Vestavia Hills Imaging Center

REFERRAL / SCHEDULE BY FAX FORM

Scheduling: (F) 205-824-8264 • (P) 205-824-8262

Patient Name _____ Tel: _____ Date: _____

Patient Insurance _____ Policy # _____ Group # _____ D.O.B. _____

Workers Comp _____ Atty _____ Authorization # _____

Diagnosis – Written and/or ICD-10 Code (Required) _____

Physician's Signature (Required) _____ Physician Name (please print) _____

Call Preliminary Reading Tel # _____ After Hours Tel # _____

Address _____ Tel: _____ Fax: _____

MRI

	w/o	w & w/o
Head		
☐ Brain	☐	☐
☐ IAC	☐	☐
☐ Orbit	☐	☐
☐ Pituitary	☐	☐
☐ Soft Tissue Neck	☐	☐
☐ TMJ	☐	☐
Musculoskeletal		
☐ Shoulder	☐	☐
☐ Humerus	☐	☐
☐ Elbow	☐	☐
☐ Forearm	☐	☐
☐ Wrist	☐	☐
☐ Hand	☐	☐
☐ Hip	☐	☐
☐ Femur	☐	☐
☐ Tibula/Fibula	☐	☐
☐ Knee	☐	☐
☐ Ankle	☐	☐
☐ Foot	☐	☐
☐ Arthrogram		
Body Part: _____		
Spine		
☐ Cervical Spine	☐	☐
☐ Thoracic Spine	☐	☐
☐ Lumbar Spine	☐	☐
Body		
☐ Brachial Plexus	☐	☐
☐ Pelvis	☐	☐
☐ Abdomen - Liver	☐	☐
☐ Abdomen - Kidneys	☐	☐
☐ Other	☐	☐

_____

_____

_____

MRA

	w/o	w & w/o
☐ Brain (w/o only)		
☐ Carotids	☐	☐
☐ MRV Brain (w/o only)		

CT

	w/o	w	w & w/o
☐ Abdomen/Pelvis	☐	☐	☐
☐ Abdomen/Pelvis (w/contrast only)			
☐ Abdomen	☐	☐	☐
☐ Chest	☐	☐	☐
☐ Chest (w/contrast only)			
☐ Facial Bones (w/o only)			
☐ Temporal Bones (w/o only)			
☐ Head	☐	☐	☐
☐ Pelvis	☐	☐	☐
☐ Sinus	☐	☐	☐
☐ Soft T-Neck	☐	☐	☐
Musculoskeletal			
☐ Shoulder	☐	☐	☐
☐ Humerus	☐	☐	☐
☐ Elbow	☐	☐	☐
☐ Forearm	☐	☐	☐
☐ Wrist	☐	☐	☐
☐ Hand	☐	☐	☐
☐ Hip	☐	☐	☐
☐ Femur	☐	☐	☐
☐ Tibula/Fibula	☐	☐	☐
☐ Knee	☐	☐	☐
☐ Ankle	☐	☐	☐
☐ Foot	☐	☐	☐
☐ Arthrogram			
Body Part: _____			
Spine			
☐ C Spine	☐	☐	☐
☐ T Spine	☐	☐	☐
☐ L Spine	☐	☐	☐
☐ Myelogram			
☐ Cervical			
☐ Thoracic			
☐ Lumbar			
☐ Lung Screen			
☐ 3D Reconstruction			
☐ Other	☐	☐	☐

_____

_____

_____

X-Ray (Please specify)

- ☐ Chest (2 view)
- ☐ Chest (1 view)
- ☐ Cervical Spine ☐ 2 views ☐ more than 2 views
  - ☐ Flex & Ext
  - ☐ Obliques
- ☐ Thoracic Spine ☐ 2 views ☐ more than 2 views
  - ☐ Flex & Ext
  - ☐ Obliques
- ☐ Lumbar Spine ☐ 2 views ☐ more than 2 views
  - ☐ Flex & Ext
  - ☐ Obliques
- ☐ Sacrum/Coccyx
- ☐ KUB
- ☐ Flat & Erect Abdomen
- ☐ Pelvis
- ☐ Bone Age
- ☐ Skull _____ Orbits _____ Sinuses
- ☐ Other _____

