



- Anderson
- Downtown Columbia
- Greenville
- Greenville Downtown
- Irmo
- Mt. Pleasant
- Murrells Inlet
- Myrtle Beach
- Spartanburg
- Summerville
- West Columbia

APPOINTMENT DATE

____/____/____

_____ AM / PM

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

Patient Name: _____ DOB: _____ Height: _____ Weight: _____

Patient Phone #: _____ Circle: Cell or Home Call Patient to Schedule Appointment

Insurance Name/Group#/Member #: _____

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

Report Only CD Images w/PT STAT

Head & Neck MRI	Ortho MRI	Body MRI	CT
<input type="checkbox"/> WITHOUT CONTRAST	<input type="checkbox"/> WITH CONTRAST	<input type="checkbox"/> WITH & WITHOUT CONTRAST	<input type="checkbox"/> WITHOUT CONTRAST <input type="checkbox"/> WITH CONTRAST <input type="checkbox"/> WITH & WITHOUT CONTRAST
<input type="checkbox"/> Brain <input type="checkbox"/> Brain for ARIA <input type="checkbox"/> Cranial Nerves <input type="checkbox"/> DTI <input type="checkbox"/> IAC'S <input type="checkbox"/> Pituitary-Sella <input type="checkbox"/> Orbits <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> TMJ <div style="background-color: #e0e0e0; padding: 2px;">MRA</div> <input type="checkbox"/> Circle of Willis (Head) <input type="checkbox"/> Carotids/Vertebrals <input type="checkbox"/> Renal	<input type="checkbox"/> Finger/Thumb L R <input type="checkbox"/> Hand L R <input type="checkbox"/> Wrist L R <input type="checkbox"/> Elbow L R <input type="checkbox"/> Shoulder L R <input type="checkbox"/> Scapula L R <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> Hip L R <input type="checkbox"/> Thigh L R <input type="checkbox"/> Knee L R <input type="checkbox"/> Lower Leg L R <input type="checkbox"/> Foot/Toe L R <div style="background-color: #e0e0e0; padding: 2px;">MSK/Spine Open <small>West Columbia</small></div> <input type="checkbox"/> Flexion/Extension <small>(Cervical Spine Only)</small> <input type="checkbox"/> Natural Weight-Bearing/Upright	<input type="checkbox"/> Abdomen <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Chest <input type="checkbox"/> Enterography <input type="checkbox"/> MRCP <input type="checkbox"/> Pelvis (Bony) <input type="checkbox"/> Pelvis (Soft Tissue) <input type="checkbox"/> Prostate <input type="checkbox"/> Liver <div style="background-color: #e0e0e0; padding: 2px;">SPINE MRI</div> <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic/Dorsal <input type="checkbox"/> Lumbar <div style="background-color: #e0e0e0; padding: 2px;">OTHER MRI</div> <input type="checkbox"/> _____	<input type="checkbox"/> Brain <input type="checkbox"/> Facial Bones <input type="checkbox"/> Sinuses <input type="checkbox"/> Sinus Stealth <input type="checkbox"/> IAC <input type="checkbox"/> Pituitary <input type="checkbox"/> Orbits <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Chest <input type="checkbox"/> Cardiac Calcium Scoring <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Abdomen/Pelvis Kidney Stone <input type="checkbox"/> Renal (wo/w IV) <input type="checkbox"/> Urogram <input type="checkbox"/> Liver (wo/w IV) <input type="checkbox"/> Enterography (w/ IV) <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Extremities L R Specify: _____ <input type="checkbox"/> CTA Head <input type="checkbox"/> CTA Neck <input type="checkbox"/> CTA Chest PE Study <input type="checkbox"/> CTA - Abdomen/Pelvis (AAA)

Ultrasound (Greenville Downtown and Irmo)

<input type="checkbox"/> Pelvis	<input type="checkbox"/> Gallbladder	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Doppler: Carotid
<input type="checkbox"/> Abdomen/Complete *	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Orbits	<input type="checkbox"/> Doppler: Venous
<input type="checkbox"/> Abdomen/Limited *	<input type="checkbox"/> Liver/Pancreas	<input type="checkbox"/> Testicular	<input type="checkbox"/> Doppler: Other
<input type="checkbox"/> Endovaginal	<input type="checkbox"/> Chest Wall		
<input type="checkbox"/> Abdominal Aorta *	<input type="checkbox"/> Renals		

