



- BEACH BLVD.
- GATE PARKWAY
- ST. AUGUSTINE

P (904) 996-8100
F (904) 996-8101

SCHEDULED/REQUESTED APPT DATE/TIME: _____ GENDER M F

PHYSICIAN FOLLOW UP APPT DATE/TIME: _____ DOB: _____

PATIENT'S NAME: _____ CELL: _____

ADDRESS: _____ HOME: _____

CITY/STATE/ZIP: _____ WORK: _____

EMAIL: _____ SS# _____

AUTHORIZATION #: _____ INSURANCE: _____

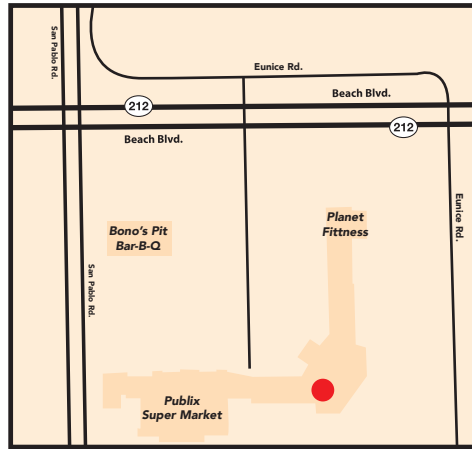
FORM COMPLETED BY: _____ POLICY #: _____

OFFICE FAX NUMBER: _____ GROUP# _____

ICD-9/INDICATIONS/COMMENTS:				<input type="checkbox"/> CD <input type="checkbox"/> FILM <input type="checkbox"/> STAT (REPORT) <input type="checkbox"/> WET READ (CALL)			
				<input type="checkbox"/> DELIVERY <input type="checkbox"/> PATIENT CELL #: _____			
				PHYSICIAN: _____ DATE: _____			
				SIGNATURE: _____			
RAD'S DISCRETION <input type="checkbox"/>							
CONTRAST <input type="checkbox"/> W/O <input type="checkbox"/> W/&W/O		CONTRAST <input type="checkbox"/> W/ <input type="checkbox"/> W/O <input type="checkbox"/> BOTH		IF CONTRASTED, SEE BACK PAGE		CREATININE: _____	DATE: _____
MRI/MRA		CT		CTA		DIGITAL X-RAY	
BRAIN		BRAIN		CTA BRAIN		SINUS	
BRAIN W/ DTI		TEMPORAL BONES		CTA CORONARY		SKULL 4V	
IACS		ORBITS		CTA CAROTIDS		CHEST 2V	
ORBITS		SINUS		CTA ABDOMEN		RIBS	
SOFT TISSUE NECK		LANDMARX SINUS		CTA PELVIS		ABDOMEN COMPLETE	
SPINE	<input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L	NECK		CTA RUNOFFS		KUB	
SHOULDER	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	CHEST		CTA CHEST PULMONARY EMBOLISM		ORBITS	
ELBOW	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	FACIAL BONES		CTA OTHER:		FACIAL BONES	
WRIST	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	SPINE	<input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L	PET/CT		MANDIBLE	
HAND	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	SHOULDER	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	BONE SCAN		PELVIS	
HIP	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	ELBOW	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	SKULL TO THIGH		SPINE	<input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L
KNEE	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	WRIST	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	FULL BODY (MELANOMA)		SHOULDER	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
HIP/OSSEOUS PELVIS	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	HAND	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	BRAIN		HUMERUS	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
FORE FOOT	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	HIP	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	CARDIAC STRESS TEST		ELBOW	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
MID FOOT	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	KNEE	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	PET OTHER:		FOREARM	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
ANKLE/HIND FOOT	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	ANKLE	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	ULTRASOUND		WRIST	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
ARTHROGRAM		FOOT	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	ABDOMEN COMPLETE		HAND	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
CARDIAC		3D RECONSTRUCTION		LIVER/GB/PANCREAS (RUQ)		FINGER	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
ABDOMEN		CALCIUM SCORING		KIDNEY/BLADDER		HIP	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
PELVIS		ABDOMEN		THYROID		FEMUR	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
MRCP		PELVIS		SCROTAL/TESTICULAR		KNEE	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
CHEST WALL (MSK)		ABDOMEN & PELVIS		CARDIAC ECHO		PATELLA	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
MRA BRAIN		RENAL STONE STUDY		OBSTETRIC (LIST TRIMESTER)		TIBIA/FIBULA	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
MRA CAROTIDS		IVP/UROGRAM		PELVIS & TRANSVAGINAL		ANKLE	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
MRA <input type="checkbox"/> ABDOMEN <input type="checkbox"/> PELVIS		RENAL MASS STUDY		RENAL ARTERY DOPPLER		FOOT	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
MRA RUNOFFS		CT ENTEROGRAPHY		CAROTID DOPPLER		TOE	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
MRI/MRA/MRV OTHER:		CT OTHER:		VENOUS DOPPLER	<input type="checkbox"/> UE <input type="checkbox"/> LE	CALCANEUS	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
BREAST IMAGING				ARTERIAL DOPPLER	<input type="checkbox"/> UE <input type="checkbox"/> LE	SCOLIOSIS	
SCREENING MAMMOGRAM (ASYMPTOMATIC)				AORTA DOPPLER		BONE AGE	
DIAGNOSTIC MAMMOGRAM (SYMPTOMATIC)				PROSTATE/TRANSRECTAL		SKELETAL SURVEY	
BREAST ULTRASOUND	RIGHT			US OTHER:		XRAY OTHER:	
BREAST MRI (HIGH RISK)	LEFT			BIOPSY		OTHER	
BREAST MRI (STAGING)				BREAST STEREOTACTIC		STEROID INJECTION	
BONE DENSITY				BREAST ULTRASOUND		4D ULTRASOUND	
FULL BREAST PROTOCOL				BREAST MRI		BONE DENSITY	
ALL PREVIOUS FILMS NEEDED				OTHER:			

