

YOUR APPOINTMENT

Date ___ / ___ / ___ Time _____ a.m. / p.m.
 Please bring the doctor's prescription and your insurance information.
 If you must change your appointment, please give 24-hour notice.

LOCATIONS	High-Field MRI	Stand-Up MRI	CT	Ultrasound	Nuclear Medicine	PET
<input type="checkbox"/> Aventura 305.932.5554 • Fax 305.937.0894	✓		✓	✓	✓	
<input type="checkbox"/> Galloway 305.595.4425 • Fax 305.595.1355	✓		✓	✓	✓	✓
<input type="checkbox"/> Miami 305.461.6005 • Fax 305.461.8662	✓	✓				

Patient Name _____ Age _____ Date of Birth ___ / ___ / ___

Patient's Phone _____ First M.I. Last _____ Alternate Phone _____

Patient's Address _____

History/Diagnosis (ICD-9) _____

Prior Studies? Yes No Date ___ / ___ / ___ Where? _____

Physician's Name (print) _____ Physician's Phone _____

Physician's Signature *x* _____ Date ___ / ___ / ___

STAND-UP MRI

W&W/O

Brain Sinuses IAC's Pituitary Orbits TMJ

CERVICAL
 Additional Sequences? (Specify)
 Flexion Extension

THORACIC
 Additional Sequence? (Specify)

LUMBAR
 Additional Sequences? (Specify)
 Flexion Extension

MRA

Circle of Willis Carotid Arteries

BODY

Abdomen Pelvis Other _____

UPPER EXTREMITIES

Shoulder L R Elbow L R Wrist L R Hand L R Other _____

LOWER EXTREMITIES

Hip L R Knee L R Ankle L R Foot L R Other _____

MRI - 1.5T HIGH FIELD

W&W/O

Brain (including Brain Stem) Orbit Face Sinuses Pituitary Fossa IAC's/Temporal Bones TMJ S.T. Neck Cervical Thoracic Lumbar Other _____

BODY

Chest Abdomen Pelvis MRCP

UPPER EXTREMITY

Shoulder L R Elbow L R Wrist L R Hand L R Other _____

LOWER EXTREMITY

Hip L R Knee L R Ankle L R Foot L R Other _____

MRA

Intracranial (Brain) Extracranial (Carotid/Neck) Chest Abdomen Pelvis Lower Extremity L R Upper Extremity L R Renal Other _____

CT STUDIES

W W&W/O

Brain (including brain stem) Orbit, face and sinus IAC's Pituitary TMJ S. T. Neck Cervical Thoracic Lumbar Upper Extremity L R Specify: _____ Lower Extremity L R Specify: _____

Chest Abdomen Pelvis Renal Stone Protocol (Abdomen/Pelvis) CT Urogram Other _____

CTA

Intracranial (Brain) Extracranial (Carotid/Neck) Chest Abdomen

ULTRASOUND STUDIES

Transcranial Doppler Duplex Carotid Thyroid Echocardiogram Abdomen Abdomen (Liver, GB, Pancreas, Spleen) Abdomen Doppler Pelvic Transabdominal Renal Artery Doppler Retroperitoneum (Kidneys, Aorta, IVC) Testicular Duplex Arterial Extremity Upper L R Duplex Arterial Extremity Lower L R Duplex Venous Extremity Upper L R Duplex Venous Extremity Lower L R Other: _____

NUCLEAR MEDICINE

Bone Scan (Specify)
 Whole Body SPECT 3-Phase

Brain SPECT Cerotec (Leukocyte) Esophageal Transit Study Gastric Emptying HIDA Scan Liver/Spleen Scan Meckel's Scan Parathyroid Scan Thyroid Uptake & Scan Renal Scan (Specify)
 Lasix ACE Inhibitor

