Premier Radiology

☐ 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** ☐ **3.0T** *(Belle Meade, Midtown, West)*
☐ **OPEN** ☐ **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**

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**

PET/CT

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

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)*
- ☐ 3D DIGITAL MAMMOGRAPHY
- ☐ 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: _____

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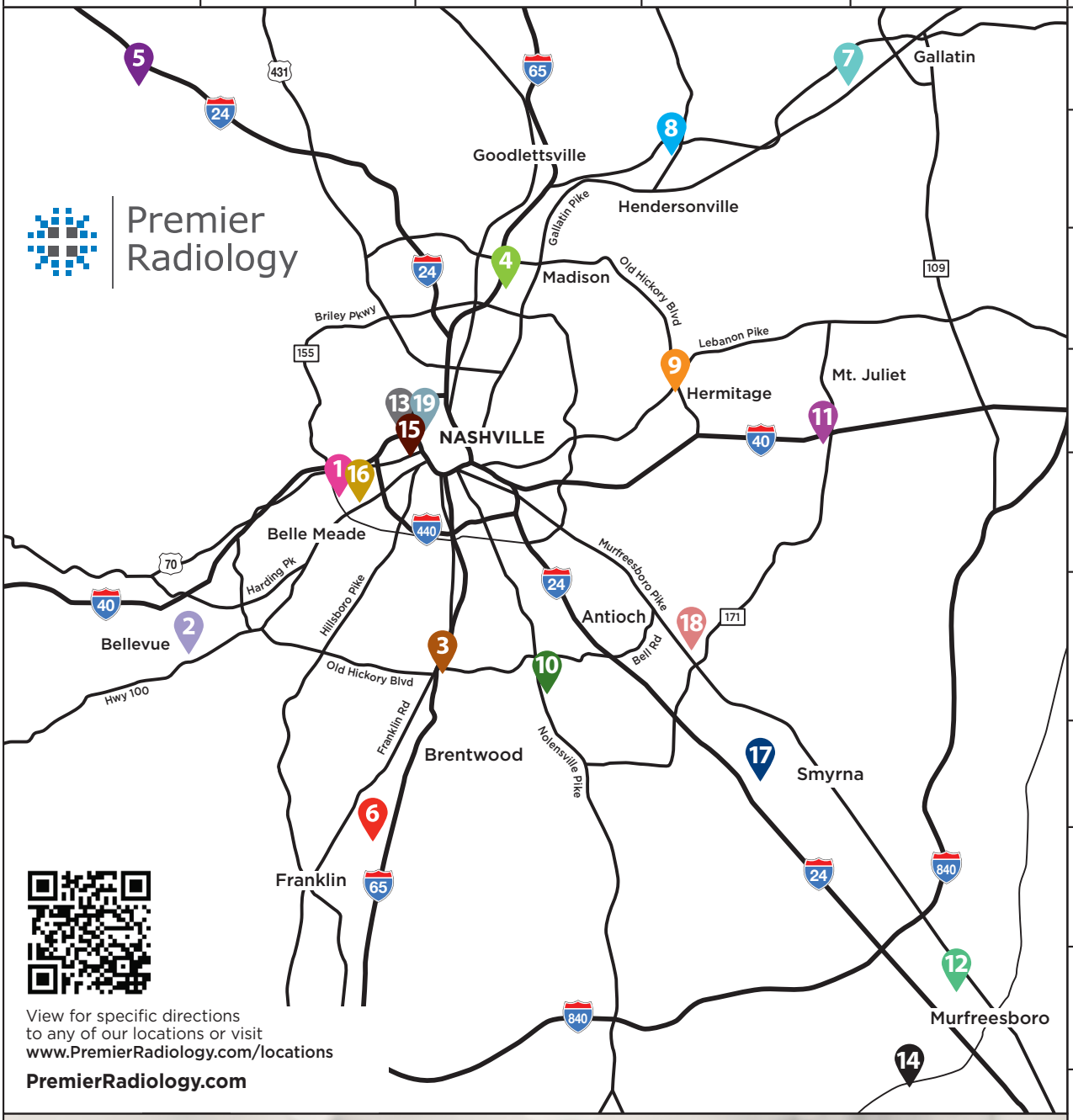

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