FOR EXAM INFORMATION INCLUDING PREP, PAYMENT INFORMATION AND MORE VISIT:

WWW.PRECISIONIMAGINGCENTERS.COM



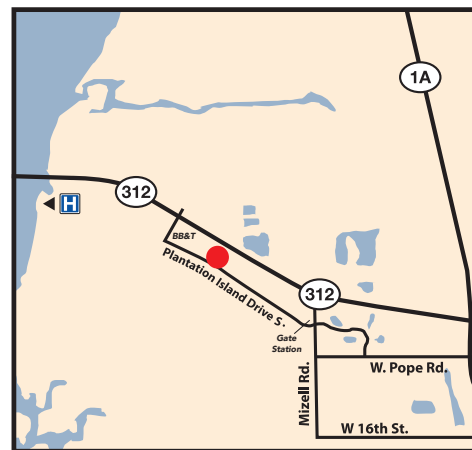
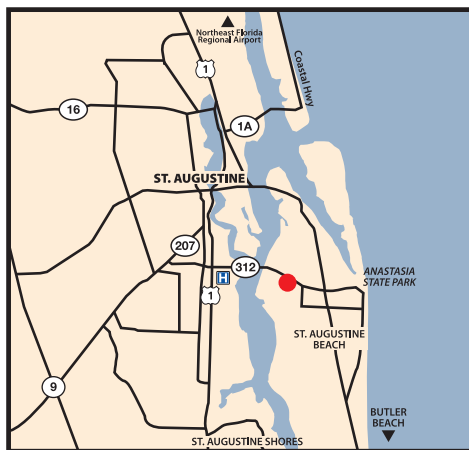
BEACH BOULEVARD

14444 BEACH BLVD., SUITE 23 · JACKSONVILLE, FL 32250
 HOURS: MON - FRI: 8:00AM - 5:00PM · TAX ID 20-5147377



GATE PARKWAY

7860 GATE PARKWAY, SUITE 123 · JACKSONVILLE, FL 32256
 HOURS: MON - FRI: 6:30AM - 11:00PM · SATURDAY: 8:00AM - 5:00PM · SUNDAY: 8:00AM - 4:00PM · TAX ID 20-5147377



ST. AUGUSTINE

1000 PLANTATION ISLAND DR., SUITE 1 · ST. AUGUSTINE, FL 32080
 HOURS: MON - FRI: 8:00AM - 8:00PM · TAX ID 45-4396200