CARDIAC

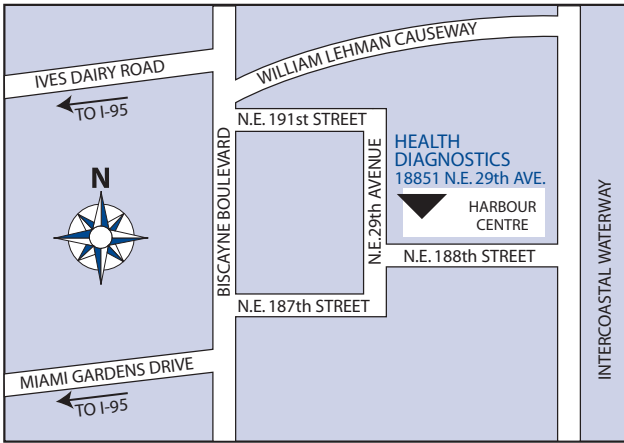
MUGA - Gated Blood Pool Myocardial Perfusion Imaging (Specify)
 Exercise / Treadmill Dobutamine Adenosine Persantine Plain Stress Test

PET

Limited Area
 Specify: _____

Special Instructions

(allergies or other medical problems?)



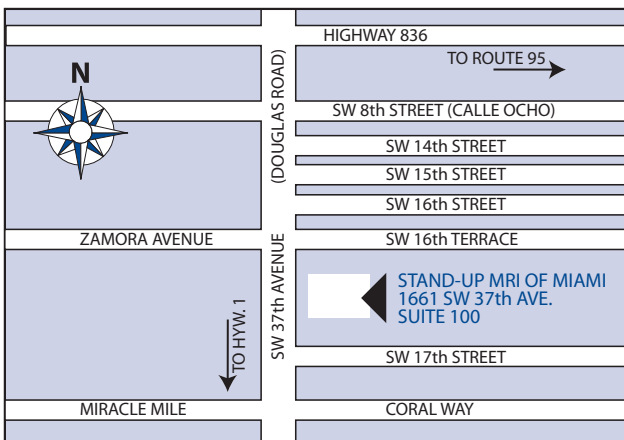
Health Diagnostics of Aventura

18851 NE 29th Avenue, Suites 103 & 201, Aventura, FL 33180
305.932.5554 • Fax: 305.937.0894



Health Diagnostics of Galloway

7400 SW 87th Avenue, Suite 120A, Miami, FL 33173
305.595.4425 • Fax 305.595.1355



Stand-Up MRI of Miami

1661 SW 37th Ave, Suite 100, Miami, FL 33145
305.461.6005 • Fax 305.461.8662

Other Health Diagnostics Locations in Florida

STAND-UP MRI OF ORLANDO

2010 South Orange Avenue, Orlando, FL 32806
407.841.1800 • Fax 407.841.0922

STAND-UP MRI OF FT. LAUDERDALE

4616 North Federal Highway, Ft. Lauderdale, FL 33308
954.489.0099 • Fax 954.489.0040

DOLPHIN DIAGNOSTIC IMAGING

585 Mack Bayou Road, Santa Rosa Beach, FL 32459
850.267.5667 • Fax 850.267.5666

MIDTOWN IMAGING (Wellington)

440 N. State Road 7, Royal Palm Beach, FL 33411
561.209.6083 • Fax 561.209.6084

MIDTOWN IMAGING (West Palm Beach)

5405 Okeechobee Blvd., West Palm Beach, FL 33417
561.697.3001 • Fax 561.697.3284

MIDTOWN IMAGING (Palm Beach Gardens)

2529 Burns Road, Palm Beach Gardens, FL 33410
561.625.4441 • Fax 561.627.0067

MIDTOWN IMAGING (Jupiter)

345 Jupiter Lake Blvd., Jupiter, FL 33458
561.748.7477 • Fax 561.748.7473

MIDTOWN IMAGING (Abacoa)

601 University Boulevard, Suite B-101
Jupiter, Florida 33458
561.354.2599 • Fax 561.354.2590

MIDTOWN IMAGING (Lake Worth)

3713 South Congress Avenue, Lake Worth, FL 33461
561.964.8414 • Fax 561.304.0661

HEALTH DIAGNOSTICS OF COOPER CITY

11011 Sheridan Street, Suite 101, Cooper City, FL 33026
954.443.8010 • Fax 954.443.8081

HEALTH DIAGNOSTICS OF HOLLYWOOD

3440 Hollywood Boulevard, Suite 110
Hollywood, Florida 33021
954.893.1117 • Fax 954.893.6757

For a complete listing of Health Diagnostics locations and services, visit

www.healthdiagnostics.com