☐ GATE PARKWAY
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PRECISION IMAGING CENTERS

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APPT DATE: / / APPT TIME: :

FIRST NAME	LAST NAME	DOB	SEX ☐ MALE ☐ FEMALE	PHONE H: C:
EMAIL	INSURANCE NAME	POLICY #		GROUP #

REFERRING PHYSICIAN	SIGNATURE (REQUIRED)	DATE
ICD-10 / INDICATIONS / COMMENTS:		☐ CD WITH PATIENT ☐ CD DELIVERY ☐ RADIOLOGIST'S DISCRETION
☐ STAT ☐ FAX RESULTS ☐ CALL RESULTS	DIRECT NUMBER # FAX #	AUC
FORM COMPLETED BY:	OFFICE PHONE	AUTHORIZATION #

MRI/MRA

CONTRAST ☐ W/O ☐ W/&W/O

- ☐ BRAIN ☐ DTI
- ☐ PITUITARY
- ☐ IACS
- ☐ ORBITS
- ☐ SOFT TISSUE NECK
- ☐ CERVICAL SPINE
- ☐ SHOULDER ☐ L ☐ R ☐ B
- ☐ THORACIC SPINE
- ☐ ELBOW ☐ L ☐ R ☐ B
- ☐ LUMBAR SPINE
- ☐ WRIST ☐ L ☐ R ☐ B
- ☐ HAND ☐ L ☐ R ☐ B
- ☐ ABDOMEN
- ☐ HIP ☐ L ☐ R ☐ B
- ☐ PELVIS
- ☐ PROSTATE
- ☐ KNEE ☐ L ☐ R ☐ B
- ☐ ANKLE ☐ L ☐ R ☐ B
- ☐ MIDFOOT ☐ L ☐ R ☐ B
- ☐ FOREFOOT ☐ L ☐ R ☐ B
- ☐ ARTHROGRAM
- ☐ MRI/MRA/MRV/OTHER

DIGITAL X-RAY

- ☐ SKULL 4V
- ☐ SINUS
- ☐ ORBITS
- ☐ FACIAL BONES
- ☐ MANDIBLE
- ☐ CERVICAL SPINE
- ☐ SHOULDER ☐ L ☐ R ☐ B
- ☐ HUMERUS ☐ L ☐ R ☐ B
- ☐ CHEST 2V
- ☐ THORACIC SPINE
- ☐ RIBS
- ☐ ABDOMEN COMPLETE
- ☐ KUB
- ☐ ELBOW ☐ L ☐ R ☐ B
- ☐ LUMBAR SPINE
- ☐ FOREARM ☐ L ☐ R ☐ B
- ☐ WRIST ☐ L ☐ R ☐ B
- ☐ HAND ☐ L ☐ R ☐ B
- ☐ FINGER ☐ L ☐ R ☐ B
- ☐ HIP ☐ L ☐ R ☐ B
- ☐ PELVIS
- ☐ FEMUR ☐ L ☐ R ☐ B
- ☐ KNEE ☐ L ☐ R ☐ B
- ☐ TIBIA/FIBULA ☐ L ☐ R ☐ B
- ☐ ANKLE ☐ L ☐ R ☐ B
- ☐ FOOT ☐ L ☐ R ☐ B
- ☐ TOE ☐ L ☐ R ☐ B
- ☐ CALCANEUS ☐ L ☐ R ☐ B
- ☐ SCOLIOSIS
- ☐ BONE AGE
- ☐ SKELETAL SURVEY
- ☐ X-RAY/OTHER

BIOPSY

- ☐ BREAST STEREOTACTIC
- ☐ ULTRASOUND GUIDED BIOPSY

SEE BACK FOR ADDITIONAL INFORMATION

CT/CTA

CONTRAST ☐ W/ ☐ W/O ☐ BOTH

- ☐ BRAIN
- ☐ FACIAL BONES
- ☐ TEMPORAL BONES
- ☐ ORBITS
- ☐ SINUS
- ☐ SOFT TISSUE NECK
- ☐ CERVICAL SPINE
- ☐ LUNG SCREENING
- ☐ CHEST
- ☐ CALCIUM SCORING
- ☐ SHOULDER ☐ L ☐ R ☐ B
- ☐ THORACIC SPINE
- ☐ ELBOW ☐ L ☐ R ☐ B
- ☐ LUMBAR SPINE
- ☐ WRIST ☐ L ☐ R ☐ B
- ☐ HAND ☐ L ☐ R ☐ B
- ☐ ABDOMEN
- ☐ HIP ☐ L ☐ R ☐ B
- ☐ PELVIS
- ☐ ABDOMEN & PELVIS
- ☐ IVP/UROGRAM
- ☐ KNEE ☐ L ☐ R ☐ B
- ☐ ANKLE ☐ L ☐ R ☐ B
- ☐ FOOT ☐ L ☐ R ☐ B
- ☐ CT ENTEROGRAPHY
- ☐ CT OTHER
- ☐ CTA BRAIN
- ☐ CTA CORONARY
- ☐ CTA CAROTIDS
- ☐ CTA ABDOMEN
- ☐ CTA PELVIS
- ☐ CTA RUNOFFS
- ☐ CTA CHEST PULMONARY EMB.
- ☐ CTA OTHER

PET/CT

- ☐ BRAIN
- ☐ SKULL TO THIGH
- ☐ FULL BODY (MELANOMA)
- ☐ CARDIAC STRESS TEST

ULTRASOUND

- ☐ THYROID
- ☐ CARDIAC ECHO
- ☐ ABDOMEN COMPLETE
- ☐ LIVER/GB/PANCREAS (RUQ)
- ☐ KIDNEY/BLADDER
- ☐ SCROTAL/TESTICULAR WITH DOPPLER
- ☐ OBSTETRIC (LIST TRIMESTER)
- ☐ PELVIS/TRANSVAGINAL
- ☐ RENAL ARTERY DOPPLER
- ☐ CAROTID DOPPLER
- ☐ VENOUS DOPPLER ☐ L ☐ R ☐ B ☐ UE ☐ LE
- ☐ MATERIAL DOPPLER ☐ L ☐ R ☐ B ☐ UE ☐ LE
- ☐ AORTA DOPPLER
- ☐ PROSTATE/TRANSRECTAL

BREAST IMAGING

- ☐ BREAST ULTRASOUND
- ☐ BREAST MRI
- ☐ DIAGNOSTIC MAMMOGRAM (SYMPTOMATIC)/BREAST US AS NEEDED
- ☐ BONE DENSITY
- ☐ SCREENING MAMMOGRAM