

4805 North Dixie Highway
Fort Lauderdale, FL 33334

Phone: 954-771-6400

Fax: 954-771-6499

HIGH FIELD  OPEN MRI
Windsor IMAGING
Be treated like royalty.

14590 S. Military Trail, Suite E-12

Delray Beach, FL 33484

Ph: 561-900-0300

Fax: 561-270-3340

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

- Brain
- Diffusion
- IAC's
- Orbits
- Pituitary
- Sinus
- TMJ

SPINE

- Cervical
- Thoracic
- Lumbar

BODY

- Neck (soft tissue)
- Breast
- Abdomen
- Liver
- Pelvis

MUSCULOSKELETAL

- Shoulder Lt Rt
- Elbow Lt Rt
- Wrist Lt Rt
- Hand Lt Rt
- Hip Lt Rt
- Tib/Fib Lt Rt
- Knee Lt Rt
- Foot Lt Rt
- Ankle Lt Rt

MR ANGIOGRAPHY

- Carotid/Vertebral
- Circle of Willis
- Aorta
- Renal
- Extremity _____
- Other _____

W/ & W/O IV CONTRAST



- Take I-95 to Commercial Boulevard (exit 32).
- Head East until you reach North Dixie Highway
- Make a Right at the light and head South on Dixie Highway for about 1000 feet ■ Turn Right into brown office complex (Park Plaza) ■ The office is straight ahead to the back of the plaza (entrance on the Left)

DIAGNOSIS: _____

Physician's Signature: _____ NPI Number: _____ Date: _____

- Call for Stat
- Claustrophobic Patient
- CD Needed
- Transportation

APPOINTMENT

DATE: _____

TIME: _____

SITE: _____

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