



SEVEN CONVENIENT LOCATIONS TO SERVE YOU BETTER

- Downtown (MRI, Arthrogram)
- Grandview (MRI, CT, Arthrogram)
- Greystone (MRI, CT, US, Arthrogram, Myelogram, X-Ray)
- Homewood (MRI, CT, Arthrogram, Myelogram, X-Ray)
- Shelby (MRI, CT, Arthrogram)
- Open Upright MRI (MRI, Arthrogram)
- 3T MRI (MRI, Arthrogram)

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	ORTHO MRI	BODY MRI	CT SCANS
<input type="checkbox"/> WITHOUT CONTRAST	<input type="checkbox"/> WITH CONTRAST	<input type="checkbox"/> WITH & WITHOUT CONTRAST	<input type="checkbox"/> WITHOUT CONTRAST <input type="checkbox"/> WITH CONTRAST <input type="checkbox"/> WITH & WITHOUT CONTRAST
<input type="checkbox"/> Brain <input type="checkbox"/> Volumetric Study <input type="checkbox"/> DTI <input type="checkbox"/> IAC'S <input type="checkbox"/> Pituitary-Sella <input type="checkbox"/> Orbits <input type="checkbox"/> TMJ <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Cranial Nerves <input type="checkbox"/> MRA <input type="checkbox"/> Circle of Willis (Head) <input type="checkbox"/> Carotids/Vertebrals <input type="checkbox"/> Renal	<input type="checkbox"/> Finger/Thumb L R <input type="checkbox"/> Hand L R <input type="checkbox"/> Wrist L R <input type="checkbox"/> Elbow L R <input type="checkbox"/> Shoulder L R <input type="checkbox"/> Scapula L R <input type="checkbox"/> Foot L R <input type="checkbox"/> Ankle L R <input type="checkbox"/> Knee L R <input type="checkbox"/> Hip L R <input type="checkbox"/> Thigh L R <input type="checkbox"/> Lower Leg L R	<input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> MRCP <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Enterography <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Pelvis (bony) <input type="checkbox"/> Pelvis (soft tissue) SPINE MRI <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic/Dorsal <input type="checkbox"/> Lumbar <input type="checkbox"/> Other _____	<input type="checkbox"/> Brain <input type="checkbox"/> Facial Bones <input type="checkbox"/> Sinuses <input type="checkbox"/> Sinus Stealth <input type="checkbox"/> IAC's <input type="checkbox"/> Pituitary <input type="checkbox"/> Orbits <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen/Pelvis Enterography <input type="checkbox"/> Abdomen/Pelvis Kidney Stone <input type="checkbox"/> Extremities L R Specify _____ <input type="checkbox"/> CTA Pulmonary <input type="checkbox"/> CTA - Abdomen/Pelvis (AAA) <input type="checkbox"/> CTA Chest - Aneurysm <input type="checkbox"/> CTA Head <input type="checkbox"/> CTA Neck <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Chest <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Other _____

ULTRASOUND (GREYSTONE ONLY)		
<input type="checkbox"/> Pelvis + <input type="checkbox"/> Abdomen/Complete* <input type="checkbox"/> Abdomen/Limited* <input type="checkbox"/> Endovaginal <input type="checkbox"/> Abdominal Aorta* <input type="checkbox"/> Gallbladder* <input type="checkbox"/> Abdomen	<input type="checkbox"/> Liver/Pancreas <input type="checkbox"/> Chest Wall <input type="checkbox"/> Renals <input type="checkbox"/> Thyroid <input type="checkbox"/> Breast <input type="checkbox"/> Gallbladder* <input type="checkbox"/> Orbits	<input type="checkbox"/> Doppler: Carotid <input type="checkbox"/> Doppler: Venous <input type="checkbox"/> Doppler: Other <input type="checkbox"/> Testicular <input type="checkbox"/> Other _____

+ Drink 32 oz of fluids 1 hour prior to appt. *Nothing to eat or drink after midnight.

ARTHROGRAMS/MYELOGRAMS		
<input type="checkbox"/> Arthrogram <input type="checkbox"/> Shoulder L R <input type="checkbox"/> Elbow L R <input type="checkbox"/> Wrist L R <input type="checkbox"/> Hand L R	<input type="checkbox"/> MRI <input type="checkbox"/> Hip L R <input type="checkbox"/> Knee L R <input type="checkbox"/> Ankle L R <input type="checkbox"/> Foot L R	<input type="checkbox"/> CT <input type="checkbox"/> Hip L R <input type="checkbox"/> Knee L R <input type="checkbox"/> Ankle L R <input type="checkbox"/> Foot L R
<input type="checkbox"/> Myelogram <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar		

X-RAY (GRAYSTONE AND HOMEWOOD ONLY)	
<input type="checkbox"/> Orthopedic _____ <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Spine _____	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Flex/Ext <input type="checkbox"/> Other _____

ATTORNEYS		
Attorney Name: _____	Attorney Number: _____	Date of Injury: _____
<input type="checkbox"/> Work Comp <input type="checkbox"/> MVA <input type="checkbox"/> Slip & Fall		

