512-516 Nokomis Ave. S., Venice, FL 34285
MRI/Nuclear: 201 Palermo Place
941-488-7781 • Fax: 486-8991

900 Pine St., Englewood, FL 34223
MRI: 968 Pine St.
941-475-5471 • Fax: 475-4264

3501 Cattlemen Rd., Suite C
Sarasota, FL 34232
941-342-7283 • Fax: 342-8283

RA V&E IMAGING
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www.raverad.com

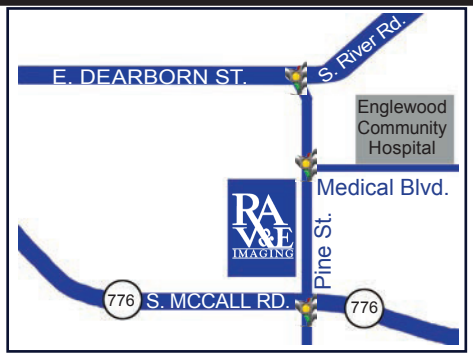
RAVE has achieved the highest standards of Radiology. Our facilities are accredited by the American College of Radiology.

VENICE LOCATION

512-516 NOKOMIS AVE. S. • MRI/NUCLEAR: 201 PALERMO PL.
Main Office: Monday-Friday
MRI Office: Weekend Hours Available

3T MRI / MRA
Prostate MRI
PET / CT
Ultrasound
3D Mammography
Digital X Ray
Fluoroscopy
Bone Density
Nuclear Medicine
CT Scan & CTA
On-site Radiologist
Same Day Scheduling
Low Dose CT*

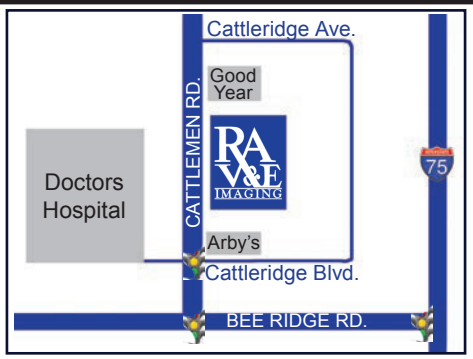
1.5T MRI / MRA
Ultrasound
Digital X Ray
3D Mammography
Bone Density
Fluoroscopy
CT Scan & CTA
On-site Radiologist
Same Day Scheduling
Advanced Wide Bore MRI*
Low Dose CT*



ENGLEWOOD LOCATION

900 PINE STREET, SUITE 116 • MRI: 968 PINE STREET
Main Office: Monday-Friday
MRI Office: Weekend Hours Available

SARASOTA LOCATION



3501 CATTLEMEN ROAD, SUITE C
Main Office: Monday-Friday
MRI Office: Weekend Hours Available

Bone Density
1.5T MRI / MRA
Ultrasound
Digital X Ray
3D Mammography
CT Scan & CTA
On-site Radiologist
Same Day Scheduling
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Low Dose CT

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VENICE	ENGLEWOOD	SARASOTA
941-488-7781	941-475-5471	941-342-7283
941-486-8991 *fax*	941-475-4264 *fax*	941-342-8283 *fax*

Physicians PACs Access at www.raverad.com

[x] CONTRAST AT RADIOLOGIST DISCRETION
[x] CREATININE IF NEEDED

APPOINTMENT

DATE/TIME _____

PATIENT NAME _____

DOB _____

3D MAMMOGRAPHY
- ☐ Screening Digital MG c̄ CAD and 3D Tomosynthesis
- ☐ Diagnostic MG/with ultrasound *if needed*

DEXA
- ☐ Dexa with TBS
- ☐ Dexa
- ☐ Dexa Body Composition

X-RAY
- ☐ Chest
- ☐ Ribs
- ☐ Pelvis
- ☐ Hip w/AP Pelvis
- ☐ Shoulder
- ☐ Lower Extremity _____
- ☐ Upper Extremity _____
- ☐ Arthritis: Hands
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Abdomen-KUB
- ☐ Obstruction Series
- ☐ Cystogram
- ☐ Esophagram ☐ w/Air
- ☐ Upper G.I. Series ☐ w/Air
- ☐ Small Bowel
- ☐ Other area, Limited exam, etc.

