AMERICAN HEALTH Imaging

- ☐ **Downtown** MRI, Angiogram, Arthrogram, Fluoroscopy
- ☐ **Brookwood 3T** MRI, Angiogram
- ☐ **Grandview** MRI, CT, Angiogram, Arthrogram, DTI, Fluoroscopy
- ☐ **Greystone** MRI, CT, US, X-ray, Angiogram, Arthrogram, DTI, Fluoroscopy, Myelogram
- ☐ **Homewood** MRI, CT, X-ray, Angiogram, Arthrogram, Fluoroscopy, Myelogram
- ☐ **Open Upright MRI** MRI (Advanced Open), Angiogram
- ☐ **Shelby** MRI, CT, US, Angiogram, Arthrogram, Fluoroscopy

APPOINTMENT DATE
_____/_____/_____
_____ AM / PM

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

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

Patient Phone #: _____ Circle: Cell or Home ☐ Call Patient to Schedule Appointment

Insurance Name/Group#/Member #: _____

Precert/Auth #: _____ ICD-10 Code/Diagnosis: _____

☐ Report Only ☐ CD ☐ **STAT** ☐ **STAT CALL REPORT TO:** _____

Head/Neck MRI

☐ **WITHOUT CONTRAST**

- ☐ Brain
- ☐ Brain for ARIA
- ☐ Cranial Nerves
- ☐ DTI
- ☐ IACs
- ☐ Pituitary-Sella
- ☐ Volumetric Study
  specify: _____
- ☐ Orbits
- ☐ Soft Tissue Neck
- ☐ TMJ

MRA

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

Ortho MRI

☐ **WITH 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

☐ **WITHOUT & WITH CONTRAST**

- ☐ Brachial Plexus
- ☐ Chest
- ☐ Abdomen
- ☐ Enterography
- ☐ MRCP
- ☐ Pelvis (Bony)
- ☐ Pelvis (Soft Tissue)
- ☐ Sacrum/Coccyx

SPINE MRI

- ☐ Cervical
- ☐ Thoracic/Dorsal
- ☐ Lumbar

CT

☐ **WITHOUT CONTRAST** ☐ **WITH CONTRAST** ☐ **WITHOUT & WITH CONTRAST**

- ☐ Brain
- ☐ Facial Bones
- ☐ Sinuses
- ☐ Sinus Stealth
- ☐ IACs
- ☐ Pituitary
- ☐ Orbits
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abdomen/Pelvis - Enterography
- ☐ Abdomen/Pelvis - Kidney Stone
- ☐ Extremities L R
  SPECIFY _____
- ☐ CTA Head
- ☐ CTA Neck
- ☐ CTA Pulmonary
- ☐ CTA Chest - Aneurysm
- ☐ CTA - Abdomen/Pelvis (AAA)
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Chest
- ☐ Calcium Cardiac Scoring
- ☐ Soft Tissue Neck
- ☐ Other:
  _____

ULTRASOUND (Greystone & Shelby Only)

- ☐ Pelvis +
- ☐ Abdomen/Complete *
- ☐ Abdomen/Limited *
- ☐ Endovaginal
- ☐ Abdominal Aorta *
- ☐ Gallbladder
- ☐ Abdomen
- ☐ Liver/Pancreas
- ☐ Chest Wall
- ☐ Renals
- ☐ Thyroid
- ☐ Breast
- ☐ Orbits
- ☐ Doppler: Carotid
- ☐ Doppler: Venous
- ☐ Doppler: Other
  _____
- ☐ Testicular

OTHER

- ☐ _____

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

ARTHROGRAM/MYELOGRAM

ARTHROGRAM ☐ MRI ☐ CT

- ☐ Shoulder L R
- ☐ Elbow L R
- ☐ Wrist L R
- ☐ Hand L R
- ☐ Hip L R
- ☐ Knee L R
- ☐ Ankle L R
- ☐ Foot L R

MYELOGRAM

☐ Cervical ☐ Thoracic ☐ Lumbar

X-RAY (Greystone & Homewood Only)

