PRECISION

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☐ Gate Pkwy (3T MRI/OPEN MRI) ☐ Beach Blvd. (3T MRI) ☐ Fleming Island(3T MRI) ☐ Saint Augustine(3T MRI) ☐ Mandarin (Open/Upright)

APPT DATE: __/__/____ APPT TIME: ___:_____

FIRST NAME	LAST NAME	DOB	SEX ☐ MALE ☐ FEMALE	PHONE
EMAIL	INSURANCE NAME	POLICY #		GROUP #

REFERRING PHYSICIAN	SIGNATURE (REQUIRED)	DATE
ICD-10 / INDICATIONS / COMMENTS:		
☐ STAT ☐ FAX RESULTS ☐ CALL RESULTS	DIRECT LINE #	☐ IMAGES WITH PATIENT ☐ IMAGE DELIVERY
FORM COMPLETED BY:	OFFICE FAX	AUTHORIZATION#

MRI/MRA

CONTRAST ☐ W/O ☐ W/&W/O ☐ RADIOLOGIST'S DISCRETION

3D POST PROCESSING ☐

☐ BRAIN ☐ DTI ☐ NeuroQuant
☐ PITUITARY
☐ IACS
☐ ORBITS
☐ SOFT TISSUE NECK
☐ CERVICAL SPINE ☐ FLEX/EXT ☐ WEIGHT BEARING
☐ THORACIC SPINE
☐ LUMBAR SPINE ☐ FLEX/EXT ☐ WEIGHT BEARING
☐ ELBOW ☐ L ☐ R ☐ B
☐ SHOULDER ☐ L ☐ R ☐ B
☐ WRIST ☐ L ☐ R ☐ B
☐ HAND ☐ L ☐ R ☐ B
☐ ABDOMEN
☐ ELASTOGRAPHY
☐ HIP ☐ L ☐ R ☐ B
☐ PELVIS
☐ PROSTATE W/ DYNACAD (3D)
☐ KNEE ☐ L ☐ R ☐ B
☐ ANKLE ☐ L ☐ R ☐ B
☐ MIDFOOT ☐ L ☐ R ☐ B
☐ FOREFOOT ☐ L ☐ R ☐ B
☐ ARTHROGRAM
☐ MRI/MRA/MRV/OTHER
☐ FULL BODY

DIGITAL X-RAY

☐ SKULL 4V
☐ SINUS
☐ ORBITS
☐ FACIAL BONES
☐ MANDIBLE
☐ CERVICAL SPINE
☐ SHOULDER ☐ L ☐ R ☐ B
☐ HUMERUS ☐ L ☐ R ☐ B
☐ CHEST 2V
☐ THORACIC SPINE
☐ RIBS
☐ ABDOMEN COMPLETE
☐ KUB
☐ ELBOW ☐ L ☐ R ☐ B
☐ LUMBAR SPINE
☐ FOREARM ☐ L ☐ R ☐ B
☐ WRIST ☐ L ☐ R ☐ B
☐ HAND ☐ L ☐ R ☐ B
☐ FINGER ☐ L ☐ R ☐ B
☐ HIP ☐ L ☐ R ☐ B
☐ PELVIS
☐ FEMUR ☐ L ☐ R ☐ B
☐ KNEE ☐ L ☐ R ☐ B
☐ TIBIA/FIBULA ☐ L ☐ R ☐ B
☐ ANKLE ☐ L ☐ R ☐ B
☐ FOOT ☐ L ☐ R ☐ B
☐ TOE ☐ L ☐ R ☐ B
☐ CALCANEUS ☐ L ☐ R ☐ B
☐ SCOLIOSIS
☐ BONE AGE
☐ SKELETAL SURVEY
☐ X-RAY/OTHER

BIOPSY

☐ BREAST STEREOTACTIC (INCLUDES TISSUE MARKER VIEWS)
☐ BREAST ULTRASOUND (INCLUDES TISSUE MARKER VIEWS)
☐ BREST MRI (Includes Tissue Marker Views)

SEE BACK FOR ADDITIONAL INFORMATION

CT/CTA

CONTRAST ☐ W/ ☐ W/O ☐ BOTH ☐ RADIOLOGIST'S DISCRETION

3D POST PROCESSING ☐

☐ HEAD
☐ FACIAL BONES
☐ TEMPORAL BONES
☐ ORBITS
☐ SINUS
☐ SOFT TISSUE NECK
☐ CERVICAL SPINE
☐ LUNG SCREENING
☐ CHEST
☐ CALCIUM SCORING
☐ SHOULDER ☐ L ☐ R ☐ B
☐ THORACIC SPINE
☐ ELBOW ☐ L ☐ R ☐ B
☐ LUMBAR SPINE
☐ WRIST ☐ L ☐ R ☐ B
☐ HAND ☐ L ☐ R ☐ B
☐ ABDOMEN
☐ HIP ☐ L ☐ R ☐ B
☐ PELVIS
☐ ABDOMEN & PELVIS
☐ IVP/UROGRAM
☐ CT LEG LENGTH
☐ KNEE ☐ L ☐ R ☐ B
☐ ANKLE ☐ L ☐ R ☐ B
☐ FOOT ☐ L ☐ R ☐ B
☐ CT ENTEROGRAPHY
☐ CT OTHER
☐ CTA BRAIN
☐ CTA CORONARY
☐ CTA CAROTIDS
☐ CTA ABDOMEN
☐ CTA PELVIS
☐ CTA RUNOFFS
☐ CTA CHEST PULMONARY EMB.
☐ CTA OTHER

PET/CT

☐ BRAIN
☐ SKULL TO THIGH
☐ OTHER
☐ FULL BODY (MELANOMA)
☐ CARDIAC STRESS TEST/VIABILITY
☐ PSMA

ULTRASOUND

☐ THYROID
☐ CARDIAC ECHO
☐ ABDOMEN COMPLETE
☐ LIVER/GB/PANCREAS (RUQ)
☐ KIDNEY/BLADDER
☐ SCROTAL/TESTICULAR W/DOPPLER
☐ OBSTETRIC (LIST TRIMESTER)
☐ PELVIS/TRANSVAGINAL
☐ RENAL ARTERY DOPPLER
☐ CAROTID DOPPLER
☐ VENOUS DOPPLER ☐ R ☐ L ☐ UE ☐ LE
☐ ARTERIAL DOPPLER ☐ R ☐ L ☐ UE ☐ LE
☐ AORTA DOPPLER
☐ PROSTATE/TRANSRECTAL
☐ OTHER

BREAST IMAGING

☐ SCREENING MAMMOGRAM (Change to Dx with US if clinically indicated)
☐ DIAGNOSTIC MAMMOGRAM (SYMPTOMATIC)/BREAST US AS NEEDED
☐ BREAST ULTRASOUND
☐ BREAST MRI
☐ ABBREVIATED BREAST MRI (Dense Breasts Only)
☐ BONE DENSITY