4805 North Dixie Highway
Fort Lauderdale, FL 33334
Phone: 954-771-6400
Fax: 954-771-6499

Windsor IMAGING

Be treated like royalty.

1000 Virginia Avenue
Fort Pierce, FL 34982
Phone: 772-466-5050
Fax: 772-467-1003

PATIENT NAME:_____ **SS#**_____ DOB_____
ADDRESS:_____ CITY:_____ STATE:_____ ZIP:_____
HOME PHONE:_____ WORK PHONE:_____ CELL:_____
PRIMARY INSURANCE:_____ POLICY #_____ GROUP #_____
DOA_____ ☐ AUTO ☐ WORKERS COMP ☐ SLIP & FALL ☐ OTHER CLAIM #_____
SECONDARY INSURANCE:_____ POLICY # _____ CLAIM # _____
ATTORNEY NAME:_____ **PHONE # :**_____ FAX#_____
PHYSICIAN NAME: _____ **PHONE # :**_____ FAX#_____
NPI_____ **DIAGNOSIS/HISTORY** _____
PHYSICIAN'S SIGNATURE_____ **APPOINTMENT TIME** _____
☐ **STAT** ☐ **PATIENT TO TAKE CD** ☐ **DR. REQUESTING FILMS** ☐ **TRANSPORTATION**
ALL CONSTRAST STUDIES WILL BE DONE WITH OR WITH/WITHOUT CONTRAST.

MRI

HEAD
- ☐ Brain
- ☐ IAC's
- ☐ Orbits
- ☐ Pituitary
- ☐ TMJ

SPINE
- ☐ Cervical
- ☐ Thorasic
- ☐ Lumbar
- ☐ Sacrum/Coccyx

BODY
- ☐ Neck
- ☐ Bracial Plexus
- ☐ Abdomen Att: _____
- ☐ Pelvis Att: _____

MUSCULOSKELETAL
- ☐ Shoulder LT RT
- ☐ Elbow LT RT
- ☐ Wrist LT RT
- ☐ Hand LT RT
- ☐ Hip LT RT
- ☐ Femur LT RT
- ☐ Tib/Fib LT RT
- ☐ Knee LT RT
- ☐ Foot LT RT
- ☐ Ankle LT RT
- ☐ Arm LT RT

MR ANGIOGRAPHY
- ☐ Carotid/Vertrbal
- ☐ Circle of Willis
- ☐ Other _____

CONTRAST: ☐ Without ☐ With/Without

ULTRASOUNDS

GENERAL STUDIES
- ☐ Abdominal CP (76700) NPO 6 Hrs
- ☐ Abdominal LMT (76705) NPO 6 Hrs
  - ☐ RUQ Gallbladder, Liver, Pancreas NPO 6 Hrs
  - ☐ Liver
  - ☐ Gallbladder
  - ☐ Pancreas
  - ☐ Spleen
  - ☐ IVC
- ☐ Retroperitoneal CP (76770) NPO 6 Hrs
- ☐ Kidney With Bladder pre & post void (76770)
- ☐ Retroperitoneal LMT (76775) NPO 6 Hrs
  - ☐ Kidney Only (Liquids Only)
- ☐ Abdominal Aorta/Cava only (93978)
- ☐ Pelvic TA Female CP (76856)
  (Tranabdominal non OB) Drink 36oz Liquid 1 hour Before exam DO NOT URINATE
- ☐ Pelvic TV Female CP (Transvag) (76830)
- ☐ Pelvic Male CP (Full Bladder) (76857)
- ☐ Pelvic TA LMT Prostate only (Full Blad)
- ☐ Pevlic TA Bladder only(76857)
- ☐ Scrotal (76870)
- ☐ Thyroid (76536)
- ☐ Breast Bilateral RT LT ((76641)
- ☐ Non Vascular Extrem(Soft Tissue) (76881) CP
- ☐ LMT Groin (76882)
- ☐ Achillees Tendon (76882)

☐ Carotid Duplex -
No Smoking or Caffine 3 Hrs Prior to Appt.

VASCULAR STUDIES
- ☐ Arterial Duplex Upper Bilateral RT LT
- ☐ Arterial Duplex Lower Bilateral RT LT
- ☐ Venous Duplex Upper Bilateral RT LT
- ☐ Venous Duplex Lower Bilateral RT LT

No Smoking or Caffine 3 Hrs Prior to Appt.

DIGITAL MAMMOGRAM
- ☐ Screening 1 (2D)
- ☐ Diagnostic Bialateral (2D)
- ☐ Diagnostic Unilateral (2D) LT RT
- ☐ Screening (3D)
- ☐ Diagnostic Bilateral (3D)
- ☐ Diagnistic Unilateral (3D) LT RT

BONE DENSITY
- ☐ Hip, Pelvis, Spine

X-RAY
SPECIFY

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, diabetic or if you are (or may be) pregnant.

PLEASE NOTIFY THE MEDICAL PERSONNEL PRIOR TO YOUR APPOINTMENT VERIFICATION!

