



☐ Albany  
☐ Athens  
☐ Buckhead  
☐ Canton  
☐ Conyers  
☐ Cumming  
☐ Decatur

☐ Douglasville  
☐ Fayetteville  
☐ Gainesville  
☐ Hiram  
☐ Johns Creek  
☐ Lawrenceville  
☐ Marietta

☐ Newnan  
☐ Rome  
☐ Sandy Springs  
☐ Stand-Up MRI  
☐ West Cobb

Please Select Facility - See back for specific location information and service capabilities.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ ☐ Call patient to schedule appointment

Insurance Name/ ID #: \_\_\_\_\_ Auth #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

☐ CD ☐ Report Only  
☐ STAT ☐ CALL REPORT TO: \_\_\_\_\_ Creatinine: \_\_\_\_\_ GFR: \_\_\_\_\_ Date Drawn: \_\_\_\_\_  
Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_ AM / PM

### MRI

☐ Without Contrast ☐ With Contrast ☐ With & Without

<input type="checkbox"/> Brain	<input type="checkbox"/> L-Spine	<input type="checkbox"/> Soft Tissue (Neck)
<input type="checkbox"/> Brain for ARIA	<input type="checkbox"/> Sacrum	<input type="checkbox"/> Enterography
<input type="checkbox"/> Cranial Nerve	<input type="checkbox"/> Chest	<input type="checkbox"/> Liver
<input type="checkbox"/> IAC's	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Fat Quantification
<input type="checkbox"/> Pituitary	<input type="checkbox"/> Pelvis	<input type="checkbox"/> MRCP
<input type="checkbox"/> DTI	<input type="checkbox"/> Boney	<input type="checkbox"/> Brachial Plexus
<input type="checkbox"/> Orbits	<input type="checkbox"/> Soft tissue	<input type="checkbox"/> Breast
<input type="checkbox"/> C-Spine	<input type="checkbox"/> Prostate	<input type="checkbox"/> Implant
<input type="checkbox"/> T-Spine/Dorsal	<input type="checkbox"/> TMJ	<input type="checkbox"/> Rupture Protocol

<input type="checkbox"/> Shoulder L R	<input type="checkbox"/> Hand L R	<input type="checkbox"/> Ankle L R
<input type="checkbox"/> Elbow L R	<input type="checkbox"/> Hip L R	<input type="checkbox"/> Foot L R
<input type="checkbox"/> Wrist L R	<input type="checkbox"/> Knee L R	<input type="checkbox"/> Other _____

### VMA (Decatur, Lawrenceville, Marietta)

☐ Cervical ☐ Lumbar

### ARTHROGRAMS/MYELOGRAMS

☐ Arthrogram ☐ MRI ☐ CT

<input type="checkbox"/> Shoulder L R	<input type="checkbox"/> Hand L R	<input type="checkbox"/> Ankle L R
<input type="checkbox"/> Elbow L R	<input type="checkbox"/> Hip L R	<input type="checkbox"/> Foot L R
<input type="checkbox"/> Wrist L R	<input type="checkbox"/> Knee L R	

☐ Myelogram ☐ Cervical ☐ Thoracic ☐ Lumbar

### CT

☐ Without Contrast ☐ IV only (no oral) ☐ Oral & IV

<input type="checkbox"/> Brain	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Chest
<input type="checkbox"/> Sinus	<input type="checkbox"/> Abdomen/Pelvis	<input type="checkbox"/> PE Protocol (CTA)
<input type="checkbox"/> Sinus Stealth	<input type="checkbox"/> Stone (NO ORAL)	<input type="checkbox"/> Calcium Scoring
<input type="checkbox"/> IAC's/Temporal	<input type="checkbox"/> Urogram	<input type="checkbox"/> C-Spine
<input type="checkbox"/> Orbits	<input type="checkbox"/> Enterography w/IV	<input type="checkbox"/> T-Spine
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Renal (wo/w IV)	<input type="checkbox"/> L-Spine
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Liver (wo/w IV)	

<input type="checkbox"/> Shoulder L R	<input type="checkbox"/> Hand L R	<input type="checkbox"/> Ankle L R
<input type="checkbox"/> Elbow L R	<input type="checkbox"/> Hip L R	<input type="checkbox"/> Foot L R
<input type="checkbox"/> Wrist L R	<input type="checkbox"/> Knee L R	

### ANGIOGRAPHY

☐ MR Angiography ☐ CT Angiography

☐ Without Contrast ☐ With Contrast ☐ With & Without

<input type="checkbox"/> Portal Vein - Inf. Vena Cava	<input type="checkbox"/> Abdominal/Pelvic Arteries
<input type="checkbox"/> Upper Extremity L R	<input type="checkbox"/> Abdominal Aorta & Runoff
<input type="checkbox"/> Lower Extremity L R	<input type="checkbox"/> Circle of Willis (Head)
<input type="checkbox"/> Aorta - Thoracic	<input type="checkbox"/> Carotids (Neck)
<input type="checkbox"/> Aorta - Abdominal	