☐ Orthopedic _____ ☐ Left ☐ Right ☐ Bilateral

☐ Chest ☐ Abdomen ☐ Spine _____ ☐ Flex/Ext

☐ Other _____

ATTORNEY

ICD-10 Code / Diagnosis: _____

Attorney Name: _____

Attorney Number: _____

Date of Injury:
_____
☐ Work Comp ☐ MVA
☐ Slip & Fall

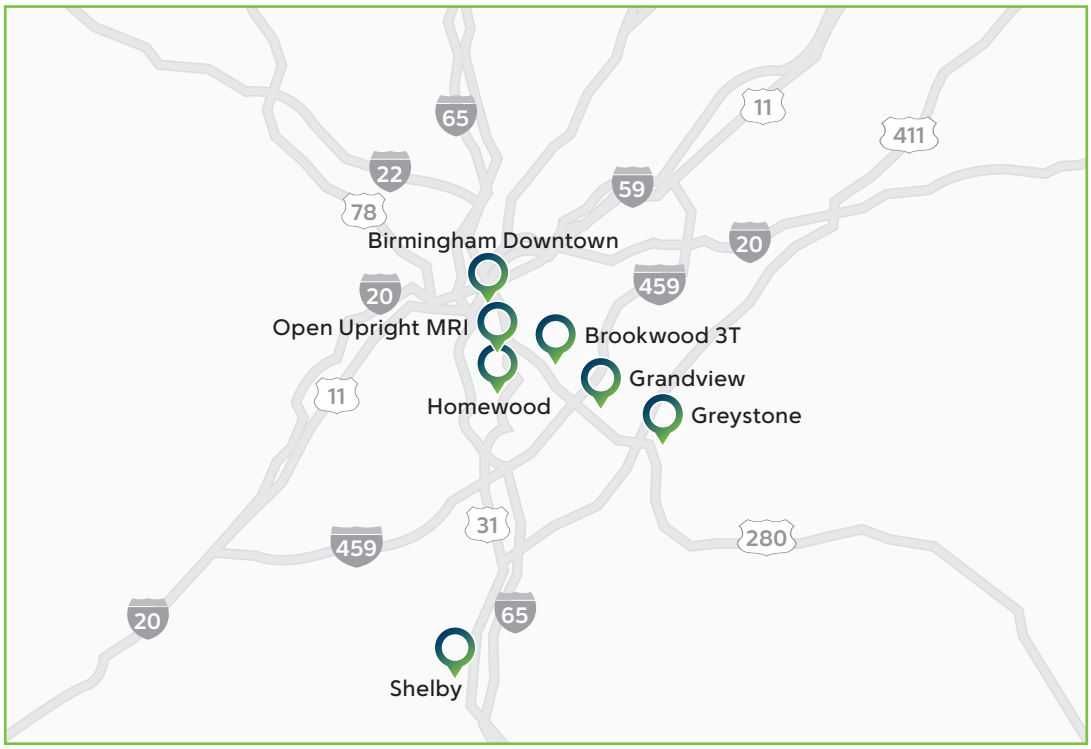
SPECIAL INSTRUCTIONS

☐ The radiologist may modify the test design; including the number of views, thickness of tomographic sections, and use or non-use of contrast.

Physician Signature: _____ Date: _____

Physician Name: _____ Physician Phone #: _____ Physician Fax #: _____

7 CONVENIENT LOCATIONS IN BIRMINGHAM



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509 Brookwood Boulevard, Suite 111
Birmingham, AL 35209
Phone: 205.414.9850 ***Fax:*** 205.414.9855

GRANDVIEW
3570 Grandview Parkway, Suite 102
Birmingham, AL 35243
Phone: 205.977.2274 ***Fax:*** 205.977.2474

GREYSTONE
7500 Hugh Daniel Drive, Suite 150
Hoover, AL 35242
Phone: 205.995.4900 ***Fax:*** 205.995.0203

HOMEWOOD
1 Independence Plaza, #140
Homewood, AL 35209
Phone: 205.870.1979 ***Fax:*** 205.870.1929

OPEN UPRIGHT MRI
3105 Independence Drive, Suite 101
Homewood, AL 35209
Phone: 205.871.3335 ***Fax:*** 205.871.3305

SHELBY
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Alabaster, AL 35007
Phone: 205.663.4674 ***Fax:*** 205.663.4807

www.americanhealthimaging.com

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