Premier Radiology | Saint Thomas Health

☐ Belle Meade ☐ Brentwood ☐ Charlotte ☐ Cool Springs ☐ Hendersonville ☐ Lenox Village ☐ Murfreesboro ☐ Saint Thomas Midtown ☐ Smyrna ☐ Upright MRI
☐ Bellevue ☐ Briarville ☐ Clarksville ☐ Gallatin ☐ Hermitage ☐ Mt. Juliet ☐ New Salem ☐ Saint Thomas West ☐ South Nashville | Antioch

☐ SCHEDULE ☐ PRE-CERT ☐ WALK-IN

APPOINTMENT DATE: _____ TIME: _____ SS#: _____ D.O.B.: _____/_____/_____

PATIENT'S NAME: _____ PHONE: _____

INSURANCE: _____ GROUP#: _____ POLICY#: _____

PRE-CERT#: _____ ***Please fax copies of insurance cards and physician's notes if we are obtaining pre-cert***

EXAM(S): _____

SIGNS/SYMPTOMS/DIAGNOSIS: _____

REFERRING PROVIDER SIGNATURE: _____

REFERRING PROVIDER - PRINT NAME: _____ PHONE: _____ FAX#: _____

SPECIAL INSTRUCTIONS: _____ ☐ Send CD with Patient

MRI

☐ **1.5T** ☐ **OPEN** ☐ **3T** *(Midtown I West)*
☐ **UPRIGHT**

- ☐ ABDOMEN **w/ and w/o contrast**
  - ☐ Liver ☐ Kidneys ☐ Pancreas
- ☐ ABDOMEN **w/o contrast**
- ☐ BRACHIAL PLEXUS **w/ and w/o contrast**
  - ☐ L ☐ R
- ☐ BRAIN **w/ and w/o contrast**
  - ☐ Attn IAC ☐ Attn Sella ☐ Attn Orbits
  - ☐ MRA Head ☐ MRA Neck
- ☐ BRAIN **w/o contrast only**
- ☐ BREAST **w/ and w/o contrast**
- ☐ BREAST FOR IMPLANTS **w/o contrast**
- ☐ CHEST Specify _____
- ☐ LOWER EXTREMITY
  - ☐ L ☐ R ☐ Bilateral ☐ Hip ☐ Knee
  - ☐ Ankle ☐ Foot ☐ Post Arthrogram
- ☐ LOWER EXTREMITY other than joint
  - Specify _____
- ☐ MR ANGIOGRAM Specify _____
- ☐ MRCP
- ☐ MRI LIVER with Elastography
  - ☐ **w/ and w/o contrast**
  - ☐ **w/o contrast**
- ☐ MRV/MR VENOGRAM
- ☐ NECK **w/ and w/o contrast**
- ☐ PELVIS **w/ and w/o contrast**
- ☐ PELVIS **w/o contrast**
- ☐ PROSTATE **w/ and w/o contrast**
- ☐ TMJ
- ☐ SPINE ☐ Cervical ☐ Thoracic ☐ Lumbar
  - ☐ **w/ and w/o contrast**
- ☐ UPPER EXTREMITY
  - ☐ L ☐ R ☐ Bilateral
  - ☐ Shoulder ☐ Elbow ☐ Wrist
  - ☐ Hand ☐ Post Arthrogram
- ☐ UPPER EXTREMITY other than joint
  - Specify _____

Creatinine lab work will be performed if needed for contrast enhanced studies

☐ **NO CONTRAST**

PET/CT

- ☐ BRAIN
- ☐ CARDIAC
- ☐ STANDARD BODY *(Skull base to Thigh)*
- ☐ WHOLE BODY *(Head-to-Toe)*
- ☐ SODIUM FLUORIDE (NaF)

