



American Health Imaging of Augusta

3152 Perimeter Pkwy, Building 2, Unit B

Augusta, GA 30909

Phone: 706.364.2603

Fax: 706.364.2606

APPOINTMENT DATE

____/____/____
AM / PM

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: _____

MRI

CT

☐ Without Contrast ☐ With Contrast ☐ With & Without

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

- | | | |
|---|---|---|
| ☐ Brain | ☐ T-Spine/Dorsal | ☐ TMJ |
| ☐ Brain for ARIA | ☐ L-Spine | ☐ Soft Tissue (Neck) |
| ☐ Cranial Nerve | ☐ Sacrum | ☐ Enterography |
| ☐ IAC's | ☐ Chest | ☐ Liver |
| ☐ Pituitary | ☐ Abdomen | ☐ Fat Quantification |
| ☐ DTI | ☐ Pelvis | ☐ MRCP |
| ☐ Orbits | ☐ Boney | ☐ Brachial Plexus |
| ☐ C-Spine | ☐ Soft tissue | |

- | | | |
|---|--|--|
| ☐ Brain | ☐ Pelvis | ☐ Chest |
| ☐ Sinus | ☐ Abdomen/Pelvis | ☐ PE Protocol (CTA) |
| ☐ Sinus Stealth | ☐ Stone (NO ORAL) | ☐ Calcium Scoring |
| ☐ IAC's/Temporal | ☐ Enterography w/IV | ☐ C-Spine |
| ☐ Orbits | ☐ Renal (wo/w IV) | ☐ T-Spine |
| ☐ Soft Tissue Neck | ☐ Liver (wo/w IV) | ☐ L-Spine |
| ☐ Abdomen | | |

- | | | |
|---------------------------------------|-----------------------------------|--------------------------------------|
| ☐ Shoulder L R | ☐ Hand L R | ☐ Ankle L R |
| ☐ Elbow L R | ☐ Hip L R | ☐ Foot L R |
| ☐ Wrist L R | ☐ Knee L R | ☐ Other _____ |

- | | | |
|---------------------------------------|-----------------------------------|--------------------------------------|
| ☐ Shoulder L R | ☐ Hand L R | ☐ Ankle L R |
| ☐ Elbow L R | ☐ Hip L R | ☐ Foot L R |
| ☐ Wrist L R | ☐ Knee L R | ☐ Other _____ |

ULTRASOUND

ANGIOGRAPHY

☐ With Doppler

☐ MR Angiography ☐ CT Angiography

☐ Without Contrast ☐ With Contrast ☐ With & Without

- | | | |
|---|----------------------------------|---|
| ☐ Soft Tissue Neck | ☐ Thyroid | ☐ Extremity Non-Vascular |
| ☐ Retroperitoneal Renal | ☐ Aorta | ☐ Carotid Bilateral |
| ☐ Lower Extremity Venous, Bilateral | | |
| ☐ Lower Extremity Venous, Unilateral L R | | |
| ☐ Upper Extremity Venous, Bilateral | | |
| ☐ Upper Extremity Venous, Unilateral L R | | |
| ☐ Scrotum w/ Doppler | | |

- | | |
|---|--|
| ☐ Portal Vein - Inf. Vena Cava | ☐ Abdominal/Pelvic Arteries |
| ☐ Upper Extremity L R | ☐ Abdominal Aorta & Runoff |
| ☐ Lower Extremity L R | ☐ Circle of Willis (Head) |
| ☐ Aorta - Thoracic | ☐ Carotids (Neck) |
| ☐ Aorta - Abdominal | |

ATTORNEY

ICD-10 Code / Diagnosis: _____

Attorney Name: _____

Attorney Number: _____ Date of Injury: _____

☐ Work Comp ☐ MVA ☐ Slip & Fall

PHYSICIAN

☐ 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: _____