

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone #(Home): \_\_\_\_\_ Phone # (Work): \_\_\_\_\_ Phone # (Cell): \_\_\_\_\_

Clinical Diagnosis / Symptoms (Required): \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Primary Care Physician's Phone #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Please Print Name: \_\_\_\_\_

**QUICK SCHEDULE:**  Obtain Insurance Authorization  Call Patient to Schedule  Wet Read

**BELOW PLEASE INDICATE THE TYPE OF STUDY REQUIRED AND THE PATIENT'S DIAGNOSIS**

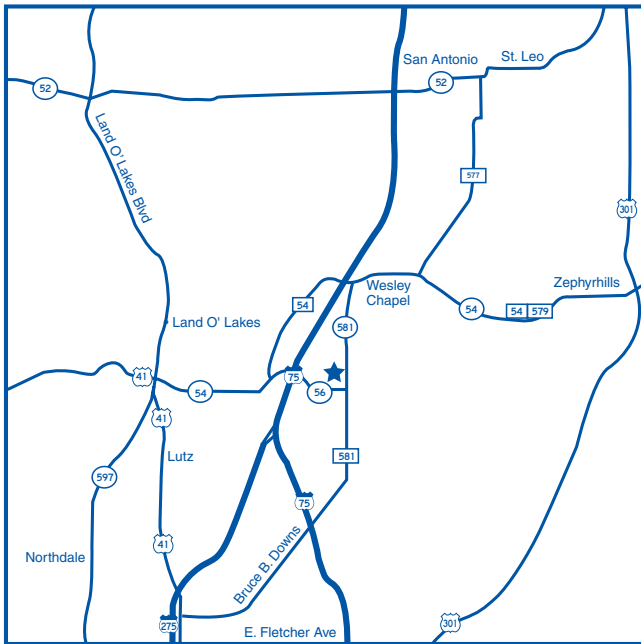
<p><b>OPEN MRI</b></p> <p><input type="checkbox"/> 72141 MRI C-SPINE (w/o)  <input type="checkbox"/> 72142 MRI C-SPINE (w)  <input type="checkbox"/> 72156 MRI C-SPINE (w-w/o)  <input type="checkbox"/> 72146 MRI T-SPINE (w/o)  <input type="checkbox"/> 72147 MRI T-SPINE (w)  <input type="checkbox"/> 72157 MRI T-SPINE (w-w/o)  <input type="checkbox"/> 72148 MRI L-SPINE (w/o)  <input type="checkbox"/> 72149 MRI L-SPINE (w)  <input type="checkbox"/> 72158 MRI L-SPINE (w-w/o)  <input type="checkbox"/> 73221 MRI UP EXT (w/o)  <input type="checkbox"/> 73222 MRI UP EXT (w)  <input type="checkbox"/> 73223 MRI UP EXT (w-w/o)  <input type="checkbox"/> 73718 MRI LOW EXT (w/o)  <input type="checkbox"/> 73719 MRI LOW EXT (w)  <input type="checkbox"/> 73720 MRI LOW EXT (w-w/o)  <input type="checkbox"/> 73218 MRI SHOULDER R or L  <input type="checkbox"/> 73721 MRI KNEE/JNT R or L (w/o)  <input type="checkbox"/> 73722 MRI KNEE/JNT R or L (w)  <input type="checkbox"/> 73723 MRI KNEE/JNT R or L (w-w/o)  <input type="checkbox"/> 74181 MRI ABDOMEN (w/o)  <input type="checkbox"/> 74182 MRI ABDOMEN (w)  <input type="checkbox"/> 74183 MRI ABDOMEN (w-w/o)  <input type="checkbox"/> 70336 MRI BILAT TMJ  <input type="checkbox"/> 70540 MRI FACE (w/o)  <input type="checkbox"/> 70542 MRI FACE (w)  <input type="checkbox"/> 70543 MRI FACE (w-w/o)  <input type="checkbox"/> 70551 MRI BRAIN (w/o)  <input type="checkbox"/> 70552 MRI BRAIN (w)  <input type="checkbox"/> 70553 MRI BRAIN (w-w/o)  <input type="checkbox"/> 70540 MRI IAC'S (w/o)  <input type="checkbox"/> 70543 MRI IAC'S (w-w/o)  <input type="checkbox"/> OTHER _____</p>	<p><b>M R A</b></p> <p><input type="checkbox"/> With &amp; Without Contrast  <input type="checkbox"/> <b>With Contrast Only</b>  <input type="checkbox"/> <b>Without Contrast</b>  <input type="checkbox"/> 70544 MRA HEAD  <input type="checkbox"/> 70547 MRA NECK  <input type="checkbox"/> OTHER _____</p> <p><b>CT SCAN W/MPR</b></p> <p><input type="checkbox"/> 70450 CT HEAD (w/o)  <input type="checkbox"/> 70460 CT HEAD (w)  <input type="checkbox"/> 70470 CT HEAD (w-w/o)  <input type="checkbox"/> 70486 CT FACIAL BONES  <input type="checkbox"/> 