



10630 Alpharetta Highway • Roswell, GA 30076
 1-770-649-8500 • 1-888-260-6010 • 1-770-649-8591 Fax
 Email: highfieldadmin@gmail.com
 Website: www.highfieldopenmri.com

Appointments available 7 days a week!

- Schedule Patient Precert patient Inform Doctor of Appointment

EXAM IMAGES Send CD with Patient Courier CD to Physician Other Radiologist to read Films

STAT PROCEDURE Yes No **Call Report #:** _____

Patient's Name: _____ Date of Birth: _____

Home Phone: _____ Alternate Phone: _____

Referring Physician / Office: _____ Appt. Date / Time: _____

Diagnosis (Do not use "Rule Out"): _____ ICD-9 Code(s): _____

Physician's Signature: _____

MRI	XRAY	DEXA
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Contrast: w/o w/wout if needed

- HEAD**
- Brachial Plexus
 - Brain
 - IAC's / 7th and 8th Nerve
 - MRA
 - Brain
 - Carotids
 - Other (Specify): _____
 - Orbits
 - Pituitary/Sella
 - Soft Tissue Neck (structures other than C-Spine)
 - TMJ

- SPINE**
- Cervical
 - Thoracic
 - Lumbar

- BODY**
- Pelvis
 - Abdomen (Specify): _____

- EXTREMITY**
- | | | | |
|-----------------------------------|---|---|-----------|
| <input type="checkbox"/> Ankle | R | L | |
| <input type="checkbox"/> Elbow | R | L | |
| <input type="checkbox"/> Foot | R | L | |
| <input type="checkbox"/> Knee | R | L | |
| <input type="checkbox"/> Wrist | R | L | |
| <input type="checkbox"/> Shoulder | R | L | |
| <input type="checkbox"/> Hip | R | L | Bilateral |

Other (Specify): _____

ARTHROGRAM

MRI

PATIENT HAS / IS (Check all that apply)

- Aneurysm Clip Diabetic Iodine Allergy Metal in Eyes
- Nephrogenic Systemic Fibrosis Pacemaker Pregnant
- Vascular Stents

1. Have you ever had a metal injury to your eye?
2. Do you weigh over 500 pounds?
3. Are you claustrophobic?

If your patient answers yes to any of the above questions, please let us know.

Notes: _____

- IVP*
- Sinus
 - Waters 2 views 3+ views
- Soft Tissue Neck
- Chest (PA & Lateral)
- Ribs Bilat Left Right
- Abdomen
 - KUB Flat / Erect 3-way
- Spine
 - Cervical 2 v complete
 - Thoracic 2 v complete
 - Lumbar 2 v complete
- AP Pelvis
- Extremity Left Right
 - 2 v complete
 - Shoulder Hip
 - Forearm Knee
 - Wrist Tibia-Fibula
 - Hand Ankle
 - Finger (s) Foot
 - Other _____
- Arthrogram _____

- Spine & Hip (CPT 76075)
 - Forearm (CPT 76076)
 - Wrist
- performing both the procedures can more accurately diagnose bone density.*

ULTRASOUND

- Carotids - Duplex
- Uni Upper Extremities Duplex
- Doppler U/S - Extremity Veins
- Duplex Doppler - Extremity Veins (Bilat Venous) - rule out DVT
- Duplex Doppler - Extremity Veins Limited (leg/arm)
- Doppler Renal - rule out renal artery stenosis
- Abdominal Complete
- Abdominal Limited Gallbladder RUQ
- Limited Liver
- Pelvic GYN
- Pelvic GYN - Limited (Follow Up)
- Scrotum
- Soft Tissue Head/Neck/Thyroid
- Retroperitoneal Limited (Kidneys only)
- Retroperitoneal Complete (Kidneys, ABD, Aorta)
- Abd or Limited Study UNILAT
- Ultrasound - Extremity
- Pregnant - Uterus Complete (1st trimester only)
- Other (Specify) _____



