PRECISION IMAGING CENTERS

P (904) 996-8100
F (904) 996-8101

SCHEDULED/REQUESTED APPT DATE/TIME: _____ GENDER: ☐ M ☐ F

PHYSICIAN FOLLOW UP APPT DATE/TIME: _____ DOB: _____

PATIENT'S NAME: _____ ELL: _____

ADDRESS: _____ HOME: _____

CITY/STATE/ZIP: _____ WORK: _____

EMAIL: _____ SS# _____

AUTHORIZATION #: _____ INSURANCE: _____

FORM COMPLETED BY: _____ POLICY #: _____

OFFICE FAX NUMBER: _____ GROUP# _____

ICD-10/INDICATIONS/COMMENTS:

☐ CD ☐ FILM ☐ STAT (REPORT) ☐ WET READ (CALL)

☐ DELIVERY ☐ PATENT CELL #: _____

PHYSICIAN: DATE:

SIGNATURE:

RAD'S DISCRETION ☐

CONTRAST ☐ W/O ☐ W/&W/O **CONTRAST** ☐ W/ ☐ W/O ☐ BOTH **IF CONTRASTED, SEE BACK PAGE** CREATININE: DATE:

MRI/MRA

- ☐ BRAIN ☐ DTI
- ☐ PITUITARY
- ☐ IACS
- ☐ ORBITS
- ☐ SOFT TISSUE NECK
- ☐ SPINE ☐C ☐T ☐L
- ☐ SHOULDER ☐L ☐R ☐B
- ☐ ELBOW ☐L ☐R ☐B
- ☐ WRIST ☐L ☐R ☐B
- ☐ HAND ☐L ☐R ☐B
- ☐ HIP ☐L ☐R ☐B
- ☐ KNEE ☐L ☐R ☐B
- ☐ HIP/OSSEOUS PELVIS ☐L ☐R ☐B
- ☐ FOOT ☐L ☐R ☐B
- ☐ ANKLE/HIND FOOT ☐L ☐R ☐B
- ☐ ARTHROGRAM
- ☐ CARDIAC
- ☐ ABDOMEN
- ☐ PELVIS
- ☐ PROSTATE
- ☐ MRCP
- ☐ CHEST WALL (MSK)
- ☐ MRA BRAIN
- ☐ MRA CAROTIDS
- ☐ MRA ☐ ABDOMEN ☐ PELVIS
- ☐ MRA RUNOFFS
- ☐ MRI/MRA/MRV OTHER:

BREAST IMAGING

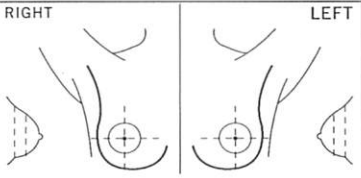
- ☐ SCREENING MAMMOGRAM (ASYMPTOMATIC)
- ☐ DIAGNOSTIC MAMMOGRAM (SYMPTOMATIC)
- ☐ BREAST ULTRASOUND
- ☐ BREAST MRI (HIGH RISK)
- ☐ BREAST MRI (STAGING)
- ☐ BONE DENSITY
- ☐ FULL BREAST PROTOCOL

ALL PREVIOUS FILMS NEEDED

CT

- ☐ BRAIN
- ☐ TEMPORAL BONES
- ☐ ORBITS
- ☐ SINUS
- ☐ LANDMARK SINUS
- ☐ NECK
- ☐ CHEST
- ☐ FACIAL BONES
- ☐ SPINE ☐C ☐T ☐L
- ☐ SHOULDER ☐L ☐R ☐B
- ☐ ELBOW ☐L ☐R ☐B
- ☐ WRIST ☐L ☐R ☐B
- ☐ HAND ☐L ☐R ☐B
- ☐ HIP ☐L ☐R ☐B
- ☐ KNEE ☐L ☐R ☐B
- ☐ ANKLE ☐L ☐R ☐B
- ☐ FOOT ☐L ☐R ☐B
- ☐ 3D RECONSTRUCTION
- ☐ CALCIUM SCORING
- ☐ ABDOMEN
- ☐ PELVIS
- ☐ ABDOMEN & PELVIS
- ☐ RENAL STONE STUDY
- ☐ IVP/UROGRAM
- ☐ RENAL MASS STUDY
- ☐ CT ENTEROGRAPHY
- ☐ CT OTHER:

RIGHT LEFT



ILLUSTRATE: O= Lump X=Pain

CTA

- ☐ CTA BRAIN
- ☐ CTA CORONARY
- ☐ CTA CAROTIDS
- ☐ CTA ABDOMEN
- ☐ CTA PELVIS
- ☐ CTA RUNOFFS
- ☐ CTA CHEST PULMONARY EMBOLISM
- ☐ CTA OTHER:

PET/CT

- ☐ BONE SCAN
- ☐ SKULL TO THIGH
- ☐ FULL BODY (MELANOMA)
- ☐ BRAIN
- ☐ CARDIAC STRESS TEST
- ☐ PET OTHER:

ULTRASOUND

- ☐ ABDOMEN COMPLETE
- ☐ LIVER/GB/PANCREAS (RUQ)
- ☐ KIDNEY/BLADDER
- ☐ THYROID
- ☐ SCROTAL/TESTICULAR
- ☐ CARDIAC ECHO
- ☐ OBSTETRIC (LIST TRIMESTER)
- ☐ PELVIS & TRANSVAGINAL
- ☐ RENAL ARTERY DOPPLER
- ☐ CAROTID DOPPLER
- ☐ VENOUS DOPPLER ☐UE ☐LE
- ☐ ARTERIAL DOPPLER ☐UE ☐LE
- ☐ AORTA DOPPLER
- ☐ PROSTATE/TRANSRECTAL
- ☐ US OTHER:

BIOPSY

- ☐ BREAST STEREOTACTIC
- ☐ BREAST ULTRASOUND
- ☐ BREAST MRI
- ☐ OTHER:

DIGITAL X-RAY

- ☐ SINUS
- ☐ SKULL 4V
- ☐ CHEST 2V
- ☐ RIBS
- ☐ ABDOMEN COMPLETE
- ☐ KUB
- ☐ ORBITS
- ☐ FACIAL BONES
- ☐ MANDIBLE
- ☐ PELVIS
- ☐ SPINE ☐C ☐T ☐L
- ☐ SHOULDER ☐L ☐R ☐B
- ☐ HUMERUS ☐L ☐R ☐B
- ☐ ELBOW ☐L ☐R ☐B
- ☐ FOREARM ☐L ☐R ☐B
- ☐ WRIST ☐L ☐R ☐B
- ☐ HAND ☐L ☐R ☐B
- ☐ FINGER ☐L ☐R ☐B
- ☐ HIP ☐L ☐R ☐B
- ☐ FEMUR ☐L ☐R ☐B
- ☐ KNEE ☐L ☐R ☐B
- ☐ PATELLA ☐L ☐R ☐B
- ☐ TIBIA/FIBULA ☐L ☐R ☐B
- ☐ ANKLE ☐L ☐R ☐B
- ☐ FOOT ☐L ☐R ☐B
- ☐ TOE ☐L ☐R ☐B
- ☐ CALCANEUS ☐L ☐R ☐B
- ☐ SCOLIOSIS
- ☐ BONE AGE
- ☐ SKELETAL SURVEY
- ☐ XRAY OTHER:

OTHER

- ☐ STEROID INJECTION
- ☐ 4D ULTRASOUND
- ☐ BONE DENSITY