AMERICAN HEALTH Imaging

☐ 2101 4th Ave. S.
Suite 100
Birmingham, AL 35233
205-251-1300
Fax: 205-251-1313

☐ 3570 Grandview Parkway
Suite 102
Birmingham, AL 35243
205-977-2274
Fax: 205-977-2474

☐ 1360 Montgomery Hwy
Suite 110
Vestavia, AL 35216
205-263-4674
Fax: 205-263-6741

APPOINTMENT DATE
_____/_____/_____
_____ AM/PM

Three Convenient Locations

Please fax a copy of the patient's insurance information and any applicable clinical notes.

Patient Name: _____ DOB: _____ Weight: _____ Height: _____

Patient Phone / Home#: _____ Work/Other#: _____

Insurance Name: _____ Policy #: _____

Precert/Auth#: _____ Attorney: _____

Referring Physician: _____ Contact Person: _____

Physician Phone#: _____ Physician Fax#: _____

PROCEDURE INFORMATION:

Pacemaker/Brain Aneurysm Clip ☐Y ☐N
Allergic Reaction to Contrast ☐Y ☐N
Previous Spine Surgery ☐Y ☐N
History of Cancer ☐Y ☐N

Contrast ☐ Y ☐ N Claustrophobic ☐ Y ☐ N

HEAD AND NECK

- ☐ Brain
- ☐ IAC's
- ☐ Pituitary
- ☐ Orbits
- ☐ Soft Tissue Neck
- ☐ Other _____

SPINE

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum
- ☐ SI Joint
- ☐ Other _____

ORTHO

	R or L
☐ Shoulder	R / L
☐ Upperarm	R / L
☐ Elbow	R / L
☐ Forearm	R / L
☐ Hand	R / L
☐ Wrist	R / L

	R or L
☐ Hips	R / L
☐ Thigh	R / L
☐ Tib/Fib	R / L
☐ Knee	R / L
☐ Ankle	R / L
☐ Foot	R / L

MRA

- ☐ Carotids (Neck)
- ☐ Circle of Willis (Brain)
- ☐ Aortic Arch w/contrast
- ☐ Renal w/contrast
- ☐ Aorta w/Runoff
- ☐ Other _____

BODY

- ☐ Chest
- ☐ Abdominal
- ☐ Pelvis
- ☐ Other

MRI ARTHROGRAPHY

☐ Wrist	R / L	☐ Elbow	R / L	☐ Other _____
☐ Shoulder	R / L	☐ Knee	R / L	
☐ Hip	R / L	☐ Ankle	R / L	

CT SCANS (Grandview Only)

	CONTRAST WITH	CONTRAST W/OUT
☐ Brain	_____	_____
☐ Sinuses	_____	_____
☐ Sinus Stealth	_____	_____
☐ IAC's	_____	_____
☐ Pituitary	_____	_____
☐ Orbits	_____	_____
☐ Abdomen	_____	_____
☐ Pelvis	_____	_____
☐ Abdomen / Pelvis - Kidney Stone	_____	_____

CT SCANS

	CONTRAST WITH	CONTRAST W/OUT
CTA Pulmonary	_____	_____
CTA Chest - Abodmen / Pelvis (AAA)	_____	_____
CTA Chest - Aneurysm	_____	_____
Cervical Spine	_____	_____
Thoratic Spine	_____	_____
Lumbar Spine	_____	_____
Chest	_____	_____
Soft Tissue Neck	_____	_____
Extremities _____ L R	_____	_____
Other _____		

☐ Report Only ☐ CD ☐ Films ☐ Images w/ PT ☐ STAT

ICD-10 Code / Diagnosis: _____

Special Instructions: _____

Physician Signature: _____

~Widest Bore High Field MRI Experience~