Ascension Saint Thomas | Premier Radiology

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

☐ **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): _____ ICD10 Code: _____

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**
☐ 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**
☐ MR VENOGRAM BRAIN
☐ 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/o contrast** ☐ **w/contrast**
☐ ORBITS
☐ **w/o contrast** ☐ **w/contrast**
☐ PELVIS
☐ **w/o contrast** ☐ **w/contrast**
☐ SINUSES
☐ BrainLab ☐ Stryker ☐ Fusion

☐ SPINE
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ TEMPORAL BONES
☐ UROLITHIASIS *(Kidney Stones)*
Creatinine lab work will be performed if needed for contrast enhanced studies
☐ **w/o contrast** ☐ **w/contrast**

Women's Imaging

☐ BIOPHYSICAL PROFILE (BPP)
☐ BONE DENSITY (DEXA)
☐ BONE DENSITY (DEXA) with TBS
☐ 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 ☐ w/implants
☐ DIGITAL MAMMOGRAPHY ☐ Screening
☐ Diagnostic ☐ L ☐ R ☐ Bilateral ☐ w/implants
☐ Breast US if clinically indicated
☐ OBSTETRIC US
☐ PELVIS MRI **w/ and w/o contrast**
☐ PELVIS US TA & TV WITH DOPPLER

Injections

☐ ARTHROGRAM
☐ Shoulder ☐ Hip ☐ Knee ☐ Other
☐ MRI ☐ CT
☐ BLOOD PATCH
☐ Cervical ☐ Lumbar
LEVELS _____
☐ DISCOGRAM *(with CT)*
☐ Cervical ☐ Thoracic ☐ Lumbar
LEVELS _____
☐ EPIDURAL STEROID INJECTION - CAUDAL
☐ EPIDURAL STEROID INJECTION - INTERLAMINAR ☐ X3 ☐ X2 ☐ X1
☐ Cervical ☐ Thoracic ☐ Lumbar
LEVELS _____
☐ EPIDURAL STEROID INJECTION - TRANSFORAMINAL ☐ X3 ☐ X2 ☐ X1
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Right ☐ Left
LEVELS _____

☐ FACET JOINT INJECTION
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Right ☐ Left ☐ Bilateral
☐ 2x with RFA
LEVELS _____
☐ MEDIAL BRANCH BLOCK/FACET BLOCK
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Right ☐ Left ☐ Bilateral
☐ 2x with RFA
LEVELS _____
☐ FACET DENERVATION/RADIOFREQUENCY ABLATION
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Right ☐ Left ☐ Bilateral
LEVELS _____
☐ INTERCOSTAL BLOCK (RIB)
☐ Right ☐Left ☐ Bilateral
LEVELS _____

☐ JOINT INJECTION:
☐ Shoulder ☐ Hip
☐ Trochanteric Bursa
☐ Knee
☐ Other: _____
☐ Right ☐ Left ☐ Bilateral
☐ LUMBAR PUNCTURE
☐ Opening pressure
☐ Labs (be specific)
_____
☐ MYELOGRAM *(with Xrays and CT)*
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ NERVE BLOCK INJECTION
☐ Geniculate ☐ Genitofemoral
☐ Occipital ☐ Stellate Ganglion
☐ Lumbar Sympathetic
☐ Other: _____
☐ Right ☐ Left ☐ Bilateral

☐ NERVE ROOT BLOCK INJECTION
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Right ☐ Left
LEVELS _____
☐ PIRIFORMIS
☐ Right ☐ Left ☐ Bilateral
☐ SACROILIAC JOINT (SI JOINT)
☐ Right ☐ Left ☐ Bilateral
☐ TRIGGER POINTS
Specify Location and/or Muscles:
_____
☐ JOINT ASPIRATION
Joint: _____
(specific joint to be aspirated)
☐ Right ☐ Left ☐ Bilateral
☐ Labs (be specific)
_____

IR Procedures

☐ BIOPSY:
☐ Bone Marrow ☐ Liver ☐ Thyroid
☐ Soft Tissue/Other: _____
☐ BREAST BIOPSY: ☐ Right ☐ Left ☐ Bilateral
☐ Soft Tissue/Other: _____
☐ KYPHOPLASTY CONSULT
☐ MRI ☐ CT ☐ Bone Scan
LEVELS _____
☐ PICC LINE
☐ VENOUS POWER PORT
☐ THORACENTESIS
☐ Labs desired specify: _____
☐ Right ☐ Left ☐ Bilateral
☐ PARACENTESIS
☐ Labs desired specify: _____
☐ VASCULAR CONSULT *(arteriogram/endovascular txt)*
☐ Cerebral ☐ Peripheral
☐ UFE *(with pelvic US and MRI pelvis)*
☐ Other: _____