### ULTRASOUND

☐ With Doppler

<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Extremity Non-Vascular
<input type="checkbox"/> Retroperitoneal Renal	<input type="checkbox"/> Aorta	<input type="checkbox"/> Carotid Bilateral
<input type="checkbox"/> Lower Extremity Venous, Bilateral		
<input type="checkbox"/> Lower Extremity Venous, Unilateral L R		
<input type="checkbox"/> Upper Extremity Venous, Bilateral		
<input type="checkbox"/> Upper Extremity Venous, Unilateral L R		
<input type="checkbox"/> Scrotum w/ Doppler		
<input type="checkbox"/> Transvaginal	<input type="checkbox"/> Renal w/ Doppler	
<input type="checkbox"/> Pelvic, Non-OB limited	<input type="checkbox"/> Abdomen, Limited, Quadrant	
<input type="checkbox"/> Transabdominal, Transvaginal	<input type="checkbox"/> Abdomen, Complete	
<input type="checkbox"/> Renal/Bladder	<input type="checkbox"/> Liver Elastography w/ Imaging	

### X-RAY

☐ Orthopedic: \_\_\_\_\_ L R  
☐ Chest ☐ Abdomen ☐ Spine \_\_\_\_\_ Flex/Ext  
☐ Other: \_\_\_\_\_

### ATTORNEY

ICD-10 Code / Diagnosis: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Attorney Number: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

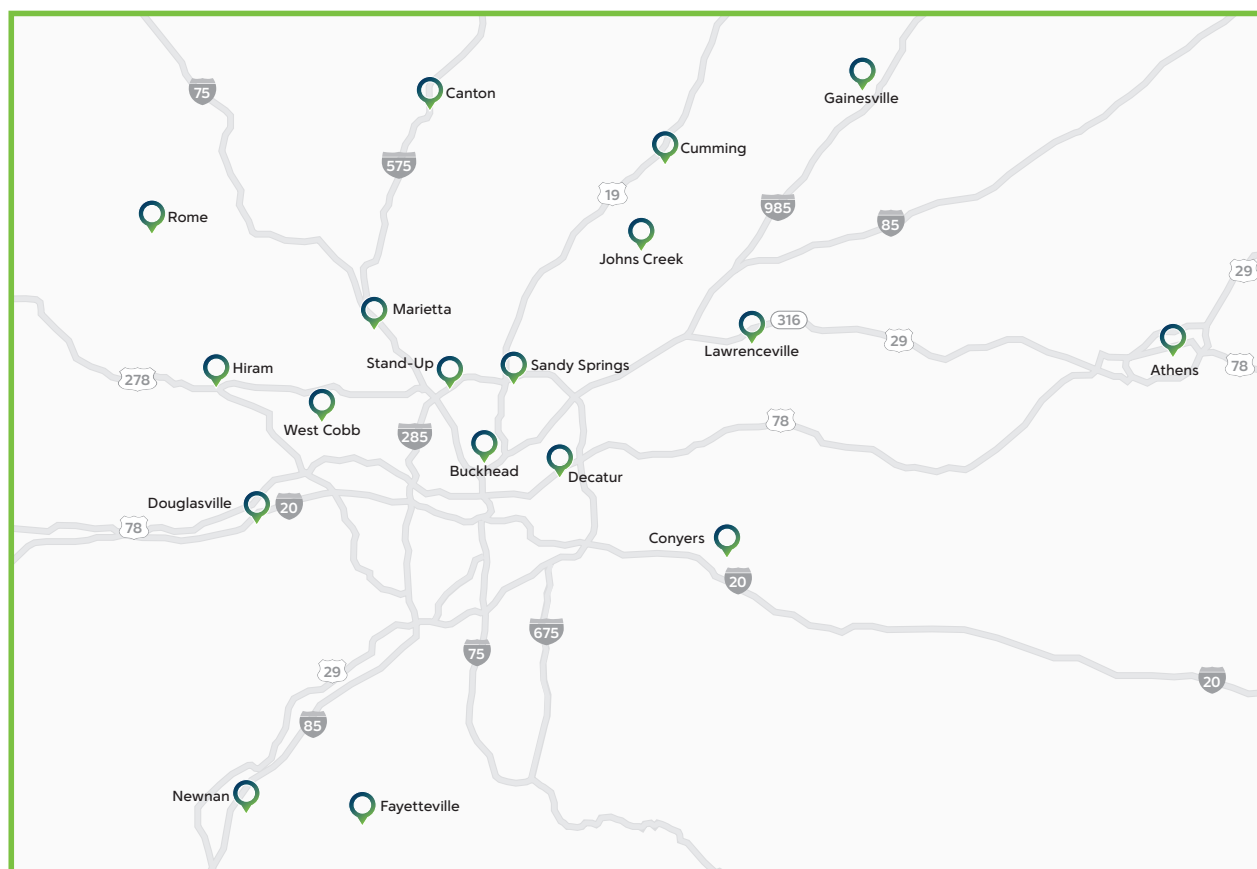
☐ Work Comp ☐ MVA ☐ Slip & Fall

☐ The interpreting physician 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: \_\_\_\_\_