☐ Fingers	☐ Left	☐ Right
☐ Hand	☐ Left	☐ Right
☐ Wrist	☐ Left	☐ Right
☐ Forearm	☐ Left	☐ Right
☐ Elbow	☐ Left	☐ Right
☐ Humerus	☐ Left	☐ Right
☐ Shoulder	☐ Left	☐ Right
☐ Ribs	☐ Left	☐ Right
☐ Hips	☐ Left	☐ Right
☐ Femur	☐ Left	☐ Right
☐ Knee	☐ Left	☐ Right
☐ Lower Leg	☐ Left	☐ Right
☐ Ankle	☐ Left	☐ Right
☐ Foot	☐ Left	☐ Right
☐ Toe	☐ Left	☐ Right

☐ Other _____

_____

_____

☐ Check here if your patient is to take a CD with them

☐ Check here to have CD delivered via courier

Appointment Location: **2017 Canyon Road #25 • Vestavia Hills AL 35216**

Patient Work Telephone: _____ Patient Cell: _____

Appointment Date _____ Time _____ Today's Date _____ Initials _____

ABOUT YOUR EXAM

MRI

Please contact Vestavia Hills at 205-824-8262 if you are pregnant.

Please contact us if you have a pacemaker.

No eye make-up. No pins or ornaments in your hair. No jewelry. No metal on clothing.

Please remove any medication patch(es) and metal dentures.

MRI can be performed 6-8 weeks from post operative surgery.

CT

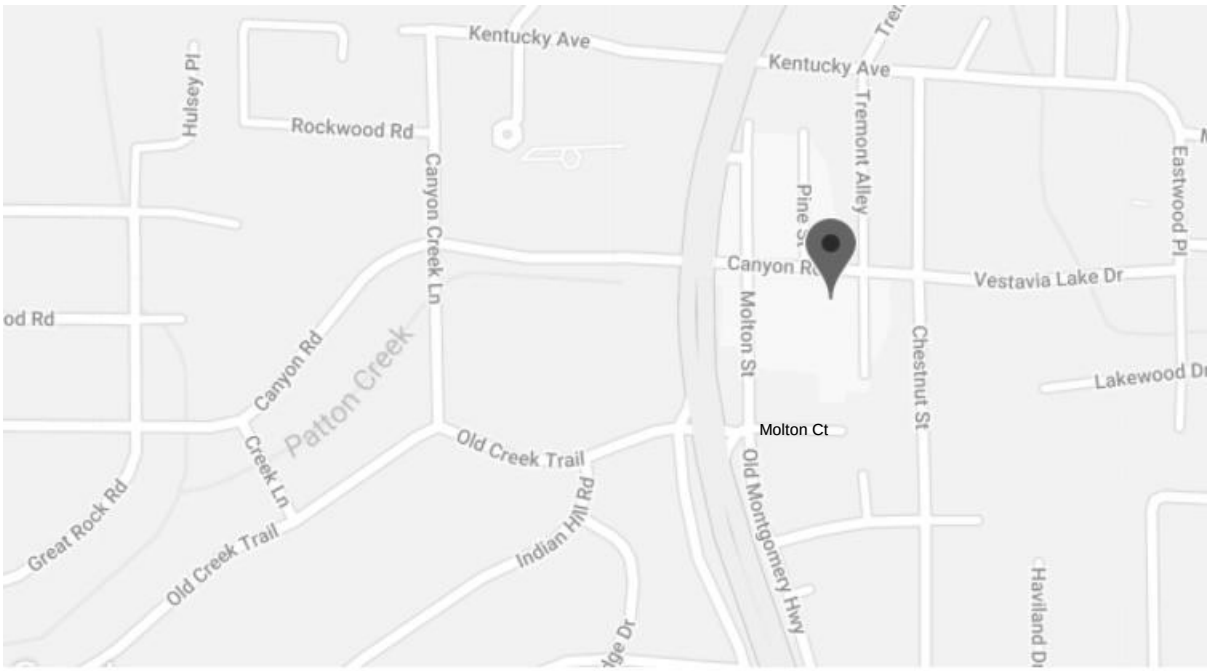
Please contact Vestavia Hills at 205-824-8262 if you are pregnant.

No pins or ornaments in your hair. No jewelry. No metal on clothing.

If your CT scan is ordered with the use of contrast, you should fast for 6 hours prior to the exam.

Please contact us if you have an allergy to shell fish or iiodine.

For more detailed information on all of our exams, please visit www.capitolimagingservices.com



2017 Canyon Road #25 • Vestavia Hills AL 35215

Vestavia Hills Imaging Center is located just east of Highway 31, between Kentucky Avenue and Molton Court.
Our center is located between Walgreens Pharmacy and Pinnacle Bank.