



- ☐ 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: _____

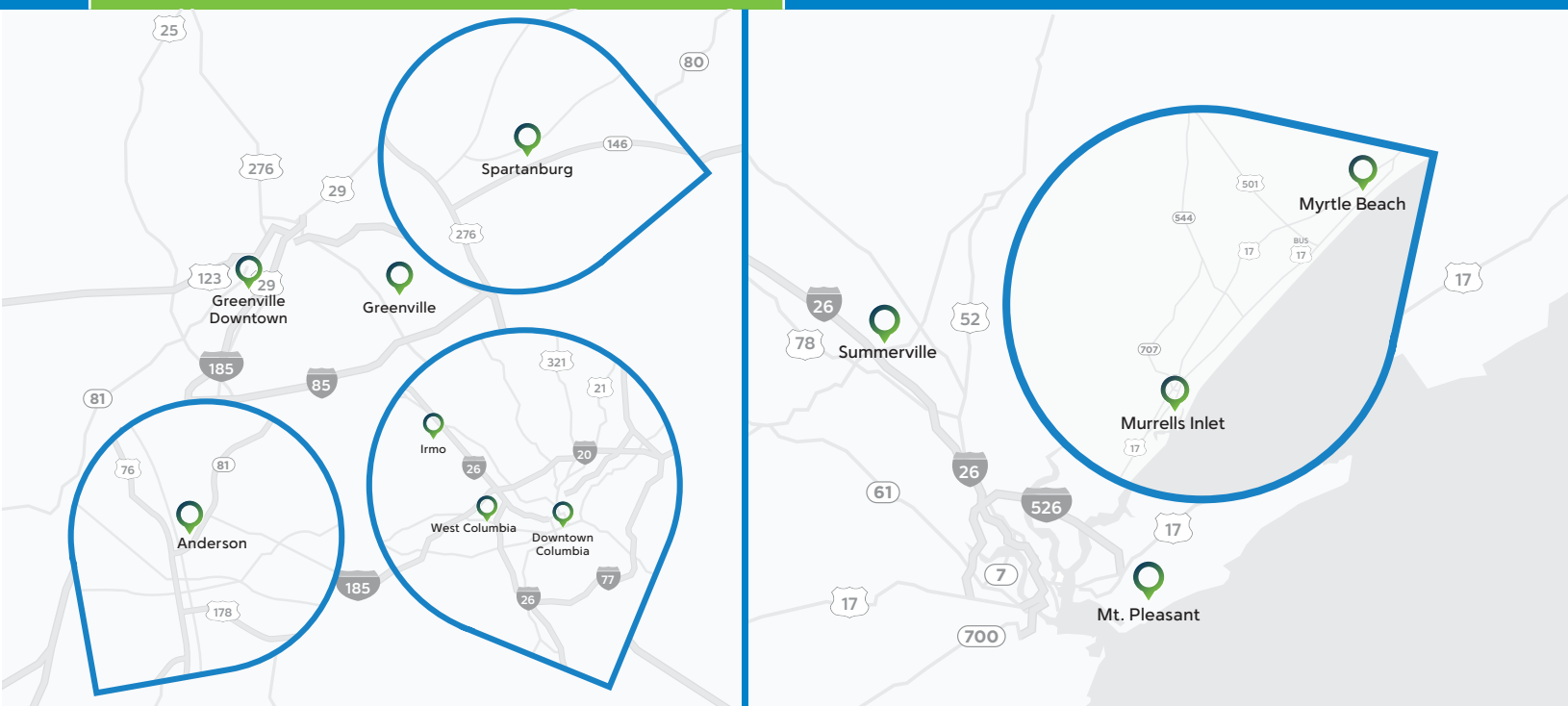
☐ Report Only ☐ CD ☐ Images w/PT ☐ STAT

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

Ultrasound (Greenville Downtown and Irmo)			
☐ Pelvis	☐ Gallbladder	☐ Thyroid	☐ Doppler: Carotid
☐ Abdomen/Complete *	☐ Abdomen	☐ Orbits	☐ Doppler: Venous
☐ Abdomen/Limited *	☐ Liver/Pancreas	☐ Testicular	☐ Doppler: Other
☐ Endovaginal	☐ Chest Wall		
☐ Abdominal Aorta *	☐ Renals		
*Nothing to eat or drink after midnight			
OTHER			
☐ _____			

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]