



- Athens (M & B Imaging – MRI, CT)
- Augusta (MRI, CT, US)
- Buckhead (ProRadiology – MRI, CT)
- Canton (MRI, CT, US, Arthrogram, Myelogram)
- Conyers (Synergy Radiology – MRI)
- Cumming (MRI, CT, US, Arthrogram)
- Decatur (MRI, CT, US, Arthrogram, Myelogram, X-RAY, Fibroscan)
- Fayetteville (MRI, CT, US)
- Gainesville (M & B Imaging – MRI, CT)
- Hiram (MRI)
- Johns Creek (ProRadiology – MRI, CT)
- Lawrenceville (MRI, CT, US, Arthrogram)
- Marietta (MRI, CT)
- Newnan (MRI, CT, US, Arthrogram)
- Sandy Springs (MRI, CT, US, Arthrogram, Myelogram)
- Stand-Up MRI (MRI)
- West Cobb (MRI, CT, US, Arthrogram)

See reverse for location addresses & phone numbers

Patient Name: _____ DOB: _____

Patient Phone #: _____ Call patient to schedule appointment

Insurance Name: _____ Auth#: _____

Diagnosis: _____

Contact Name: _____ Contact Phone #: _____

CD Report Only

Creatinine: _____ GFR: _____ Date Drawn: _____

STAT CALL REPORT TO: _____

Appt. Date: _____ Appt. Time: _____ AM / PM

MRI

ANGIOGRAPHY

WITHOUT WITH WITH & WITHOUT

MR Angiography CT Angiography
 WITHOUT WITH WITH & WITHOUT

- Brain
- Pituitary
- IAC's
- Orbits
- C-Spine
- T-Spine/Dorsal
- L-Spine
- Sacrum
- Chest
- Abdomen
- Enterography
- Liver
- Fat Quantification
- MRCP
- Pelvis (Soft Tissue)
- Prostate (Sandy Springs only)
- Pelvic (Boney)
- Female
- TMJ
- Soft Tissue (Neck)
- Brachial Plexus
- Breast (Decatur, Lawrenceville, Sandy Springs)
- Breast Rupture Protocol

- Portal Vein - Inf. Vena Cava
- Upper Extremity LT RT
- Lower Extremity LT RT
- Aorta - Thoracic
- Aorta - Abdominal
- Abdominal/Pelvic Arteries
- Abdominal Aorta & Runoff
- Circle of Willis (Head)
- Carotids (Neck)

LEFT RIGHT BILATERAL

- Shoulder
- Hip
- Other _____
- Elbow
- Knee
- Wrist
- Ankle
- Hand
- Foot

ULTRASOUND

- Soft Tissue Neck
- Retroperitoneal Renal
- Lower Extremity Venous, Bilateral
- Lower Extremity Venous, Unilateral LT RT
- Upper Extremity Venous, Bilateral
- Upper Extremity Venous, Unilateral LT RT
- Aorta
- Transvaginal
- Pelvic, Non-OB limited
- Pelvic, Non-OB complete
- Renal/Bladder
- Thyroid
- Scrotum
- Carotid Bilateral
- Extremity Non-Vascular
- Renal with Doppler
- Limited Liver with Doppler
- Abdomen, Limited, Quadrant
- Abdomen, Complete

ARTHROGRAMS/MYELOGRAMS

LEFT RIGHT BILATERAL

- Intra-articular Contrast (Joint/Arthrogram) MRI CT
- Shoulder
- Hand
- Ankle
- Elbow
- Hip
- Foot
- Wrist
- Knee
- Myelogram
- Cervical
- Thoracic
- Lumbar

CT

WITHOUT IV ONLY (no oral) ORAL & IV

- Brain
- Sinus
- Sinus Stealth
- IAC's/Temporal
- Orbits
- Soft Tissue Neck
- Abdomen
- Pelvis
- Abdomen/Pelvis
- Stone (NO ORAL)
- Urogram
- Enterography w/IV
- Renal (wo/w IV)
- Liver (wo/w IV)
- Chest
- PE Protocol (CTA)
- Calcium Scoring
- C-Spine
- T-Spine
- L-Spine

LEFT RIGHT BILATERAL

- Shoulder
- Hip
- Elbow
- Knee
- Wrist
- Ankle
- Hand
- Foot

X-RAY (Decatur Only)

- Orthopedic: _____
 Right Left Bilateral
- Chest Abdomen Spine _____ Flex/Ext
- Other: _____

ATTORNEY

ICD-10 Code / Diagnosis: _____
 Attorney Name: _____
 Attorney Number: _____ Date of Injury: _____
 Work Comp MVA Slip & Fall

Physician Signature: _____ Date: _____

Physician Name: _____ Physician Phone: _____