

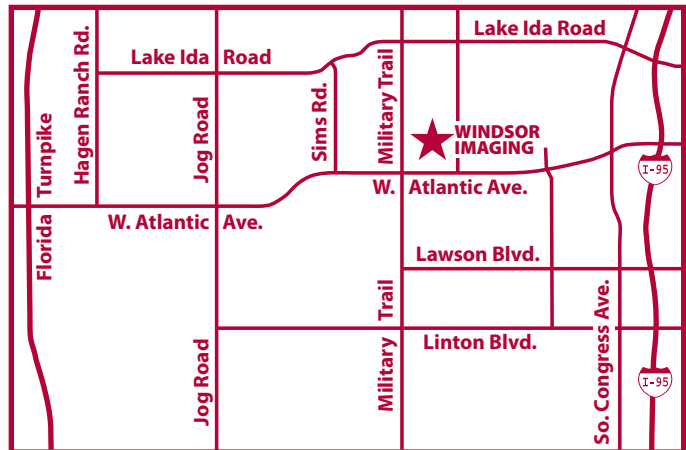
14590 South Military Trail
Suite E-12
Delray Beach, FL 33484
Phone: 561-900-0300
Fax: 561-270-3340



4805 North Dixie Highway
Fort Lauderdale, FL 33334
Phone: 954-771-6400
Fax: 954-771-6499
1000 Virginia Avenue
Fort Pierce, FL 34982
Phone: 772-466-5050
Fax: 772-467-1003

PATIENT NAME: _____ SS#: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Date of Birth: _____
 PHYSICIAN NAME: _____ Office Address: _____
 Phone No: _____ Fax No.: _____
 PRIMARY INSURANCE: _____ Phone No: _____
 Policy No: _____ Group No: _____ Claim No: _____
 Authorization No: _____
 SECONDARY INSURANCE: _____ Phone No: _____
 Policy No: _____ Group No: _____ Claim No: _____
 DATE OF ACCIDENT: _____ Auto Workers' Comp Slip & Fall Other _____
 ATTORNEY NAME: _____ PHONE NUMBER: _____

MRI	
HEAD	MUSCULOSKELETAL
<input type="checkbox"/> Brain	<input type="checkbox"/> Shoulder Lt Rt
<input type="checkbox"/> Diffusion	<input type="checkbox"/> Elbow Lt Rt
<input type="checkbox"/> IAC's	<input type="checkbox"/> Wrist Lt Rt
<input type="checkbox"/> Orbits	<input type="checkbox"/> Hand Lt Rt
<input type="checkbox"/> Pituitary	<input type="checkbox"/> Hip Lt Rt
<input type="checkbox"/> Sinus	<input type="checkbox"/> Tib/Fib Lt Rt
<input type="checkbox"/> TMJ	<input type="checkbox"/> Knee Lt Rt
SPINE	<input type="checkbox"/> Foot Lt Rt
<input type="checkbox"/> Cervical	<input type="checkbox"/> Ankle Lt Rt
<input type="checkbox"/> Thoracic	MR ANGIOGRAPHY
<input type="checkbox"/> Lumbar	<input type="checkbox"/> Carotid/Vertebral
BODY	<input type="checkbox"/> Circle of Willis
<input type="checkbox"/> Neck (soft tissue)	<input type="checkbox"/> Aorta
<input type="checkbox"/> Breast	<input type="checkbox"/> Renal
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremity _____
<input type="checkbox"/> Liver	Other _____
<input type="checkbox"/> Pelvis	_____
	W/ & W/O IV CONTRAST <input type="checkbox"/>



DIRECTIONS FROM I-95:
 ■ Get off on Atlantic Ave. (Exit 52B), head West to Military Trail
 ■ Make a Right on to Military Trail heading North

DIRECTIONS FROM FL TURNPIKE:
 ■ Get off on Atlantic Ave. (Exit 81), head East to Military Trail
 ■ Make a Left on to Military Trail heading North

ONCE ON MILITARY TRAIL HEADED NORTH:
 ■ Make a Right at First Traffic Light into Delray Square
 ■ Head straight to the Stop Sign, turn Left, go straight to next Stop Sign ■ Make a Right, follow lot down until you see our Sign on the Left

DIAGNOSIS: _____

Physician's Signature: _____ NPI Number: _____ Date: _____
 Call for Stat Claustrophobic Patient CD Needed Transportation

IMPORTANT MEDICAL INFORMATION
 If you have metallic implants, cardiac pacemaker, brain aneurysm clips, a history of being exposed to foreign metallic bodies in the eyes or if you are (or may be) pregnant,
 PLEASE NOTIFY THE MEDICAL PERSONNEL PRIOR TO YOUR APPOINTMENT VERIFICATION

APPOINTMENT
 DATE: _____
 TIME: _____
 SITE: _____