

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 # _____

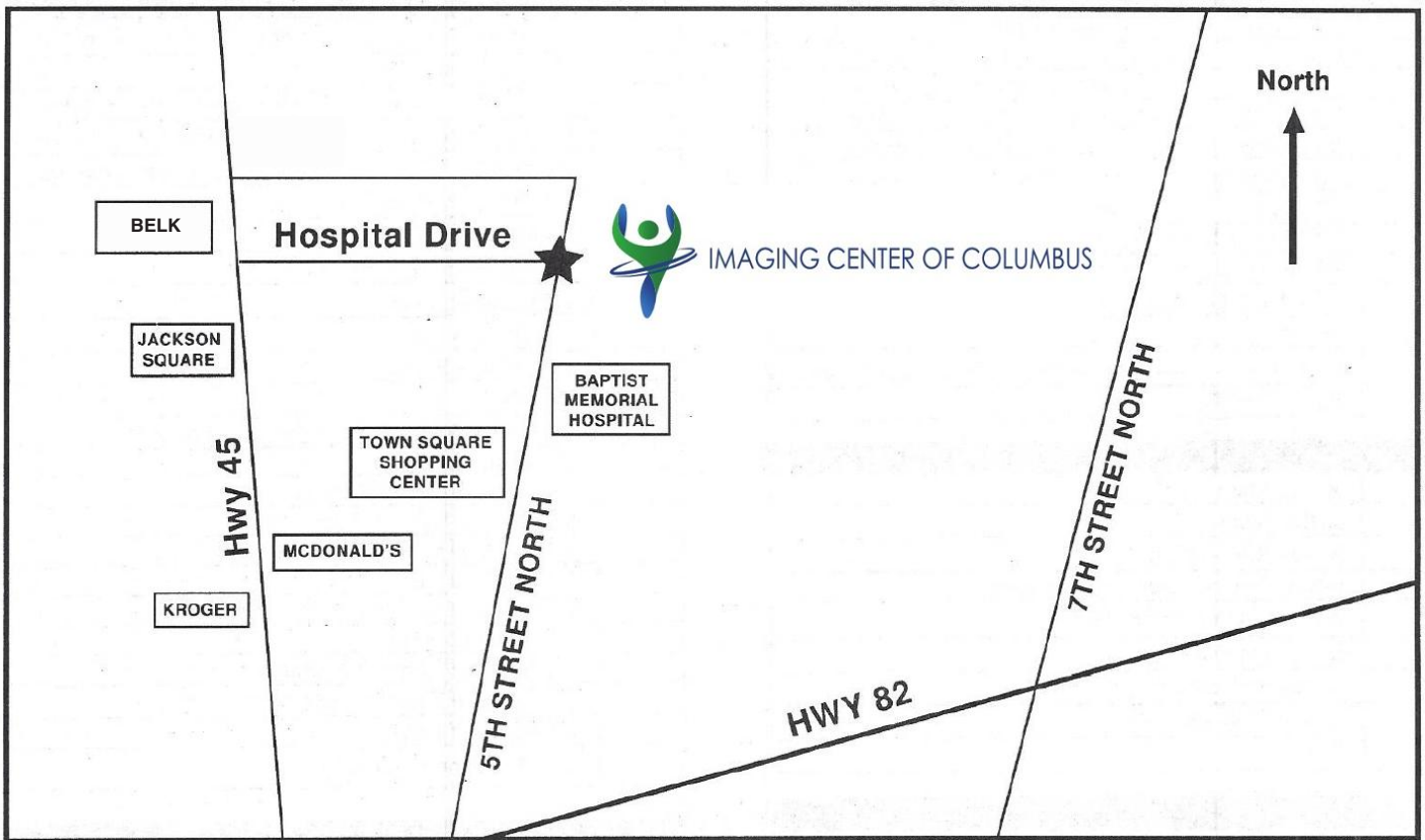
Address _____ Tel: _____ Fax: _____

<u>MRI</u>	<u>CT</u>	<u>Ultrasound</u>
w/o w w & w/o	w/o w w & w/o	
Brain	Head/Brain	Renal
IAC	Soft Tissue Neck	Renal Artery
Pituitary	Chest	Gallbladder/Liver
Orbit	Abdomen	Abdomen Complete
Cervical Spine	Pelvis	Pelvic
Thoracic Spine	Temporal Bone	Breast Right Left
Lumbar Spine	Sinus Complete	Carotid
Lower Extremity	Extremity	Echocardiogram
Body Part _____	Body Part _____	Arterial Doppler w/ABI w/o ABI Right Left Upper Lower
Upper Extremity	Soft T-Neck	Venous Doppler Right Left Upper Lower
Body Part _____	Cervical Spine	Appendix
Arthrogram	Thoracic Spine	Groin
Body Part _____	Lumbar Spine	Thyroid
MRCP	Orbits	Scrotum
Other	Facial Bones w/3D recon	Aorta
_____	Other	OB 1st 2nd 3rd BPP
MRA	_____	Other
Specify _____	Coronary Calcium Scoring	_____
<u>X-Ray</u>	<u>CTA</u>	<u>Mammography</u>
Chest PA/LAT	Coronary Artery	Screening Mammography
Sinus	Carotids	Diagnostic Mammography 3D (if needed)
Ribs - Bilateral	Chest	Bilateral Left Right
Ribs - Unilateral	Abdomen	Additional Views Left Right
Cervical Spine w/obliques	Head	_____
3 views 5 views	Lower Extremities	<u>DEXA</u>
Thoracic Spine PA/LAT	Upper Extremities	DEXA Scan
Lumbar Spine	Pelvis	
Abdomen Flat & Erect		
Other		
Specify _____		
Fluoroscopy		
Specify _____		

Appointment Location: 2526 5th Street North • Columbus MS 39705

Appointment Date _____ Appointment Time _____

| Fax Results Call Results STAT Read | Send Disk with Patient



2526 5th Street North • Columbus MS 39705
Scheduling: (F) 662-328-1554 • (P) 662-328-8402

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