

□Irmo (MRI, CT, DTI)
Downtown Columbia (MRI, CT)
□West Columbia (MRL C.T)

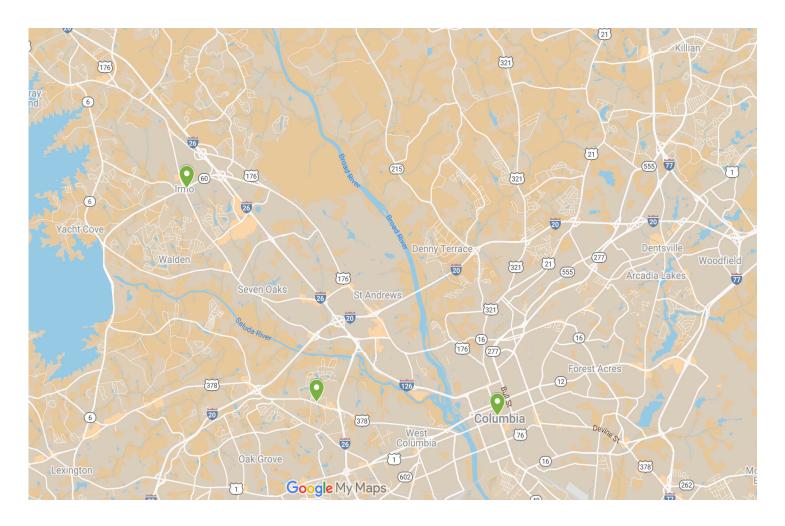
APPOINTMENT DATE	
/	
AM / PM	

Date: _____

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. Member#: _____ __ Precert/Auth#: _____ Referring Physician: ______ Contact Person: _____ Physician Phone#: ______ Physician Fax#: _____ **HEAD & CT SCANS** ORTHO MRI **BODY MRI NECK MRI** ☐ WITHOUT CONTRAST ☐ WITH CONTRAST ☐ WITH & WITHOUT CONTRAST ☐ WITHOUT CONTRAST ☐ IV ONLY (NO ORAL) ☐ ORAL AND IV Brain □ Extremities L R ☐ Sacrum/Coccyx ☐ Brain ☐ Finger/Thumb L R ☐ Facial Bones Specify:_____ ☐ MRCP ☐ Volumetric Study □ Hand L R ☐ CTA Pulmonary Sinuses □ DTI ☐ Wrist L R ☐ Chest CTA - Abdomen/Pelvis (AAA) ☐ Sinus Stealth ☐ Abdomen □ IAC'S ☐ Elbow L R ☐ CTA Chest - Aneurysm □ IAC's Enterography ☐ Pituitary-Sella ☐ Shoulder L R ☐ CTA Head Pituitary ☐ Brachial Plexus ☐ Orbits ☐ Scapula L R ☐ CTA Neck Orbits ☐ Pelvis (bony) ☐ TMJ ☐ Foot L R ☐ Cervical Spine Abdomen ☐ Pelvis (soft tissue) ☐ Soft Tissue Neck ☐ Ankle L R Pelvis ☐ Thoracic Spine ☐ Cranial Nerves Liver L R ☐ Knee Lumbar Spine ☐ Abdomen/Pelvis **SPINE MRI** L R ☐ Hip Enterography ☐ Chest ☐ Cervical ☐ Circle of Willis (Head) L R ☐ Abdomen/Pelvis ☐ Thigh ☐ Soft Tissue Neck ☐ Thoracic/Dorsal ☐ Carotids/Vertebrals Kidney Stone ☐ Lower Leg L R Renal (wo/w IV) ☐ Renal Lumbar Urogram Liver (wo/w IV) ☐ Other_____ ☐ Enterography w/IV Other _____ **ATTORNEYS** Attorney Name: _____ _ Attorney Number: _ __ Date of Injury: ___ ☐ Work Comp ☐ MVA ☐ Slip & Fall ☐ Report Only \square CD ☐ Images w/PT ☐ STAT ICD-10 Code / Diagnosis: ___ Special Instructions: ___

Physician Signature:



STATE-OF-THE-ART DIAGNOSTIC IMAGING NOW AVAILABLE IN COLUMBIA

Irmo

1245 Lake Murray Blvd, Suite B Irmo, SC 29063 Phone: 803.766.3005

Fax: 803.766.3006



Downtown Columbia

1241 Assembly St, Suite B Columbia, SC 29201 Phone: 803.766.3009 Fax: 803.766.3010

West Columbia

3020 Sunset Blvd, Suite 105 West Columbia, SC 29169 Phone: 803.766.3007

Fax: 803.766.3008





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