70486 CT SINUS  <input type="checkbox"/> 70488 CT FACE (w-w/o)  <input type="checkbox"/> 70490 CT NECK (w/o)  <input type="checkbox"/> 70491 CT NECK (w)  <input type="checkbox"/> 70492 CT NECK (w-w/o)  <input type="checkbox"/> 71250 CT THORAX (w/o)  <input type="checkbox"/> 71270 CT THORAX (w-w/o)  <input type="checkbox"/> 72125 CT C-SPINE (w/o)  <input type="checkbox"/> 72126 CT C-SPINE (w)  <input type="checkbox"/> 72127 CT C-SPINE (w-w/o)  <input type="checkbox"/> 72128 CT T-SPINE (w/o)  <input type="checkbox"/> 72129 CT T-SPINE (w)  <input type="checkbox"/> 72130 CT T-SPINE (w-w/o)  <input type="checkbox"/> 72131 CT L-SPINE (w/o)  <input type="checkbox"/> 72132 CT L-SPINE (w)  <input type="checkbox"/> 72133 CT L-SPINE (w-w/o)  <input type="checkbox"/> 72192 CT PELVIS (w/o)  <input type="checkbox"/> 72193 CT PELVIS (w)  <input type="checkbox"/> 73700 CT LOW EXT (w/o)  <input type="checkbox"/> 73701 CT LOW EXT (w)  <input type="checkbox"/> 73702 CT LOW EXT (w-w/o)</p>	<p><input type="checkbox"/> 74150 CT ABDOMEN (w/o)  <input type="checkbox"/> 74160 CT ABDOMEN (w)  <input type="checkbox"/> 74170 CT ABDOMEN (w-w/o)  <input type="checkbox"/> 76380 CT F/U STUDY  <input type="checkbox"/> OTHER _____</p> <p><b>X-RAY</b></p> <p><input type="checkbox"/> 70220 SINUS  <input type="checkbox"/> 70260 SKULL 4V  <input type="checkbox"/> 71020 CHEST 2V  <input type="checkbox"/> 71021 CHEST W/AP  <input type="checkbox"/> 71022 CHEST W/OB  <input type="checkbox"/> 71030 CHEST 4V MIN  <input type="checkbox"/> 71100 RIB 2V UNIL  <input type="checkbox"/> 72040 C-SPINE 2/3V  <input type="checkbox"/> 72050 C-SPINE 4V MIN  <input type="checkbox"/> 72052 C-SPINE W/OB  <input type="checkbox"/> 72069 T-SPINE STAND  <input type="checkbox"/> 72070 T-SPINE 2V  <input type="checkbox"/> 72072 T-SPINE 3V  <input type="checkbox"/> 72074 T-SPINE 4V MIN  <input type="checkbox"/> 72080 THOR/LUM  <input type="checkbox"/> 72100 L-SPINE 2/3V  <input type="checkbox"/> 72110 L-SPINE 4V MIN  <input type="checkbox"/> 72114 L-SPINE W/BEND  <input type="checkbox"/> 72120 L-SPINE 4V W/BEND  <input type="checkbox"/> 72170 PELVIS 1/2V  <input type="checkbox"/> 72190 PELVIS 3V MIN  <input type="checkbox"/> 73500 HIP 1V UNIL  <input type="checkbox"/> 73510 HIP 2V  <input type="checkbox"/> 73520 HIP 3V BILAT  <input type="checkbox"/> 73540 HIP/PELVIS INFANT  <input type="checkbox"/> 73550 FEMUR 2V R or L  <input type="checkbox"/> 73560 KNEE 1/2V R or L  <input type="checkbox"/> 73562 KNEE 3V R or L</p> <p><input type="checkbox"/> 73564 KNEE 4V MIN R or L  <input type="checkbox"/> 73565 KNEE STANDING R or L  <input type="checkbox"/> 73590 TIB/FIB 2V R or L  <input type="checkbox"/> 73592 LOW EXT INFANT  <input type="checkbox"/> 73600 ANKLE 2V R or L  <input type="checkbox"/> 73810 ANKLE 3V R or L  <input type="checkbox"/> 73620 FOOT 2V R or L  <input type="checkbox"/> 73630 FOOT 3V R or L  <input type="checkbox"/> 73650 CALCANEUS  <input type="checkbox"/> 73660 TOES 2V  <input type="checkbox"/> 74000 ABDOMEN 2V  <input type="checkbox"/> 74010 ABDOMEN AP/OBL  <input type="checkbox"/> 74020 ABDOMEN DEC/ERECT  <input type="checkbox"/> 74022 ABDOMEN PA/ERECT  <input type="checkbox"/> 76010 KIDDIEGRAM  <input type="checkbox"/> 76020 BONE AGE  <input type="checkbox"/> 74400 IVP  <input type="checkbox"/> OTHER _____</p> <p><b>DEXA</b></p> <p><input type="checkbox"/> 77080 BONE DENSITY  <input type="checkbox"/> OTHER _____</p> <p><b>ULTRASOUND</b></p> <p><input type="checkbox"/> 76536 US HEAD/NECK  <input type="checkbox"/> 76536 US THYROID  <input type="checkbox"/> 76645 US BREAST (s)  <input type="checkbox"/> 76700 US ABD COMPLETE  <input type="checkbox"/> 76705 US ABD LIMITED  <input type="checkbox"/> 76770 US RENAL/AORTA  <input type="checkbox"/> 76805 US PREG COMPLETE  <input type="checkbox"/> 76810 US PREG MULTIPLE  <input type="checkbox"/> 76815 US PREG LIMITED  <input type="checkbox"/> 76816 US PREG FOLLOW UP</p>	<p><input type="checkbox"/> 76818 US BIOPHYSICAL  <input type="checkbox"/> 76830 US TRANSVAGINAL  <input type="checkbox"/> 76856 US PELVIC COMPLETE  <input type="checkbox"/> 76870 US SCROTUM  <input type="checkbox"/> 76870 US EXTR NON-VASC  <input type="checkbox"/> 93322 ABI  <input type="checkbox"/> 93880 US CAROTID BILAT  <input type="checkbox"/> 93883 US CAROTID UNILAT  <input type="checkbox"/> 93925 US LWR EXT ART BILAT  <input type="checkbox"/> 93926 US LWR EXT ART UNI  <input type="checkbox"/> 93939 US UPPER EXT ART BILAT  <input type="checkbox"/> 93931 US UPPER EXT ART UNI  <input type="checkbox"/> 93970 US VEN EXT BILAT  <input type="checkbox"/> 93971 US VEN EXT UNI  <input type="checkbox"/> 93975 US ABD/PELVIS COMP  <input type="checkbox"/> 93976 US ABD/PELVIS LIMIT  <input type="checkbox"/> 93978 US AORTIC/IVC  <input type="checkbox"/> 93979 US AORTA/VC LIMIT  <input type="checkbox"/> OTHER _____</p> <p><b>MAMMOGRAPHY</b></p> <p><input type="checkbox"/> 77056 DIAG-BILATERAL  <input type="checkbox"/> 77055 DIAG-UNILATERAL R or L  <input type="checkbox"/> 77057 SCREENING  <input type="checkbox"/> US IF INDICATED  <input type="checkbox"/> FOLLOW-UP: <input type="checkbox"/> R <input type="checkbox"/> L  <input type="checkbox"/> IMPLANTS: <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> ADDITIONAL VIEW      Please Specify: _____</p> <p><b>* Please bring previous films</b></p>
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**DIAGNOSIS:**