CT

- ☐ ABDOMEN
  - ☐ **w/o contrast** ☐ **w/contrast**
- ☐ ABDOMEN/PELVIS
  - ☐ **w/o contrast** ☐ **w/contrast**
  - ☐ CT Enterography
- ☐ ANGIOGRAPHY
  - ☐ ABDOMEN CTA
    - ☐ Abdominal Aorta ☐ Aorto-iliac runoff
  - ☐ CEREBROVASCULAR CTA
    - ☐ Head/Neck ☐ Head ☐ Neck
  - ☐ CHEST CTA
    - ☐ Coronary ☐ Pulmonary
    - ☐ Thoracic aorta
- ☐ BRAIN/HEAD
  - ☐ **w/o contrast or**
  - ☐ **w/ and w/o contrast**
- ☐ CALCIUM SCORING
- ☐ CARDIAC CTA SCREENING
- ☐ CHEST
  - ☐ **w/o contrast** ☐ **w/contrast**
  - ☐ Routine with contrast
  - ☐ CTA for Pulmonary Embolism
  - ☐ High Resolution Lung
- ☐ CT ENTEROGRAPHY
- ☐ EXTREMITIES
  - Specify _____
- ☐ FACIAL BONES
- ☐ JOINT
  - _____
- ☐ LUNG SCREENING
- ☐ NECK **w/contrast**
- ☐ ORBITS **w/contrast**
- ☐ PELVIS
  - ☐ **w/o contrast** ☐ **w/contrast**
- ☐ SINUSES
  - ☐ BrainLab ☐ Stryker ☐ Fusion
- ☐ SPINE
  - ☐ Cervical ☐ Thoracic
  - ☐ Lumbar
- ☐ TEMPORAL BONES
- ☐ URETHROGRAM
- ☐ UROGRAM
- ☐ UROLITHIASIS *(Kidney Stones)*

Creatinine lab work will be performed if needed for contrast enhanced studies

☐ **NO CONTRAST**

Women's Imaging

- ☐ BIOPHYSICAL PROFILE (BPP)
- ☐ BONE DENSITY (DEXA)
- ☐ BREAST BIOPSY/FINE NEEDLE ASPIRATION
- ☐ BREAST BIOPSY MRI GUIDED
  (includes post-biopsy mammogram)
- ☐ BREAST BIOPSY, STEREOTACTIC, OR US CORE *(includes post-biopsy mammogram)*
- ☐ DIGITAL MAMMOGRAPHY
  - ☐ Breast US if clinically indicated
  - ☐ Diagnostic ☐ L ☐ R ☐ Bilateral
  - ☐ Screening
- ☐ HSG
- ☐ OBSTETRIC US
- ☐ PELVIS MRI **w/ and w/o contrast**
- ☐ PELVIS US TA & TV WITH DOPPLER
- ☐ SONOHYSTEROGRAM

Special Procedures

- ☐ ARTERIOVENOUS FISTULA
- ☐ ARTHROGRAM
  - Specify _____
  - ☐ MRI *or* ☐ CT *to follow*
- ☐ BIOPSY _____ - LOCATION
- ☐ BOTOX INJECTIONS
  - ☐ Chronic Migraines
  - ☐ Upper Limb Spasticity
  - ☐ Cervical Dystonia
- ☐ CAUDAL ESI
- ☐ CEREBRAL ARTERIOGRAM
- ☐ CERVICAL SYMPATHETIC BLOCK
- ☐ COSTOVERTEBRAL NERVE BLOCK
- ☐ DISCOGRAM *(Includes Post Discogram CT)*
  - ☐ Cervical ☐ Thoracic ☐ Lumbar
  - LEVELS _____
- ☐ EPIDURAL BLOOD PATCH
  - LEVELS _____
- ☐ EPIDURAL STEROID INJECTION
  - LEVELS _____
  - ☐ Intralaminar ☐ Transforaminal
  - _____ X3 _____ X2 _____ X1
- ☐ FACET BLOCK *(Medial Branch Block)*
  - ☐ Cervical ☐ Thoracic ☐ Lumbar
  - ☐ L ☐ R ☐ Bilateral
  - LEVELS _____
- ☐ FACET DENERVATION
  (Radiofrequency Ablation)
  - ☐ Cervical ☐ Lumbar
  - LEVELS _____
- ☐ FACET INJECTION
  - ☐ Cervical ☐ Lumbar
  - ☐ L ☐ R ☐ Bilateral
  - LEVELS _____
- ☐ INTERCOSTAL NERVE BLOCK
- ☐ JOINT INJECTION
  - Specify _____
- ☐ KYPHOPLASTY
  - LEVELS _____
- ☐ LUMBAR PUNCTURE
  - ☐ Opening pressure only
  - ☐ Opening Pressure with labs:
  - _____
- ☐ LUMBAR SYMPATHETIC BLOCK
- ☐ MYELOGRAM *(includes Pre-procedure X-rays (3V) and Post Myelogram CT)*
  - ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ NERVE ROOT BLOCK
  - ☐ Cervical ☐ Thoracic ☐ Lumbar
  - LEVELS _____
- ☐ NEUROSTIMULATOR TRIAL
- ☐ OCCIPITAL NERVE ROOT BLOCK
  - ☐ L ☐ R ☐ Bilateral
- ☐ PERIPHERAL VASCULAR CONSULT
- ☐ PIRIFORMIS INJECTION ☐ L ☐ R ☐ Bilateral
- ☐ PLATELET RICH PLASMA (PRP) INJECTIONS _____
- ☐ SI JOINT ☐ L ☐ R ☐ Bilateral
- ☐ STELLATE GANGLION BLOCK
- ☐ THORACENTESIS/PARACENTESIS
- ☐ THYROID FINE NEEDLE ASPIRATION/BIOPSY
- ☐ TRIGGER POINT Specify _____
- ☐ UFE EVALUATION *(includes pelvic MRI and/or pelvic US)*
- ☐ ULTRASOUND-GUIDED FLUID ASPIRATION
- ☐ VARICOSE VEIN TX (EVLT)
- ☐ VASCULAR CONSULT
- ☐ OTHER: _____