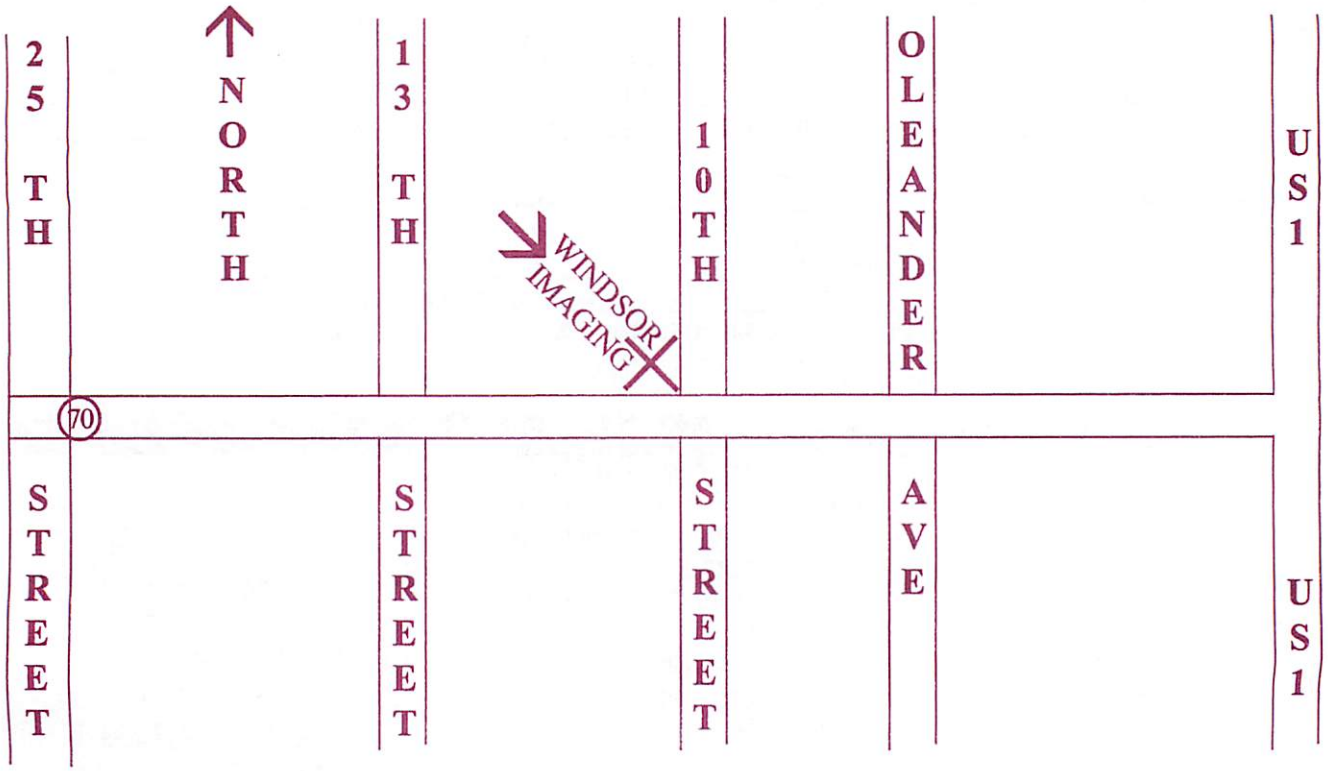
PREAUTHORIZATION REFERRAL: IF POLICY HOLDER IS DIFFERENT FROM PATIENT PLEASE PROVIDE
THE FOLLOWING: POLICY HOLDERS NAME _____
RELATIONSHIP TO PATIENT _____ DOB _____

BELOW THIS LINE FOR IMAGING CENTER REPRESENTATIVE ONLY

INSURANCE CONTACT_____ TRACKING #_____ AUTHORIZATION # _____
DATE AUTHORIZATION RECEIVED _____ EXP DATE _____ DENIED ☐ YES ☐ NO
REASON DENIED _____

*** IMPORTANT PLEASE ATTACH ALL CLINICAL NOTES PERTAINING TO THE STUDY BEING OFFERED ***

WINDSOR IMAGING
1000 VIRGINIA AVENUE, FORT PIERCE, FL 34982 .. 772-466-5050



Directions from: St. Lucie West

Take St. Lucie West Boulevard (Prima Vista) west to 25th Street
Turn left (north) on 25th street, go to Virginia Avenue
Right at Virginia Ave to 10th Street
Left at 10th Street
Sharp left into parking lot

Directions from: Stuart

North on US 1 to Virginia Ave
Left (west) at Virginia Ave
Right at 10th Street
Sharp left into parking lot

Directions from: Okeechobee

East on SR 60 (Virginia Ave) to 10th Street
Left at 10th Street
Sharp left into parking lot

MRI
.. Wear loose comfortable clothing with NO jewelry, metal fasteners, zippers or snaps.
Bring in your favorite CD and let us play your music on our stereo during your MRI proceedure.
DIGITAL MAMMOGRAMS
.. Please do not wear deodorant, powder or lotion.
.. Please wear a two piece outfit if possible, for your own comfort.
.. Please bring previous films, if they are associated with the Exam being done.
ULTRASOUND
.. Please Pay Special attention to the instructions on the front associated with your specific scan.