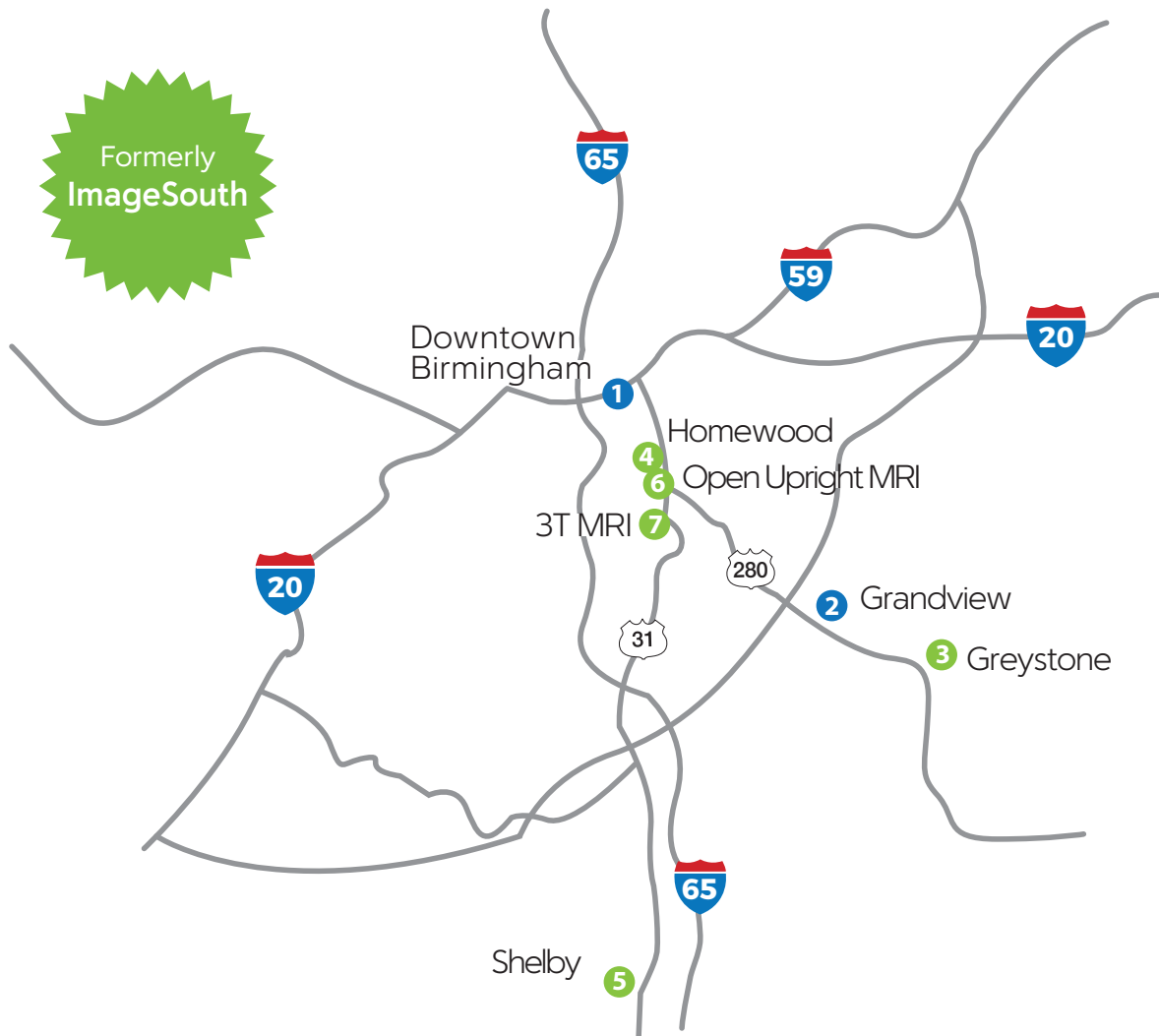
Report Only CD Films Images w/PT STAT

ICD-10 Code / Diagnosis: _____

Special Instructions: _____

Physician Signature: _____ Date: _____

FREE PARKING • SAME DAY APPOINTMENTS • NEXT DAY RESULTS



NOW WITH 7 CONVENIENT LOCATIONS TO BETTER SERVE YOUR PATIENTS

1. Downtown Birmingham

2101 4th Avenue South
Ste 100
Birmingham, AL 35233
Phone: 205-251-1300
Fax: 205-251-1313

2. Grandview

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

3. Greystone

7500 Hugh Daniel Drive
Suite 150
Hoover, AL 35242
P 205-995-4900
Fax: 205-995-0203

4. Homewood

1 Independence Plaza
Suite 140
Homewood, AL 35209
Phone: 205-870-1979
Fax: 205-870-1929

5. Shelby

224 1st Street North
Suite 150
Alabaster, AL 35007
Phone: 205-663-4674
Fax: 205-663-4807

6. Open Upright MRI

3105 Independence Drive
Suite 101
Homewood, AL 35209
Phone: 205-871-3335
Fax: 205-871-3305

7. 3T MRI

509 Brookwood Boulevard
Suite 111
Homewood, AL 35209
Phone: 205-414-9850
FAX: 205-414-9855



Your Health. Your Money. Your Choice.