<p><input type="checkbox"/> 441.4 A.A.A.  <input type="checkbox"/> 789.00 ABDO PAIN  <input type="checkbox"/> 789.07 ABDO PAIN GENERALIZED  <input type="checkbox"/> 461 ACUTE SINUSITIS  <input type="checkbox"/> 711.8 ARTHRITIS DIS  <input type="checkbox"/> 724.5 BACK PAIN  <input type="checkbox"/> 723.4 BRACHIAL NEURITIS  <input type="checkbox"/> 611.72 BREAST MASS  <input type="checkbox"/> 490 BRONCHITIS  <input type="checkbox"/> 428.0 C.H.F.  <input type="checkbox"/> 592.0 CALCULUS KIDNEY  <input type="checkbox"/> 429.3 CARDIOMEGALY  <input type="checkbox"/> 722.4 CERVICAL DISC DEGENERATION  <input type="checkbox"/> 722.0 CERVICAL DISC DISPLACEMENT  <input type="checkbox"/> 721.0 CERVICAL SPONDYLOSIS  <input type="checkbox"/> 723.0 CERVICAL STENOSIS  <input type="checkbox"/> 723.1 CERVICALGIA  <input type="checkbox"/> 786.6 CHEST SWELLING/MASS  <input type="checkbox"/> 574.0 CHOLELITHIASIS  <input type="checkbox"/> 473.9 CHRONIC SINUSITIS  <input type="checkbox"/> 564.0 CONSTIPATION  <input type="checkbox"/> 786.2 COUGH  <input type="checkbox"/> 436 CVA  <input type="checkbox"/> 611.72 DIAG MAMMO  <input type="checkbox"/> 780.4 DIZZINESS/GIDDINESS  <input type="checkbox"/> 785.6 ENLARGEMENT LYMPHNODES  <input type="checkbox"/> 780.6 FEVER</p>	<p><input type="checkbox"/> 784.0 HEADACHE  <input type="checkbox"/> 599.7 HEMATURIA  <input type="checkbox"/> 401.9 HYPERTENSION  <input type="checkbox"/> 959.5 INJURY-FINGER  <input type="checkbox"/> 959.01 INJURY-HEAD  <input type="checkbox"/> 717.9 INT DERANG KNEE  <input type="checkbox"/> 718.81 INT DERANG SHOULDER  <input type="checkbox"/> 431 INTER HEMORRHAGE  <input type="checkbox"/> 719.06 JOINT EFFUSION  <input type="checkbox"/> 722.10 LUM DISC DISPLACEMENT  <input type="checkbox"/> 724.2 LUMBAGO  <input type="checkbox"/> 847.2 LUMBAR SPRAIN  <input type="checkbox"/> 724.4 LUMBOSACRAL NEURITIS  <input type="checkbox"/> 202.81 LYMPHOMAS  <input type="checkbox"/> 346.9 MIGRAINE  <input type="checkbox"/> 355.9 MONOEURITIS  <input type="checkbox"/> 847.0 NECK SPRAIN  <input type="checkbox"/> 729.2 NEURALGIA/NEURITIS  <input type="checkbox"/> 357.4 NEUROPATHY  <input type="checkbox"/> 717.1 OBSERVATION-LESION  <input type="checkbox"/> 433.1 OCC CA W/O INFARCTION  <input type="checkbox"/> 433.3 OCC MULTI W/O INFARCTION  <input type="checkbox"/> 715.06 OSTEOARTHROS KNEE  <input type="checkbox"/> 715.90 OSTEOARTHROS SHOULDER  <input type="checkbox"/> 715.98 OSTEOARTHROS-NOS  <input type="checkbox"/> 719.43 PAIN-FOREARM  <input type="checkbox"/> 719.44 PAIN-HAND  <input type="checkbox"/> 719.46 PAIN-LEG  <input type="checkbox"/> 729.5 PAIN-LIMB</p>	<p><input type="checkbox"/> 719.45 PAIN-PELVIS  <input type="checkbox"/> 719.41 PAIN-SHOULDER  <input type="checkbox"/> 724.1 PAIN-THORACIC  <input type="checkbox"/> 786.5 PAIN-CHEST  <input type="checkbox"/> 518.3 PUL EDEMA  <input type="checkbox"/> 786.09 RESPIRATORY ABNORMALITY  <input type="checkbox"/> 714.0 RHEUMATOID ARTHRITIS  <input type="checkbox"/> 727.61 ROTATOR CUFF INJURY  <input type="checkbox"/> 724.3 SCIATICA  <input type="checkbox"/> 776.12 SCREEN BREAST  <input type="checkbox"/> 782.0 SKIN SENSATION DISTURB  <input type="checkbox"/> 336.9 SPINAL CORD DISEASE  <input type="checkbox"/> 724.02 SPINAL STENOSIS  <input type="checkbox"/> 756.12 SPONDYLOLISTHESIS  <input type="checkbox"/> 840.9 SPRAIN-ARM/SHOULDER  <input type="checkbox"/> 840.4 SPRAIN-ROTATOR CUFF  <input type="checkbox"/> 784.2 SWELLING HEAD/NECK  <input type="checkbox"/> 729.81 SWELLING-LIMB  <input type="checkbox"/> 780.2 SYNCOPE/COLLAPSE  <input type="checkbox"/> 836.0 TEAR-KNEE  <input type="checkbox"/> 307.81 TENSION HEADACHE  <input type="checkbox"/> 435.9 TRANS CEREB ISCHEMIA  <input type="checkbox"/> 350.1 TRIGEMINAL NEURALGIA  <input type="checkbox"/> 593.4 URETERIC OBSTRUCTION  <input type="checkbox"/> OTHER _____</p>
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**WESLEY CHAPEL**  
 27662 Cashford Circle  
 Wesley Chapel, FL 33543  
**Telephone: (813) 788-2500**  
 Scheduling Fax: (813) 788-2922  
 Online Prescription: **MRIROSE.COM**