_____

- ☐ Hysterosalpingogram
- ☐ Arthrography

_____

- ☐ Joint Injections

_____

PET/CT SCAN *Venice Only*
- ☐ FDG Skull to Thigh
- ☐ FDG Wholebody
- ☐ Neuroendocrine Cu-64
- ☐ Prostate: PSMA
- ☐ **Alzheimers** Amyloid Pet Brain

ULTRASOUND
- ☐ Abdomen Complete
- ☐ ABD RUQ
- ☐ ABD LUQ ❑ OTHER
- ☐ Renal
- ☐ Renal & Post Void
- ☐ Bladder
- ☐ Aorta
- ☐ Breast R L Bilat
- ☐ Thyroid
- ☐ Testicular
- ☐ Pelvis Transabdominal
- ☐ Transvaginal
- ☐ Soft Tissue Specify_____
- ☐ Breast BX Rt Lt
- ☐ FNA Thyroid

VASCULAR ULTRASOUND
- ☐ Carotid
- ☐ Renal Doppler
- ☐ Renal Doppler w/renal US
- ☐ Aorta & Iliac Doppler
- ☐ Mesenteric Doppler
- ☐ Liver Doppler
- ☐ Other

Extremity:
❑ Venous ❑ Arterial ❑ Venous Reflux

- ☐ Leg R L Bilat ☐ ABI
- ☐ Arm R L Bilat

CT
- ☐ Chest w/3D Reconstruction
- ☐ Lung Screening
- ☐ Extremity w/3D Reconst.
- ☐ Spine w/3D Reconstruction

_____

- ☐ Head
- ☐ Sinuses
- ☐ Neck
- ☐ Other Area, Limited, etc.

_____

- ☐ Abdomen/Pelvis
- ☐ Abdomen
- ☐ Pelvis
- ☐ Urogram
- ☐ Virtual Colonscopy

CT ANGIOGRAPHY
- ☐ Abdomen
- ☐ Abdomen/Pelvis
- ☐ Bilateral Runoff
- ☐ Brain
- ☐ Carotid
- ☐ Chest
- ☐ Pelvis
- ☐ Renal
- ☐ Other_____

CARDIAC CT
- ☐ Calcium Scoring
- ☐ Coronary Angiogram
- ☐ CTA Coronary w/Plaque Analysis: FFR if needed

MRI
- ☐ Brain ☐ IAC
- ☐ Cranial Nerve
- ☐ Pituitary
- ☐ Orbit, Face or Neck
- ☐ Cervical
- ☐ Enterography
- ☐ Thoracic
- ☐ Lumbar
- ☐ Pelvis ☐ Sacrum/Coccyx
- ☐ Prostate
- ☐ ABD ☐ MRCP
- ☐ Breast ☐ Biopsy
- ☐ Ankle R L Bilat
- ☐ Elbow R L Bilat
- ☐ Femur R L Bilat
- ☐ Forearm R L Bilat
- ☐ Foot R L Bilat
- ☐ Hand R L Bilat
- ☐ Hip R L Bilat
- ☐ Humerus R L Bilat
- ☐ Knee R L Bilat
- ☐ Shoulder R L Bilat
- ☐ Tibia/Fib R L Bilat
- ☐ Wrist R L Bilat
- ☐ Arthrogram _____
- ☐ Other

MR ANGIOGRAPHY
- ☐ Brain
- ☐ Carotid
- ☐ Renal
- ☐ Aorta
- ☐ Other _____

NUCLEAR MEDICINE SCANS *Venice Only*
- ☐ Wholebody
- ☐ Bone: Wholebody with SPECT
- ☐ Bone: 3 Phase: Area of Interest _____
- ☐ Ceretec WBC Scan: Area of Interest _____
- ☐ DaTscan (**Parkinsons**)
- ☐ Gastric Empty
- ☐ Hepatobiliary (HIDA)
- ☐ Hepatobiliary with GB EF
- ☐ I-123 Thyroid U&S
- ☐ I-131 Thyroid Therapy (Ablation)
- ☐ I-131 Thyroid Wholebody (Mets)
- ☐ Liver/Spleen
- ☐ Lung Ventilation/Perfusion
- ☐ MUGA
- ☐ Parathyroid
- ☐ Renal Scan
- ☐ Renal with Lasix

BUN _____
CREATININE _____
DATE DRAWN _____

History/Comment: _____

DX: _____

Referring Signature: _____ Date: _____

Printed Signature: _____ Date: _____

DUPLICATE TO: _____

☐ **CALL REPORT**

Rev 3/24