

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

PET/CT

- BRAIN
- STANDARD BODY (Skull base to Thigh)
- WHOLE BODY (Head-to-Toe)
- SODIUM FLUORIDE (NaF)
- PYLARIFY PSMA
- OTHER: _____

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)
- 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 _____
 - LEVELS _____
- 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 | fax: 615.353.0462
TAX ID # 01-0570490

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

3 BRENTWOOD
789 Old Hickory Boulevard
Brentwood, TN 37027
615.832.9551 | fax: 615.234.1509
TAX ID # 01-0570490

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

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

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

7 ELLISTON PLACE
2214 Elliston Place | Suite 200
Nashville, TN 37203
615.341.3540 | fax: 615.467.1048
TAX ID # 83-4325292

8 GALLATIN
110 St. Blaise Road | Suite 102
Gallatin, TN 37066
615.467.4640 | fax: 615.467.4641
TAX ID # 01-0570490

9 GREEN HILLS
2323 Crestmoor Road
Nashville, TN 37215
615.467.1045 | fax: 615.695.5001
TAX ID # 83-4325292

10 HENDERSONVILLE
262 New Shackle Island Road | Suite 206
Hendersonville, TN 37075
615.986.6050 | fax: 615.234.1529
TAX ID # 62-1751220

11 HERMITAGE
5045 Old Hickory Boulevard | Suite 100
Hermitage, TN 37076
615.884.7674 | fax: 615.234.1507
TAX ID # 01-0570490

12 LENOX VILLAGE
6130 Nolensville Pike | Suite 102
Nashville, TN 37211
615.986.7026 | fax: 615.234.1510
TAX ID # 01-0570490

13 MT. JULIET
5002 Crossings Circle | Suite 140
Mt. Juliet, TN 37122
615.773.7237 | fax: 615.773.1250
TAX ID # 01-0570490

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

15 NASHVILLE | CHARLOTTE
1800 Charlotte Avenue
Nashville, TN 37203
615.329.4840 | fax: 615.846.0859
TAX ID # 01-0570490

16 NEW SALEM
2723 New Salem Highway | Suite 103
Murfreesboro, TN 37128
615.986.6055 | fax: 615.234.1505
TAX ID # 01-0570490

**17 ASCENSION SAINT THOMAS |
MIDTOWN**
300 20th Avenue North | Suite 202
Nashville, TN 37203
615.986.6047 | fax: 615.986.6048
TAX ID # 01-0570490

**18 ASCENSION SAINT THOMAS |
WEST**
4230 Harding Pike | Suite 220
Nashville, TN 37205
615.467.1050 | fax: 615.234.1533
TAX ID # 01-0570490

19 SMYRNA
741 President Place | Suite 100
Smyrna, TN 37167
615.220.0674 | fax: 615.355.4348
TAX ID # 01-0570490

20 SOUTH NASHVILLE | ANTIOCH
3754 Murfreesboro Pike | Suite 102
Antioch, TN 37013
615.467.4642 | fax: 615.467.4643
TAX ID # 01-0570490

21 UPRIGHT MRI
1718 Charlotte Avenue | Suite B
Nashville, TN 37203
615.620.5480 | fax: 615.321.8409
TAX ID # 01-0570490

Coming Soon

LEBANON
101 Physician's Way
Lebanon, TN 37090



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