PHYSICIAN REFERRAL

2 HOURS TURNAROUND • SAME DAY STATS • ONLINE REPORTS

MRI IMAGING SPECIALIST

6760 Jimmy Carter Blvd. Ste 165
Norcross, GA 30071
Tel: 678-969-0904 • Fax 678-969-0908

APPOINTMENT
Date:_____
Time:_____ ☐AM ☐PM

PATIENT INFORMATION

Patient's Name:_____ DOB:_____ S.S. No:_____
Address:_____ City:_____ State:_____ Zip:_____
Home Tel:_____ Cell:_____ Date of Accident:_____
Primary Insurance:_____ Insurance ID:_____ Insurance Authorization:_____

PHYSICIAN INFORMATION

Referring Physician:_____ NPI:_____ Tax ID:_____
Referring Clinic:_____ Telephone:_____ Fax:_____
Diagnosis:_____

MRI

Head and Neck

☐ Brain w/o			70551
☐ Neck-Soft Tissue w/o			70540
☐ TMJ	RT	LT	70336

Body

☐ Abdomen w/o			74181
☐ Brachial Plexus w/o			71550
☐ Breast-Uni	RT	LT	77058
☐ Breast-Bil			77059
☐ Pelvis-Soft Tissue w/o			72195

Musculoskeletal

☐ Ankle	RT	LT	73721
☐ Elbow	RT	LT	73221
☐ Femur	RT	LT	73718
☐ Finger	RT	LT	73221
☐ Forearm	RT	LT	73218
☐ Forefoot	RT	LT	73718
☐ Hand	RT	LT	73218
☐ Heel	RT	LT	73718
☐ Hip	RT	LT	73721
☐ Humerus	RT	LT	73218
☐ Knee	RT	LT	73721
☐ Shoulder	RT	LT	73221
☐ Tibia/Fibula	RT	LT	73718
☐ Toe	RT	LT	73721
☐ Wrist	RT	LT	73221
☐ Other: _____			

Spine

☐ Cervical w/o			72141
☐ Lumbar w/o			72148
☐ Thoracic w/o			72146
☐ 3D Reconstruction			76377
☐ Other: _____			

MRA

☐ ABD Aorta			74185
☐ Circle of Willis			70544
☐ Carotids			70547
☐ Carotids w contrast			70548
☐ Renals			74185
☐ Abdomen w/o contrast			74150
☐ Cervical w/o contrast			72125
☐ Chest w/o contrast			71250
☐ Facial Bones w/o contrast			70486
☐ Head w/o contrast			70450
☐ IAC/Temp. Bone w/o contrast			70480
☐ Lumbar w/o contrast			72131
☐ Neck Soft Tissue w/o			70490
☐ Orbits w/o contrast			70480

CT SCAN

☐ Pelvis w/o contrast			72192
☐ Sinus w/o contrast			70486
☐ Thoracic w/o contrast			72128
☐ Lower Extremity w/o			73700
☐ Area:_____			
☐ Upper Extremity w/o			73200
☐ Area:_____			
☐ 3D Reconstruction			76377
☐ Other: _____			

DIGITAL MAMMOGRAPHY

☐ Screening Mammogram			G0202
☐ Diagnostic Mammogram			G0204
☐ Unilateral Mammogram	RT	LT	G0206
☐ Spot Compression	RT	LT	G0206

XRAY

☐ Abdominal (KUB)			74000
☐ Abdominal 2 Views (Upright & Supine)			74010
☐ Ankle- 3 Views	RT	LT	73610
☐ Bone Age			77072
☐ Heel	RT	LT	73650
☐ Chest 2 Views			71020
☐ Clavicle	RT	LT	73000
☐ Cervical			72050
☐ Elbow	RT	LT	73080
☐ Orbit			70030
☐ Facial Bones			70150
☐ Femur	RT	LT	73550
☐ Finger	RT	LT	73140
☐ Foot- 3 Views	RT	LT	73630
☐ Forearm	RT	LT	73090
☐ Hand- 3 Views	RT	LT	73130
☐ Hip- Bilateral			73520
☐ Hip- Unilateral	RT	LT	73500
☐ Humerus			73060
☐ Knee- 3 Views	RT	LT	73560
☐ Knee Bilateral			73562
☐ Lumbar Spine			72110
☐ Mandible			70110
☐ Nasal Bones			70160
☐ Neck (Soft Tissue)			70360
☐ Orbits			70200
☐ Pelvis- 1 View			72170
☐ Ribs- Bilateral			71110
☐ Ribs- Uni	RT	LT	71110
☐ Sacrum/ Coccyx			72220
☐ Scapula			73010
☐ Scoliosis Series			72090
☐ Skull (Complete)			70260
☐ Shoulder	RT	LT	73030

XRAY

☐ Sacroiliac Joints 3 Views Min.			72200
☐ Sinuses (Complete)			70220
☐ Sternum			71120
☐ Thoracic Spine			72070
☐ Tibia/ Fibula	RT	LT	73590
☐ TMJ-Bilateral			70330
☐ Toe	RT	LT	73660
☐ Wrist	RT	LT	73110
☐ Other:_____			

ULTRASOUND

☐ Abdominal Complete			76700
☐ Abdominal Aorta			76775, 93976
☐ Retroperitoneum Complete (Aorta, Kidneys, Pancreas)			76770
☐ Bladder			76857
☐ Breast	RT	LT	76645
☐ Extremity- Non Vascular			76880
☐ Gallbladder			76705
☐ Groin/Hernia			76705
☐ Liver			76705
☐ OB<14 weeks Transabdominal			76801
☐ OB<14 weeks Transvaginal			76817
☐ OB>14 weeks			76805
☐ OB>18 weeks			76811
☐ Pancreas			76775
☐ Pelvic			76856
☐ Transvaginal			76830
☐ Renal Limited (Kidney)			76775
☐ Renal Artery w/ Doppler			93975
☐ Spleen			76705
☐ Testicular/Scrotal w/ Doppler			76870, 93976
☐ Thyroid			76536
☐ Other:_____			

VASCULAR DOPPLER

☐ Carotid Arteries			93880, 93875

Upper Extremity

☐ Arterial (Bilateral)			93930, 93923
☐ Venous-Uni	RT	LT	93971
☐ Venous (Bilateral)			93970, 93965

Lower Extremity

☐ Arterial (Bilateral)			93925, 93923
☐ Venous (Unilateral)	RT	LT	93971
☐ Venous (Bilateral)			93970, 93965

Specify exam if not listed above:_____

Please refer to patient preparation instruction listed on the back of this form.

Physician Signatures:_____ **Date:**_____