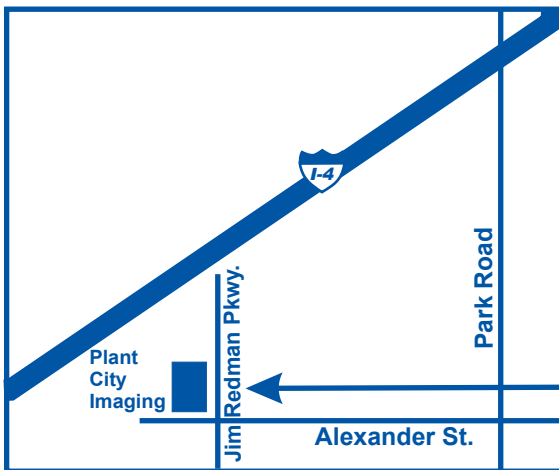


1 Central Office
located across from
LRMC

2 South Office
3021 Lakeland Highlands Rd.
Lakeland, FL 33803

3 Pablo Campus
130 Pablo Street
Lakeland, FL 33803

Maps & Driving Directions to Plant City Imaging



Directions

Take I-4 West to Park Road.
Exit. Turn left onto Park Road.
Take a right onto Alexander
Street. Follow Alexander Street
past the Jim Redman Parkway.
The Imaging Center will be on
your right in Walden Lake Square,
near the Cinema 8 Theater.

CENTRAL LAKELAND
1305 Lakeland Hills Blvd.
Lakeland, FL 33805
863-688-2334

PABLO CAMPUS
130 Pablo Street
Lakeland, FL 33803
863-688-2334

SOUTH OFFICE
3021 Lakeland Highlands Rd.
Lakeland, FL 33803
863-688-2334

PLANT CITY
206 W. Alexander St., Ste 1
Plant City, Florida 33563
813-750-1724