☐ **Downtown Columbia** MRI, CT
☐ **Irmo** MRI, CT, DTI
☐ **West Columbia** MRI, Open MRI, CT

APPOINTMENT DATE
______/______/______
__________ AM / PM

AMERICAN HEALTH IMAGING

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

☐ WITHOUT CONTRAST ☐ WITH CONTRAST ☐ WITH & WITHOUT CONTRAST

HEAD & NECK MRI

- ☐ Brain
- ☐ Volumetric Study
- ☐ DTI
- ☐ IAC'S
- ☐ Pituitary-Sella
- ☐ Orbits
- ☐ TMJ
- ☐ Soft Tissue Neck
- ☐ Cranial Nerves

MRA

- ☐ Circle of Willis (Head)
- ☐ Carotids/Vertebrals
- ☐ Renal

ORTHO MRI

- ☐ Finger/Thumb L R
- ☐ Hand L R
- ☐ Wrist L R
- ☐ Elbow L R
- ☐ Shoulder L R
- ☐ Scapula L R
- ☐ Toe L R
- ☐ Foot L R
- ☐ Ankle L R
- ☐ Knee L R
- ☐ Hip L R
- ☐ Thigh L R
- ☐ Lower Leg L R
- ☐ Sacrum/Coccyx
- ☐ MRCP
- ☐ Chest

BODY MRI

- ☐ Abdomen
- ☐ Enterography
- ☐ Brachial Plexus
- ☐ Pelvis (bony)
- ☐ Pelvis (soft tissue)
- ☐ Liver

OPEN MRI (West Columbia)

- ☐ Flexion/Extension
- ☐ Natural Weight Bearing (Standing)

SPINE MRI

- ☐ Cervical
- ☐ Thoracic/Dorsal
- ☐ Lumbar
- ☐ Other__________

CT SCANS

☐ WITHOUT CONTRAST ☐ IV ONLY (NO ORAL) ☐ ORAL AND IV

- ☐ Brain
- ☐ Facial Bones
- ☐ Sinuses
- ☐ Sinus Stealth
- ☐ IAC's
- ☐ Pituitary
- ☐ Orbits
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abdomen/Pelvis Enterography
- ☐ Abdomen/Pelvis Kidney Stone
- ☐ Urogram
- ☐ Enterography w/IV
- ☐ Extremities L R
  Specify:__________
- ☐ CTA Pulmonary
- ☐ CTA - Abdomen/Pelvis (AAA)
- ☐ CTA Chest - Aneurysm
- ☐ CTA Head
- ☐ CTA Neck
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Chest
- ☐ Soft Tissue Neck
- ☐ Renal (wo/w IV)
- ☐ Liver (wo/w IV)
- ☐ Other __________

ATTORNEYS

Attorney Name: __________ Attorney Number: __________ Date of Injury: __________

☐ Work Comp ☐ MVA ☐ Slip & Fall

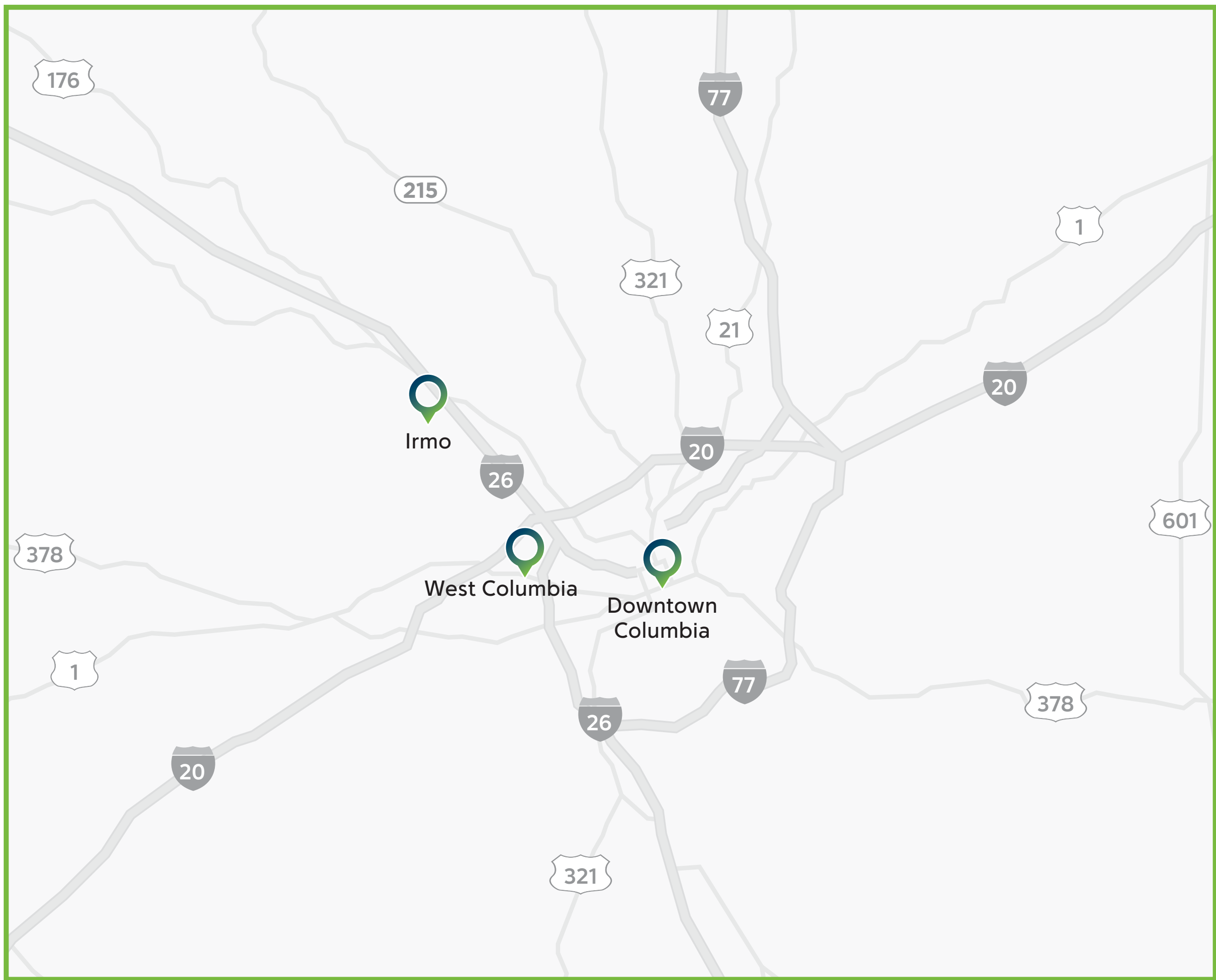
☐ Report Only ☐ CD ☐ Images w/PT ☐ STAT

ICD-10 Code / Diagnosis: __________

Special Instructions: __________

Physician Signature: __________ Date: __________

3 CONVENIENT LOCATIONS IN COLUMBIA



Downtown Columbia
1241 Assembly Street, Suite B
Columbia, SC 29201
Phone: 803.766.3009
Fax: 803.766.3010
Services: MRI • CT

Irmo
1245 Lake Murray Blvd, Suite B
Irmo, SC 29063
Phone: 803.766.3005
Fax: 803.766.3006
Services: MRI • CT • DTI

West Columbia
3020 Sunset Blvd, Suite 105
Columbia, SC 29169
Phone: 803.766.3007
Fax: 803.766.3008
Services: MRI • Open MRI • CT

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