Ultrasound

- ☐ AAA SCREENING
- ☐ ABDOMEN COMPLETE
- ☐ AORTA DUPLEX
- ☐ ARTERIAL DOPPLER
  - ☐ Upper ☐ Lower
  - ☐ L ☐ R ☐ Bilateral
  - ☐ ABI
  - ☐ Arterial Graft
- ☐ BIOPHYSICAL PROFILE
- ☐ BREAST
- ☐ CAROTID
- ☐ ECHOCARDIOGRAM
- ☐ GALLBLADDER
- ☐ OBSTETRIC
- ☐ PELVIS US TA & TV
  - ☐ WITH DOPPLER
- ☐ RENAL
- ☐ RENAL WITH DOPPLER
- ☐ SONOHYSTEROGRAPHY
- ☐ TESTICULAR WITH DOPPLER
- ☐ THYROID
- ☐ VENOUS DUPLEX DOPPLER
  - ☐ Upper ☐ Lower
  - ☐ L ☐ R ☐ Bilateral
  - ☐ For EVLT
- ☐ _____

Nuclear Medicine

- ☐ I-131 WHOLE BODY SCAN
- ☐ ABSCESS/TUMOR
- ☐ BONE SCAN
  - ☐ Whole Body
  - ☐ 3-Phase
  - ☐ Limited
    - ☐ SPECT
- ☐ CARDIAC
  - ☐ MUGA ☐ Myocardial Infarct
- ☐ GASTRIC EMPTYING
- ☐ HEPATOBILIARY w/EF
- ☐ LIVER/SPLEEN
- ☐ LUNG VENT/PERF
- ☐ PARATHYROID SCAN
- ☐ RENOGRAM ☐ Lasix ☐ Captopril
- ☐ THYROID SCAN ☐ w/Uptake
- ☐ WHITE BLOOD CELL SCAN
- ☐ OTHER: _____

Plain Films | GI/GU

- ☐ ABD SERIES incl CXR
- ☐ ANKLE 3V
  - ☐ L ☐ R ☐ Bilateral
- ☐ BARIUM ENEMA
- ☐ BONE DENSITY (DEXA)
- ☐ CHEST 1V
- ☐ CHEST PA & LAT
- ☐ CYSTOGRAM WITH VOIDING
- ☐ ELBOW 3V
  - ☐ L ☐ R ☐ Bilateral
- ☐ ESOPHAGRAM
- ☐ FACIAL BONES
- ☐ FEMUR
  - ☐ L ☐ R ☐ Bilateral
- ☐ FINGER 1 2 3 4 5
  - ☐ L ☐ R ☐ Bilateral
- ☐ FOOT 3V
  - ☐ L ☐ R ☐ Bilateral
- ☐ FOREARM 2V
  - ☐ L ☐ R ☐ Bilateral
- ☐ HAND 3V
  - ☐ L ☐ R ☐ Bilateral
- ☐ HEEL
- ☐ HIP 2V
  - ☐ L ☐ R ☐ Bilateral
- ☐ HUMERUS 2V
  - ☐ L ☐ R ☐ Bilateral
- ☐ IVP
- ☐ KNEE 2V
  - ☐ L ☐ R ☐ Bilateral
- ☐ KUB
- ☐ LEG LENGTH X-RAY
- ☐ METASTATIC SKELETAL SURVEY
- ☐ NASAL BONES
- ☐ ORBITS
- ☐ PELVIS
- ☐ RIBS w/CXR ☐ L ☐ R ☐ Bilateral
- ☐ SACRUM COCCYX
- ☐ SCOLIOSIS SERIES
- ☐ SHOULDER 3V ☐ L ☐ R ☐ Bilateral
- ☐ SI-JOINTS
- ☐ SINUSES
- ☐ SKULL
- ☐ SMALL BOWEL
- ☐ SPINE
  - ☐ Cervical ☐ 3V ☐ 5V ☐ Flex/ext
  - ☐ Thoracic ☐ 3V
  - ☐ Lumbar ☐ 3V ☐ 5V ☐ Flex/ext
- ☐ TIBIA/FIBULA 2V ☐ L ☐ R ☐ Bilateral
- ☐ TOE 1 2 3 4 5 ☐ L ☐ R ☐ Bilateral
- ☐ UPPER GI
- ☐ WATER'S VIEW
- ☐ WRIST 4V ☐ L ☐ R ☐ Bilateral
- ☐ OTHER: _____