Ultrasound

☐ AAA SCREENING
☐ ABDOMEN COMPLETE
☐ ABDOMEN LIMITED
LIVER
☐ AORTA DUPLEX
☐ ARTERIAL DOPPLER
☐ Upper ☐ Lower
☐ L ☐ R ☐ Bilateral
☐ ABI
☐ Arterial Graft
☐ BIOPHYSICAL PROFILE
☐ BREAST
☐ L ☐ R ☐ Bilateral
☐ CAROTID
☐ ECHOCARDIOGRAM
☐ EXTREMITY
NON-VASCULAR
☐ GALLBLADDER
☐ OBSTETRIC
☐ PELVIS LIMITED/
INGUINAL HERNIA
☐ PELVIS US TA & TV
☐ WITH DOPPLER
☐ RENAL
☐ RENAL WITH DOPPLER
☐ SOFT TISSUE NECK
☐ SONOHYSTEROGRAPHY
☐ TESTICULAR WITH DOPPLER
☐ THYROID
☐ VENOUS DUPLEX DOPPLER
☐ Upper ☐ Lower
☐ L ☐ R ☐ Bilateral
☐ For EVLT
☐ _____

Nuclear Medicine

☐ BONE SCAN
☐ Whole Body
☐ 3-Phase
☐ Limited
☐ SPECT
☐ RESTING MUGA
☐ GASTRIC EMPTYING
☐ 2HR ☐ 4HR
☐ HEPATOBILIARY w/EF
☐ LIVER/SPLEEN
☐ LUNG VENT/PERF
☐ PLANAR PARATHYROID
☐ w/SPECT
☐ RENOGRAM wo/w Lasix
☐ THYROID SCAN ☐ w/Uptake
☐ WHITE BLOOD CELL SCAN
☐ OTHER: _____

Plain Films/GI/GU/Dexa

☐ ABD SERIES incl CXR
☐ ANKLE 3V
☐ L ☐ R ☐ Bilateral
☐ BARIUM ENEMA
☐ Single ☐ Double ☐ Gastrografin
☐ BODY COMPOSITION/CORESCAN
☐ BONE DENSITY (DEXA)
☐ BONE DENSITY (DEXA) with TBS
☐ CALCANEUS 2V ☐ L ☐ R ☐ Bilateral
☐ CHEST 1V
☐ CHEST PA & LAT
☐ CYSTOGRAM
☐ Static ☐ Voiding
☐ ELBOW 3V ☐ L ☐ R ☐ Bilateral
☐ ESOPHAGRAM
☐ FACIAL BONES 3V
☐ 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
☐ HIP 2V
☐ L ☐ R ☐ Bilateral
☐ HUMERUS 2V
☐ L ☐ R ☐ Bilateral
☐ KNEE 2V
☐ L ☐ R ☐ Bilateral
☐ KUB
☐ LEG LENGTH X-RAY
☐ METASTATIC SKELETAL SURVEY
☐ NASAL BONES 3V
☐ ORBITS 4V
☐ PELVIS
☐ RETROGRADE URETHROGRAM
☐ RIBS w/CXR ☐ L ☐ R ☐ Bilateral

☐ SACRUM COCCYX 2V
☐ SCOLIOSIS SERIES 2V
☐ SHOULDER 3V
☐ L ☐ R ☐ Bilateral
☐ SI-JOINTS
☐ SINUSES 3V
☐ SKULL 3V
☐ SMALL BOWEL
☐ SPINE
☐ Cervical ☐ 3V ☐ 5V ☐ Flex/ext
☐ Thoracic ☐ 3V
☐ Lumbar ☐ 3V ☐ 5V ☐ Flex/ext
☐ TIBIA/FIBULA 2V ☐ L ☐ R ☐ Bilateral
☐ TOE 3V 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 # 83-4325292

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

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

9 **HENDERSONVILLE**
262 New Shackle Island Road | Suite 206
Hendersonville, TN 37075
615.986.6050 | fax: 615.234.1529
TAX ID # 83-4325292

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

11 **LEBANON**
101 Physician's Way | Suite 113
Lebanon, TN 37090
615.467.1062 | fax: 615.695.5002
TAX ID # 83-4325292

LEBANON MRI | Suite 112
fax: 615.301.0192
TAX ID # 01-0570490
NPI 1770667289

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