

PHYSICIAN REFERRAL

2 HOUR TURNAROUND . SAME DAY STATS . ONLINE REPORTS



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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 : _____
Referring Clinic : _____ Telephone : _____ Fax : _____
Diagnosis: _____
Attorney's Info : _____
Email: _____

MRI

Open 3T HD 1.5 High Field

HEAD AND NECK

Orbit w/o
 Brain w/o
 Neck-Soft Tissue w/o
 TMJ RT LT
 Sinus w/o

BODY

Abdomen w/o
 Brachial Plexus w/o-Ge only
 Breast-Uni RT LT
 Breast-Bil
 Pelvis-Soft Tissue w/o

MUSCULOSKELETAL

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

SPINE

Cervical w/o
 Lumbar w/o
 Thoracic w/o
 Other : _____

MR

ABD Aorta
 Circle of Willis
 Carotids
 Carotids w contrast
 Pelvis w & w/o contrast
 Renals

PLEASE REFER TO PATIENT PREPARATION
INSTRUCTION LISTED ON THE BACK OF THIS FORM.

CT SCAN

Abdomen w/o contrast
 Abdomen w contrast
 Abdomen w & w/o contrast
 Cervical w/o contrast
 Chest w/o contrast
 Chest w contrast
 Chest w & w/o contrast
 CT Abdomen/Pelvis w/o
 CT Abdomen/Pelvis w & w/o
 CT Abdomen/Pelvis w
 CT Contrast
 CTA Chest
 Facial Bones w/o contrast
 Head w/o contrast
 Head w & w/o contrast
 IAC/Temp. Bone w/o contrast
 Lumbar w/o contrast
 Lumbar w contrast
 Lumbar w & w/o
 Neck Soft Tissue w/o
 Neck Soft Tissue w contrast
 Neck Soft Tissue w & w/o
 Orbits w/o contrast
 Orbits w contrast
 Orbits w & w/o
 Pelvis w/o contrast
 Pelvis w contrast
 Pelvis w & w/o contrast
 Sinus w/o contrast
 Soft Tissue Neck
 Thoracic w/o contrast
 Lower Extremity w/o
 Upper Extremity w/o
 Area : _____
 Other : _____

DIGITAL MAMMOGRAPHY

Screening Mammogram
 Diagnostic Mammogram
 Unilateral Mammogram RT LT
 Spot Compression RT LT

ULTRASOUND

Abdominal Complete
 Abdominal Aorta
 Retroperitoneum Complete
(Aorta, Kidneys, Pancreas)
 Bladder
 Breast RT LT
 Gallbladder
 Groin/Hernia
 Liver
 OB<14 weeks
 OB>18 weeks
 Pancreas
 Pelvic
 Transvaginal
 Renal Complete (Kidney)
 Renal Artery w Doppler
 Spleen
 Testicular
 Thyroid
 Neck Soft Tissue
 Other : _____

ECHOCARDIOGRAPHY

Echocardiogram

BONE DENSITY

DEXA Lumbar/Hip

VASCULAR DOPPLER

Carotid
 Bilateral Lower Ext Venous
 Bilateral Lower Ext Arterial
 Bilateral Upper Ext Venous
 Bilateral Upper Ext Arterial
 Unilateral Lower Ext Venous
 Unilateral Lower Ext Arterial
 Unilateral Upper Ext Venous
 Unilateral Upper Ext Arterial

X-RAY

Abdominal (KUB)
 Abdominal 2 Views (Upright & Supine)
 Ankle - 3 Views RT LT
 Bone Age
 Heel RT LT
 Chest - 2 Views
 Clavicle RT LT
 Cervical
 Elbow RT LT
 Orbit
 Facial Bones
 Femur
 Finger RT LT
 Foot - 3 Views RT LT
 Forearm RT LT
 Hand - 3 Views RT LT
 Hip - Bilateral
 Hip - Unilateral RT LT
 Humerus
 Knee - 3 Views RT LT
 Knee Bilateral
 Lumbar Spine
 Mandible
 Mastoid
 Nasal Bones
 Neck (Soft Tissue)
 Orbits
 Pelvis - 1 View
 Ribs - Bilateral
 Ribs - Uni RT LT
 Sacrum / Coccyx
 Scapula
 Scoliosis Series
 Skull (Complete)
 Shoulder RT LT
 Sacroiliac Joints 3 Views Min.
 Sinuses (Complete)
 Sternum
 Thoracic Spine
 Tibia / Fibula RT LT
 TMJ-Bilateral
 Toe RT LT
 Wrist RT LT
 Calcaneus
 Other : _____

Specify exam if not listed above : _____

Physician Signature : _____ Date : _____