1 BELLE MEADE
28 White Bridge Pike
Suite 111
Nashville, TN 37205
615.356.3999
(f): 615.353.0462
TAX ID # 01-0570490

2 BELLEVUE
5700 Temple Road
Suite 102
Nashville, TN 37221
615.986.5993
(f): 615.234.1522
TAX ID # 01-0570490

3 BRENTWOOD
789 Old Hickory Boulevard
Brentwood, TN 37027
615.832.9551
(f): 615.234.1509
TAX ID # 01-0570490

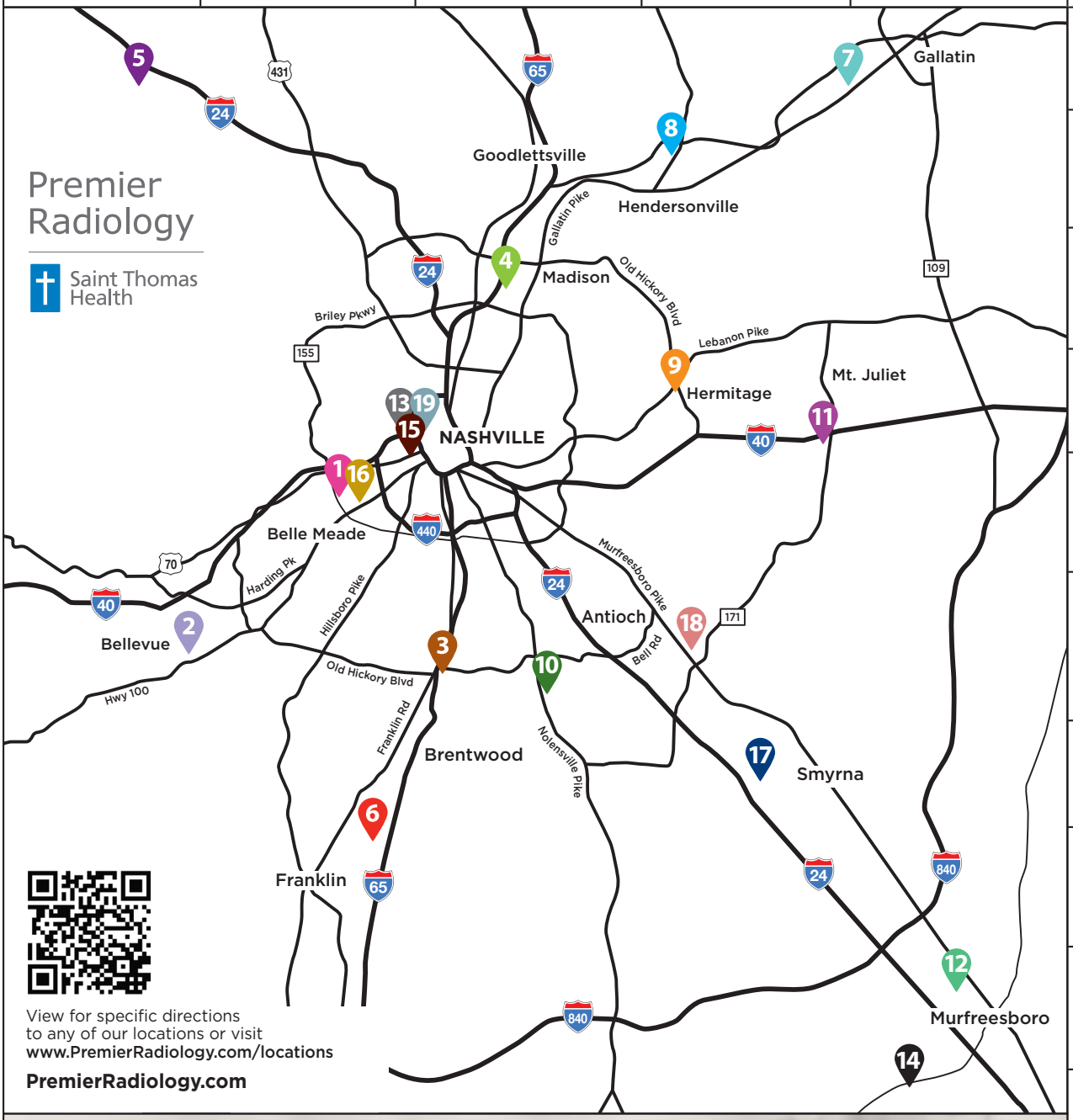
4 BRIARVILLE
1210 Briarville Road
Suite 602F
Madison, TN 37115
615.986.6411
(f): 615.234.1506
TAX ID # 62-1751220

