

Appt. Date: _____ Time: _____ () FP () SLW () PSL Today's Date: _____
 Patient Name: _____ D.O.B: _____ Sex: () Male () Female
 Patient Phone: _____ Cell: _____ *"Fax order with Authorization prior to Appt."*
 Insurance: _____ Authorization # _____ Exp. Date: _____
 Referring Physician: _____ Signature: _____ CC: _____
 Fax To: _____ () STAT () WETREAD () HOLD PATIENT () CALL REPORT

Diagnosis: _____ **Do you want us to schedule Appt. for Patient? Y N**

Please bring: Doctor's Prescription, Insurance Card/Info & Photo ID.

A note to Patients/Doctors regarding CT, IVP or MRI, studies with contrast: If the patient is over 50 years old OR diabetic OR has kidney problems, the patient's blood work results (in particular, the creatinine and eGFR) must be sent to us prior to the scheduled appointment.

If you must change your appointment, please give us at least 24 hours' notice. Thank you for your cooperation.

MRI - ALL LOCATIONS

HEAD/NECK w/o w & w/o
 Routine Brain 70551 70553
 TMJ 70336
 IAC's 70551 70553
 Orbits 70540 70543
 Pituitary/Sella 70551 70553
 Soft Tissue Neck 70540 70543
 Brachial Plexus 70540 70543

UPPER EXTREMITIES w/o w & w/o
 Shoulder L R 73221 73223
 Elbow L R 73221 73223
 Wrist L R 73221 73223
 Hand L R 73218 73220
 Forearm L R 73218 73220
 Humerus L R 73218 73220

LOWER EXTREMITIES w/o w & w/o
 Hip L R 73721 73723
 Knee L R 73721 73723
 Ankle L R 73721 73723
 Foot L R 73718 73720
 Tib/Fib L R 73718 73720
 Femur L R 73718 73720

SPINE w/o w & w/o
 Cervical 72141 72156
 Upright Cervical 72141 72156
ADDITIONAL VIEWS (Upright MRI Only) 76498
 Flexion Upright Extension Upright
 Alar Ligament Whiplash Series

Thoracic 72146 72157
 Upright Thoracic 72146 72157
 Lumbosacral 72148 72158
 Upright Lumbosacral 72148 72158
ADDITIONAL VIEWS (Upright MRI Only) 76498
 Flexion Upright Extension Upright

BODY w/o w & w/o
 Abdomen Complete 74181 74183
 (Kidney, Liver, Pancreas, Adrenals)
 Pelvis 72195 72197
 Sacrum/Coccyx 72195 72197
 Pelvis Female 72195 72197
 (Uterus, Ovaries & Endometrium)
 Upright MRI Only Pelvis 72195 72197
 Pelvic Floor Dysfunction
 Pelvis Male (Prostate w/CAD) 72195 72197

MRI / MRA SCAN

w/o w & w/o
 * Chest 71550 71552
 * Breast w/CAD Bilat. 77059
 * MRI Breast Biopsy ()R ()L
 MRA Carotid / Neck 70547 70549
 MRA Head / COW 70544 70546
 * MRA Thoracic Aorta 71555
 * MRA Abdominal Aorta 74185
 * MRA Renal / MRI Kidneys 74185
 * MRA Abdominal Aorta & Bilateral LE Runoff
 w & w/o 74185 & 73725
 * MRCP Cholangiogram (NPO) 74181
 * Thoracic Outlet Syndrome/ Brachial Plexus
 w & w/o 73218 & 73225
 * St. Lucie West Only (1.5 T High Field)

CT / CTA SCAN - FT. PIERCE & PSL

w/o w & w/o
 Head / Brain 70450 70470
 Sinus / Facial Bones 70486 70488
 Soft Tissue Neck 70490 70492
 Cervical Spine 72125 72127
 Thoracic Spine 72128 72130
 Lumbar Spine 72131 72133
 Chest 71250 71270
 PE Protocol - CTA Pulm Art 72175
 Abdomen 74150 74170
 Pelvis 72192 72194
 CT Abd./Pelvis 74176 74178
 CT Renal Study (Stone Protocol) 74176
 CT Hematuria Protocol/ Kub/ Lmt IVP 74178
 CT Cystogram 74430
 CT Lower Extremities 73700 73702
 CT Upper Extremities 73200 73202
 CTA Head / Brain 70496
 CTA Carotids / Neck 70498
 CTA Thoracic Aorta 71275
 CTA Abdominal Aorta 74175

DEXA SCAN

Bone Density - FT. PIERCE ONLY

DIGITAL MAMMOGRAPHY

FT. PIERCE & SLW
 Bilateral Screening w/CAD
 Bilateral Diagnostic w/CAD
 Unilateral Diagnostic w/CAD

PET-CT SCAN

PET-CT Skull to thighs 78815
 PET-CT Head (Alzheimers) 78814
 PET-CT Total Body (Melanoma) 78816

ULTRASOUND - ALL LOCATIONS

Echocardiogram (St. Lucie West Only)
 Abdomen Complete
 Abd Ltd (panc, liv, gb)
 Pelvic Transabdomen
 Transvaginal
 Renal Bilateral
 Retro Complete (panc, aorta, renal)
 Bladder PVR
 Scrotum/Testicular Color Flow
 Thyroid
 Breast ()R ()L
 Carotid Bilateral
 Aorta
 Venous Leg ()R ()L
 Venous Arm ()R ()L
 Arterial Leg -AB ()R ()L
 Arterial Arm ()R ()L

X-RAY - FT. PIERCE & PSL

Skull - Facial Bones
 Sinuses Orbits
 Clavical ()R ()L Scapula ()R ()L
 Chest - 2 views
 Thoracic Spine
 Lumbar Spine
 Abd Series KUB
 Ribs ()R ()L
 Cervical Spine
 Sacrum / Coccyx
 Shoulder ()R ()L Elbow ()R ()L
 Forearm ()R ()L Humerus ()R ()L
 Wrist ()R ()L Hands ()R ()L
 Pelvis ()R ()L Hips ()R ()L
 Tib / Fib ()R ()L Femur ()R ()L
 Knee ()R ()L Ankle ()R ()L
 Foot ()R ()L
 IVP w/o Tomos Xray
 XRAY Cystogram

Additional Notes: _____