OTHER _____

*Nothing to eat or drink after midnight

Attorney

Attorney Name: _____

Attorney Phone #: _____

Date of Injury: _____

Work Comp MVA Slip & Fall

Provider

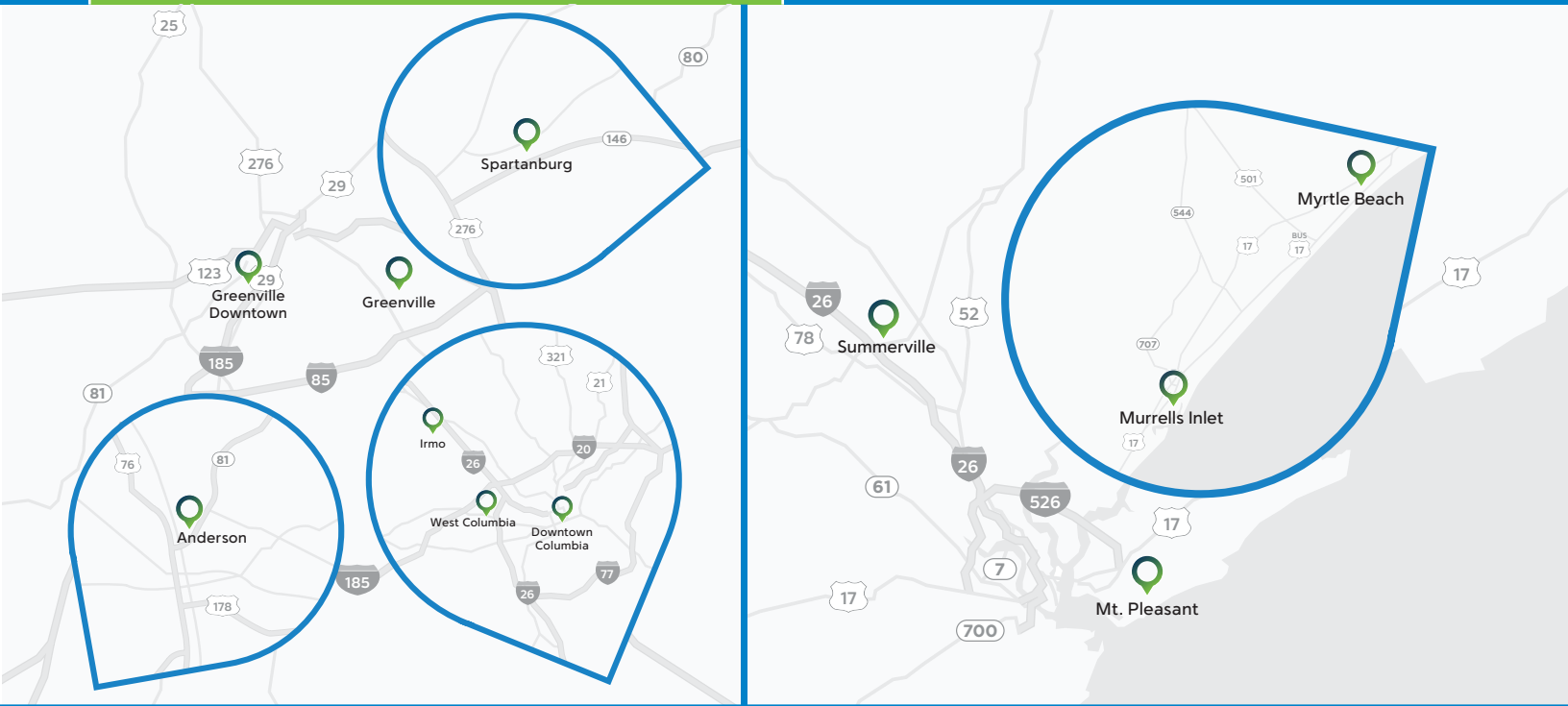
Physician Signature: _____

Physician Name: _____ Date: _____

Physician Phone #: _____ Physician Fax #: _____

Physician Fax #: _____

The interpreting physician may modify the test design; including the number of views, thickness of tomographic sections, and use or non-use of contrast.



ANDERSON

299 E Greenville St.
Anderson, SC 29621
Phone: 864.290.7520
Fax: 864.290.7521

SERVICES: MRI [1.5T Wide-Bore]
• CT [64] • DTI

COLUMBIA

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

SERVICES: MRI [1.5T Wide-Bore]
• CT [64]

GREENVILLE DOWNTOWN

1306 South Church St, Suite 200
Greenville, SC 29605
Phone: 864.867.0134
Fax: 864.867.0135

SERVICES: MRI [1.5T Wide-Bore]
• CT [64] • DTI • US

GREENVILLE

361 Woodruff Rd
Greenville, SC 29607
Phone: 864.775.5004
Fax: 864.775.5012

SERVICES: MRI [1.5T Wide-Bore]
• CT [64] • DTI

IRMO

1245 Lake Murray Blvd, Suite B
Irmo, SC 29063
Phone: 803.766.3005
Fax: 803.766.3006

SERVICES: MRI [1.5T Wide-Bore]
• CT [64-Slice] • DTI • US

MT. PLEASANT

1172 US Highway 41,
Suite 103
Mt. Pleasant, SC 29466
Phone: 843.999.0097
Fax: 843.999.0551

SERVICES: MRI [1.5T Wide-Bore]
• CT [64] • DTI

MURRELLS INLET

4410 Highway 17 S, Suite B6
Murrells Inlet, SC 29576
Phone: 843.438.0080
Fax: 843.438.0081

SERVICES: MRI [1.5T Wide-Bore]
• CT [64] • DTI

MYRTLE BEACH

1103 48th Avenue North, Suite 101
Myrtle Beach, SC 29577
Phone: 843.217.6116
Fax: 843.217.6117

SERVICES: MRI [1.5T Wide-Bore]
• CT [64] • DTI

SPARTANBURG

2117 E Main Street
Spartanburg, SC 29307
Phone: 864.410.0150
Fax: 864.410.0151

SERVICES: MRI [1.5T Wide-Bore]
• CT [64] • DTI

SUMMERVILLE

902 Nexton Square Dr
Summerville, SC 29486
Phone: 843.999.0558
Fax: 843.999.0565

SERVICES: MRI [1.5T Wide-Bore]
• CT [64]

WEST COLUMBIA

3020 Sunset Blvd, Suite 105
West Columbia, SC 29169
Phone: 803.766.3007
Fax: 803.766.3008

SERVICES: MRI [1.5T Wide-Bore;
MSK/Spine Open] • CT [64]