American Health Imaging of Tallahassee
2510 Miccosukee Rd., Suite 100
Tallahassee, FL 32308
Phone: 850.942.1100 | ***Fax:*** 850.942.1144
Services: MRI • CT • US

Please fax a copy of the patient's insurance information and any applicable clinical notes.

APPOINTMENT DATE
_____/_____/_____
_____ AM / PM

Patient Name: _____ DOB: _____

Patient Phone #: _____ ☐ Mobile ☐ Home

Insurance Name/Group#/Member #: _____

Precert/Auth #: _____ ICD-10 Code/Diagnosis: _____

☐ Report Only ☐ CD ☐ **STAT** ☐ **STAT CALL REPORT TO:** _____

☐ Draw Labs Creatinine: _____ GFR: _____ Date Drawn: _____

MRI

☐ **WITHOUT CONTRAST** ☐ **WITH CONTRAST** ☐ **WITHOUT & WITH CONTRAST**

Head/Neck
- ☐ DTI
- ☐ Brain
- ☐ Brain w/ NeuroQuant®
  _____
- ☐ IAC's
- ☐ Pituitary-Sella
- ☐ Orbits
- ☐ TMJ
- ☐ Soft Tissue Neck
- ☐ Cranial Nerves
- ☐ Face
- ☐ Sinus

Spine MRI
- ☐ Cervical
- ☐ Thoracic/Dorsal
- ☐ Lumbar
- ☐ Sacrum/Coccyx

Body MRI
- ☐ MRCP
- ☐ Chest
- ☐ Abdomen
- ☐ Renal
- ☐ Enterography
- ☐ Brachial Plexus
- ☐ Pelvis (soft tissue)

Ortho MRI
- ☐ Finger/Thumb L R
- ☐ Hand L R
- ☐ Wrist L R
- ☐ Forearm L R
- ☐ Elbow L R
- ☐ Humerus L R
- ☐ Shoulder L R
- ☐ Scapula L R
- ☐ Foot L R
- ☐ Ankle L R
- ☐ Knee L R
- ☐ Hip L R
- ☐ Thigh L R

Ortho MRI (cont.)
- ☐ Lower Leg L R
- ☐ Pelvis (bony)
- ☐ Sternum
- ☐ Pectoralis

Angiography
- ☐ MRA Head (Circle of Willis)
- ☐ MRA Neck (Carotids/ Vertebrais)
- ☐ MRA Knee
- ☐ MRA Renal
- ☐ MRV Head/Brain

CT

☐ **WITHOUT CONTRAST** ☐ **WITH CONTRAST** ☐ **WITHOUT & WITH CONTRAST**

- ☐ Brain
- ☐ Facial Bones
- ☐ Sinuses
- ☐ Sinus Stealth
- ☐ IAC's
- ☐ Orbits
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abdomen/Pelvis
- ☐ Abdomen/Pelvis-Kidney Stone
- ☐ Enterography
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Chest
- ☐ Soft Tissue Neck
- ☐ Extremities L R

Angiography
- ☐ CTA Head
- ☐ CTA Neck
- ☐ CTA Chest - Aneurysm
- ☐ CTA Pulmonary
- ☐ CTA Abdomen/Pelvis
- ☐ CTA Abdomen/Pelvis w/ Runoff
- ☐ CTA Lower Extremity
- ☐ CTA Upper Extremity
- ☐ Brachial Plexus

- ☐ Other
  _____
  _____

Ultrasound

- ☐ Abdomen, Complete
- ☐ Abdomen, Limited, Quadrant
- ☐ Renal
- ☐ Aorta
- ☐ Pelvic, Complete, Non-OB
- ☐ Pelvic w/ Transvaginal
- ☐ Soft Tissue Neck
- ☐ Thyroid
- ☐ Scrotum w/ Doppler
- ☐ Extremity Non Vascular L R
- ☐ Lower Extremity Venous L R
- ☐ Upper Extremity Venous L R
- ☐ Carotid
- ☐ Renal Doppler
- ☐ Hepatic w/ Doppler

Accident Claim

ICD-10 Code / Diagnosis: _____ Date of Injury: _____

Attorney Name: _____ ☐ Work Comp ☐ MVA

Attorney Number: _____ ☐ Slip & Fall

Special Instructions

☐ 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 #: _____