# 19 CONVENIENT LOCATIONS IN GREATER ATLANTA



## Albany

2624 Dawson Rd  
Albany, GA 31707  
Phone: 229.888.1624  
Fax: 229.888.1457  
SERVICES: MRI, CT, US, X-ray

## Athens

1063 Baxter St  
Athens, GA 30606  
Phone: 706.316.3662  
Fax: 706.316.3155  
SERVICES: MRI, CT, US, X-ray, Arthrograph

## Buckhead

60 Peachtree Park Dr NE  
Suite 100  
Atlanta, GA 30309  
Phone: 678.278.8800  
Fax: 678.278.8797  
SERVICES: MRI, CT, US, DTI

## Canton

100 Liberty Blvd  
Suite 100  
Canton, GA 30114  
Phone: 770.479.1945  
Fax: 770.479.1948  
SERVICES: MRI, CT, US, X-ray,  
Arthrograph, Myelogram

## Conyers<sup>2</sup>

1501 Milstead Rd, Suite 140  
Conyers, GA 30012  
Phone: 678.374.7322  
Fax: 678.374.7323  
SERVICES: Synergy Radiology – MRI, CT

## Cumming

1050 Haw Creek Pkwy, Suite 100  
Cumming, GA 30041  
Phone: 678.845.2150  
Fax: 678.845.2148  
SERVICES: MRI, CT, US, Arthrograph, DTI

## Decatur

2774 North Decatur Rd  
Decatur, GA 30033  
Phone: 404.292.2277  
Fax: 404.292.2294  
SERVICES: MRI, MRI [Advanced Open],  
Breast MRI, CT, US, X-ray, Arthrograph,  
DTI, Fibroscan, VMA

## Douglasville<sup>4</sup>

9459 Highway 5, Suite R  
Douglasville, GA 30135  
Phone: 470.412.6300  
Fax: 470.412.6333  
SERVICES: MRI, CT, US, DTI

## Fayetteville

1240 Hwy 54 West  
Building 400, Suite 402  
Fayetteville, GA 30214  
Phone: 770.716.9300  
Fax: 770.769.1969  
SERVICES: MRI, CT, US, DTI

## Gainesville<sup>3</sup>

1640 Jesse Jewell Pkwy SE, Suite 2  
Gainesville, GA 30501  
Phone: 470.252.3422  
Fax: 470.252.3423  
SERVICES: M & B Imaging – MRI, CT, US

## Hiram

4374 Atlanta Hwy, Suite 125  
Hiram, GA 30141  
Phone: 678.941.1777  
Fax: 678.941-1778  
SERVICES: MRI, CT, DTI

## Johns Creek<sup>1</sup>

3921 Johns Creek Ct, Suite B  
Suwanee, GA 30024  
Phone: 770.217.7141  
Fax: 770.217.7142  
SERVICES: ProRadiology – MRI, CT,  
US, DTI

## Lawrenceville

481 West Pike St  
Lawrenceville, GA 30046  
Phone: 678.376.3550  
Fax: 678.376.4558  
SERVICES: MRI, Breast MRI, CT, US,  
Arthrograph, DTI, VMA

## Marietta

796 Church St, Suite 100  
Marietta, GA 30060  
Phone: 678.736.8908  
Fax: 678-736-8907  
SERVICES: MRI, CT, US, DTI,  
Fluoroscopy, VMA

## Newnan

10 Mercantile Dr, Suite A  
Newnan, GA 30265  
Phone: 770.304.9100  
Fax: 770.304.8020  
SERVICES: MRI, CT, US, Arthrograph,  
Myelogram

## Rome

16 Riverbend Dr SW  
Rome, GA 30161  
Phone: 706.378.0611  
Fax: 706.378.0143  
SERVICES: MRI, CT, US, X-ray,  
Arthrograph

## Sandy Springs

1200 Lake Hearn Dr NE  
Suite 100  
Atlanta, GA 30319  
Phone: 770.451.4040  
Fax: 404.963.0632  
SERVICES: MRI, MRI [3T], Breast MRI,  
CT, US, Arthrograph, DTI, Myelogram

## Stand-up MRI

6445 Powers Ferry Rd  
Suite 100  
Atlanta, GA 30339  
Phone: 770.953.0108  
Fax: 770.953.0109  
SERVICES: MRI [Advanced Open]

## West Cobb

2615 East-West Connector SW  
Suite 122  
Austell, GA 30106  
Phone: 770.739.9770  
Fax: 770.739.4483  
SERVICES: MRI, CT, US, Arthrograph

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