AMERICAN HEALTH Imaging

American Health Imaging of Tallahassee
2510 Miccosukee Road, Suite 100
Tallahassee, FL 32308
Phone: 850-942-1100
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APPOINTMENT DATE
_____/_____/_____
_____ AM / PM

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

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

Phone/Home#: _____ Work/Other#: _____ Insurance Provider: _____

Ins. Group#: _____ Ins. Member#: _____ Precert/Auth#: _____

Referring Physician: _____ Contact Person: _____

Physician Phone#: _____ Physician Fax#: _____

HEAD & NECK MRI

	WITH CONTRAST	WITHOUT CONTRAST
☐ Brain		
☐ IAC'S		
☐ Pituitary-Sella		
☐ Orbits		
☐ TMJ		
☐ Soft Tissue Neck		
☐ Cranial Nerves		
MRA		
☐ Circle of Willis (Head)		
☐ Carotids/Vertebrals		
☐ Renal		

ORTHO MRI

		WITH CONTRAST	WITHOUT CONTRAST
☐ Finger/Thumb	L R		
☐ Hand	L R		
☐ Wrist	L R		
☐ Elbow	L R		
☐ Shoulder	L R		
☐ Scapula	L R		
☐ Foot	L R		
☐ Ankle	L R		
☐ Knee	L R		
☐ Hip (thigh)	L R		
☐ Lower Leg	L R		
OTHER MRI			
☐ _____			

BODY MRI

	WITH CONTRAST	WITHOUT CONTRAST
☐ Sacrum/Coccyx		
☐ MRCP		
☐ Chest		
☐ Abdomen		
☐ Enterography		
☐ Brachial Plexus		
☐ Pelvis (bony)		
☐ Pelvis (soft tissue)		
SPINE MRI		
☐ Cervical		
☐ Thoracic/Dorsal		
☐ Lumbar		

CT SCANS

	WITH CONTRAST	WITHOUT CONTRAST
☐ Brain		
☐ Facial Bones		
☐ Sinuses		
☐ Sinus Stealth		
☐ IAC's		
☐ Pituitary		
☐ Orbits		
☐ Abdomen		
☐ Pelvis		
☐ Abdomen/Pelvis		
☐ Abdomen/Pelvis - Kidney Stone		
☐ Brachial Plexus		
☐ Enterography		
☐ CTA Pulmonary		
☐ CTA - Abdomen/Pelvis (AAA)		
☐ CTA Chest - Aneurysm		
☐ CTA Head		
☐ CTA Neck		
☐ Cervical Spine		
☐ Thoracic Spine		
☐ Lumbar Spine		
☐ Chest		
☐ Soft Tissue Neck		
☐ Extremities ____ L R		
☐ Other _____		

ULTRASOUND

- ☐ Abdomen, Complete
- ☐ Abdomen, Limited, Quadrant _____
- ☐ Renal
- ☐ Aorta
- ☐ Pelvic, Complete, Non-OB
- ☐ Pelvic with Transvaginal
- ☐ Soft Tissue Neck
- ☐ Thyroid
- ☐ Scrotum
- ☐ Non Extremity Vascular
- ☐ Lower Extremity Venous R L
- ☐ Upper Extremity Venous R L
- ☐ Carotid
- ☐ Renal Doppler
- ☐ Hepatic with Doppler

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

ICD-10 Code / Diagnosis: _____

Special Instructions: _____

Physician Signature: _____

FREE TRANSPORTATION • FREE PARKING • SAME DAY APPOINTMENTS • NEXT DAY RESULTS