5 CLARKSVILLE
980 Professional Park Drive
Suite E
Clarksville, TN 37040
931.436.9307
(f): 931.436.9308
TAX ID # 01-0570490

6 COOL SPRINGS
3310 Aspen Grove Drive
Suite 201
Franklin, TN 37067
615.771.0171
(f): 615.234.1501
TAX ID # 01-0570490

Premier Radiology

Saint Thomas Health



View for specific directions
to any of our locations or visit
www.PremierRadiology.com/locations

PremierRadiology.com

7 GALLATIN
110 St. Blaise Road | Suite 102
Gallatin, TN 37066
615.467.4640 (f): 615.467.4641
TAX ID # 01-0570490

8 HENDERSONVILLE
262 New Shackle Island Road
Suite 206
Hendersonville, TN 37075
615.986.6050 (f): 615.234.1529
TAX ID # 62-1751220

9 HERMITAGE
5045 Old Hickory Boulevard
Suite 100
Hermitage, TN 37076
615.884.7674 (f): 615.234.1507
TAX ID # 01-0570490

10 LENOX VILLAGE
6130 Nolensville Pike | Suite 102
Nashville, TN 37211
615.986.7026 (f): 615.234.1510
TAX ID # 01-0570490

11 MT. JULIET
5002 Crossings Circle
Suite 140
Mt. Juliet, TN 37122
615.773.7237 (f): 615.773.1250
TAX ID # 01-0570490

12 MURFREESBORO | Center for Breast Health
1840 Medical Center Pkwy.
SETON BUILDING | Suite 101
Murfreesboro, TN 37129
615.896.1234 (f): 615.896.7171
efax: 615.234.1504
TAX ID # 01-0570490

13 NASHVILLE | Charlotte
1800 Charlotte Avenue
Nashville, TN 37203
615.329.4840 (f): 615.846.0859
TAX ID # 01-0570490

14 NEW SALEM
2723 New Salem Highway
Suite 103
Murfreesboro, TN 37128
615.986.6055 (f): 615.234.1505
TAX ID # 01-0570490

15 SAINT THOMAS | MIDTOWN
300 20th Avenue North
Suite 202
Nashville, TN 37203
615.986.6047 (f): 615.986.6048
TAX ID # 01-0570490

16 SAINT THOMAS | WEST
4230 Harding Pike | Suite 220
Nashville, TN 37205
615.467.1050 (f): 615.234.1533
TAX ID # 01-0570490

17 SMYRNA
741 President Place | Suite 100
Smyrna, TN 37167
615.220.0674 (f): 615.355.4348
TAX ID # 01-0570490

18 SOUTH NASHVILLE | Antioch
3754 Murfreesboro Pike
Suite 102
Antioch, TN 37013
615.467.4642 (f): 615.467.4643
TAX ID # 01-0570490

19 UPRIGHT MRI
1718 Charlotte Avenue | Suite B
Nashville, TN 37203
615.620.5480 (f): 615.321.8409
TAX ID # 01-0570490

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