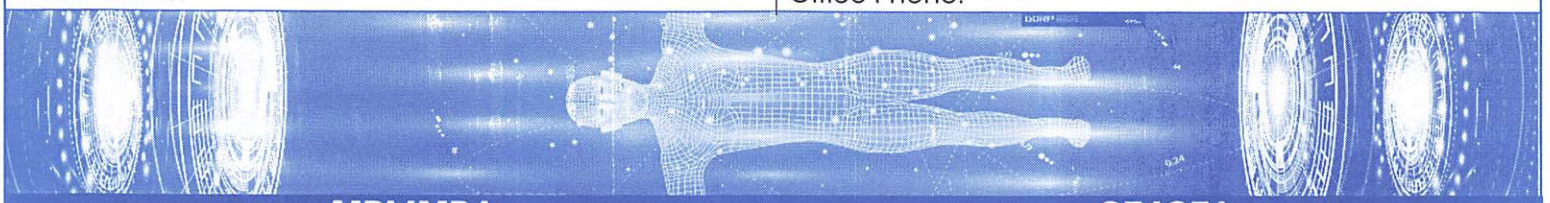
EXPRESS MEDICAL IMAGING

☎ 386.280.0080 386.280.0081 6300 ST JOHNS AVENUE, PALATKA, FLORIDA 32177

Patient Information

APPT. DATE:	APPT. TIME:
Name:	D.O.B:
Telephone Number:	***SEND COPY OF INSURANCE CARD WITH ORDER***
Date:	
Sex: ❑ Male ❑ Female	Physician Name:
ICD 10 / Indication:	Signature: (Required)
	❑ Radiologist's Discretion
❑ **STAT** ❑ Fax Results ❑ Call Results	Direct Line# ❑ Online Access to Patient
Office Name:	Office Phone:



MRI/MRA

CONTRAST ❑ W/O ❑ W/ & W/O

- ❑ BRAIN ❑ DTI
- ❑ PITUITARY
- ❑ IACS
- ❑ ORBITS
- ❑ SOFT ISSUE NECK
- ❑ CERVICAL SPINE
- ❑ SHOULDER ❑ L ❑ R ❑ B
- ❑ THORACIC SPINE
- ❑ ELBOW ❑ L ❑ R ❑ B
- ❑ LUMBAR SPINE
- ❑ WRIST ❑ L ❑ R ❑ B
- ❑ HAND ❑ L ❑ R ❑ B
- ❑ ABDOMEN
- ❑ HIP ❑ L ❑ R ❑ B
- ❑ PELVIS
- ❑ PROSTATE
- ❑ KNEE ❑ L ❑ R ❑ B
  - ❑ CARTILAGE VIABILITY
- ❑ ANKLE ❑ L ❑ R ❑ B
- ❑ MIDFOOT ❑ L ❑ R ❑ B
- ❑ FOREFOOT ❑ L ❑ R ❑ B
- ❑ ARTHROGRAM
- ❑ MRI/MRA/MRV/OTHER
- ❑ MRI ENTEROGRAPHY
- ❑ MRCP
- ❑ MRI OTHER

CT/CTA

CONTRAST ❑ W/ ❑ W/O ❑ W/ & W/O

- ❑ BRAIN
- ❑ TEMPORAL BONES
- ❑ FACIAL BONES
- ❑ ORBITS
- ❑ SINUSES
- ❑ SOFT TISSUE NECK
- ❑ CERVICAL SPINE
- ❑ THORACIC SPINE
- ❑ LUMBAR SPINE
- ❑ CHEST
- ❑ LUNG SCREENING/LOW DOSE
- ❑ CALCIUM SCORING
- ❑ ABDOMEN
- ❑ PELVIS
- ❑ ABDOMEN & PELVIS
- ❑ UROGRAM
- ❑ SHOULDER ❑ L ❑ R ❑ B
- ❑ ELBOW ❑ L ❑ R ❑ B
- ❑ WRIST ❑ L ❑ R ❑ B
- ❑ HAND ❑ L ❑ R ❑ B
- ❑ HIP ❑ L ❑ R ❑ B
- ❑ KNEE ❑ L ❑ R ❑ B
- ❑ ANKLE ❑ L ❑ R ❑ B
- ❑ FOOT ❑ L ❑ R ❑ B
- ❑ CT ENTEROGRAPHY
- ❑ CT OTHER
- ❑ CTA BRAIN
- ❑ CTA CORONARY
- ❑ CTA CAROTIDS
- ❑ CTA ABDOMEN
- ❑ CTA PELVIS
- ❑ CTA RUNOFFS
- ❑ CTA CHEST PULMONARY EMB.
- ❑ CTA OTHER

DIGITAL X-RAY

- ❑ CHEST 2V
- ❑ SKULL 3V
- ❑ SINUS
- ❑ ORBITS
- ❑ FACIAL BONES
- ❑ NASAL BONES
- ❑ MANDIBLE
- ❑ SOFT TISSUE NECK
- ❑ CERVICAL SPINE
- ❑ THORACIC SPINE
- ❑ LUMBAR SPINE
- ❑ SC JOINT
- ❑ AC JOINT
- ❑ STERNUM
- ❑ RIBS ❑ L ❑ R ❑ B
- ❑ CLAVICLE ❑ L ❑ R ❑ B
- ❑ SHOULDER ❑ L ❑ R ❑ B
- ❑ HUMERUS ❑ L ❑ R ❑ B
- ❑ ELBOW ❑ L ❑ R ❑ B
- ❑ FOREARM ❑ L ❑ R ❑ B
- ❑ WRIST ❑ L ❑ R ❑ B
- ❑ HAND ❑ L ❑ R ❑ B
- ❑ FINGER ❑ L ❑ R ❑ B
- ❑ KUB
- ❑ ABDOMEN COMPLETE
- ❑ PELVIS
- ❑ HIP ❑ L ❑ R ❑ B
- ❑ FEMUR ❑ L ❑ R ❑ B
- ❑ KNEE ❑ L ❑ R ❑ B
- ❑ TIBIA/FIBULA ❑ L ❑ R ❑ B
- ❑ FOOT ❑ L ❑ R ❑ B
- ❑ CALCANEUS ❑ L ❑ R ❑ B
- ❑ TOE ❑ L ❑ R ❑ B
- ❑ X-RAY/OTHER

ULTRASOUND

- ❑ THYROID/SOFT TISSUE NECK
- ❑ ABDOMEN COMPLETE
- ❑ ABDOMINAL LIMITED
- ❑ RENAL (KIDNEY)
- ❑ BLADDER
- ❑ SCROTUM
- ❑ BREAST ❑ L ❑ R
- ❑ PELVIS/TRANSVAGINAL
- ❑ ABI
- ❑ AAA SCREEN
- ❑ AAA (FOLLOW UP)
- ❑ EXTREMITY NON VASCULAR ❑ L ❑ R ❑ B ❑ UE ❑ LE
- ❑ RENAL ARTERY DOPPLER
- ❑ CAROTID DOPPLER
- ❑ ARTERIAL DOPPLER ❑ L ❑ R ❑ B ❑ UE ❑ LE
- ❑ VENOUS DOPPLER ❑ L ❑ R ❑ B ❑ UE ❑ LE
- ❑ ECHO (TTE)

MAMMOGRAPHY

- ❑ DIAGNOSTIC MAMMOGRAM W/ULTRASOUND BREAST AT RADIOLOGIST DISCRETION
- ❑ SCREENING MAMMOGRAPHY ❑ DEXA (BONE DENSITY)