Magnetic Resonance Imaging

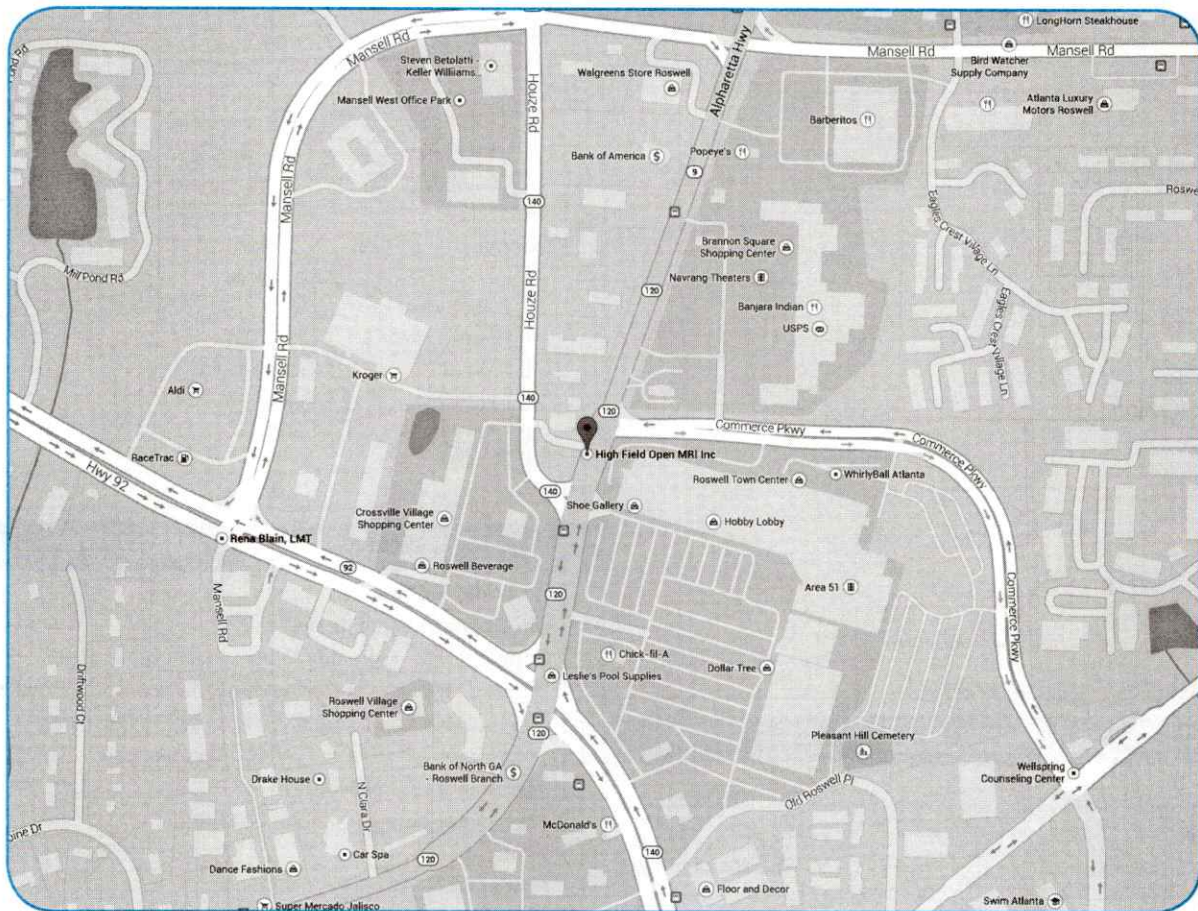
Scheduling: 770-649-8500 770-649-8591 Fax
1-888-260-6010

Appointment

Date _____ Time _____

Please advise your patient to bring their insurance cards with them.

If you should have any questions, please feel free to contact us.
We are always willing to help you help your patients.



High Field Open MRI

The MRI center is conveniently located at the crossing of Holcomb Bridge Road and Alpharetta Hwy. From GA 400 South take Exit 7 and from GA 400 North take Exit 7B for Holcomb Bridge Road. After the exit ramp make a right on Holcomb Bridge Road. Go approximately 2 miles and make a right on Alpharetta Highway. MRI center is located one block up on your left.