**Directions - Outer View**



\* Summergeate Professional Park within Seven Oaks Development. Located Behind Sam's Club

**NOTE: Summergeate Professional Park is NOT accessible through the Sam's Club parking lot**

**DIRECTIONS FROM I-75**

Take exit #275 (Land O Lakes/Tarpon Springs) onto SR 56 and go east 0.4 miles to the traffic light at the intersection of Ancient Oaks Blvd. Turn left onto Ancient Oaks Blvd. (Also entrance of Seven Oaks). Stay in the right hand lane, Cashford Circle is the fourth driveway on the right (first 3 driveways lead to Sam's Club). Cashford Circle is inside Summergeate Professional Park. Follow circle around to back of complex to Rose Radiology. ENTRANCE #1.

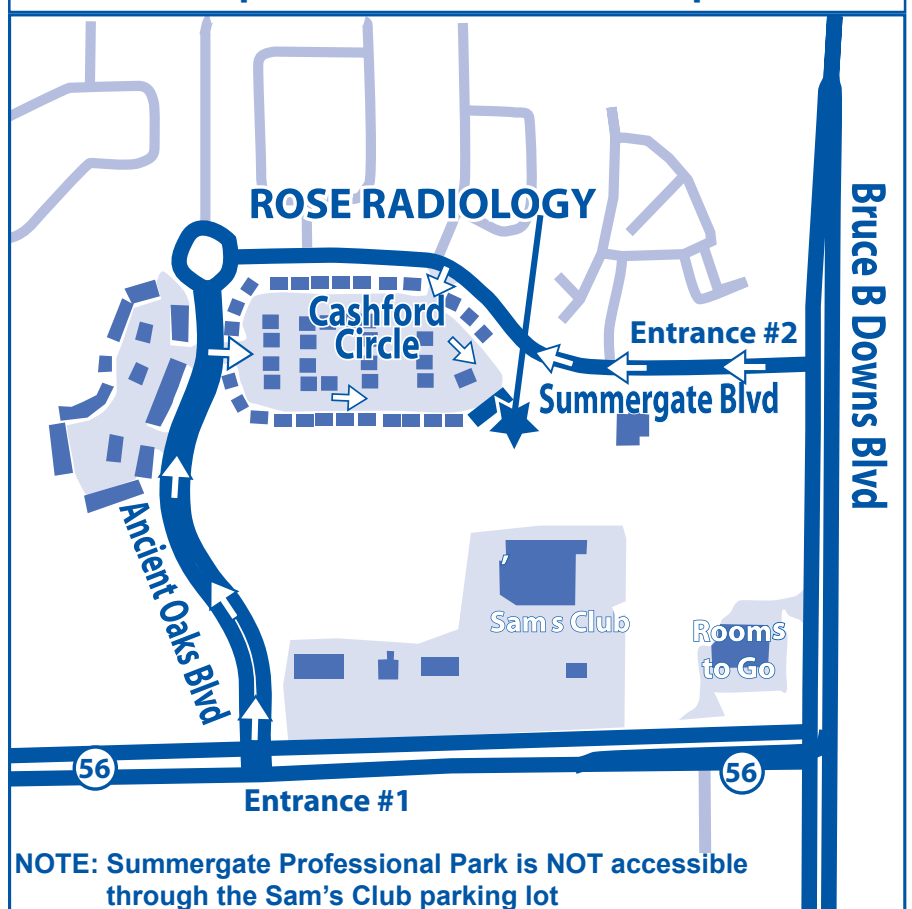
**DIRECTIONS FROM STATE ROAD 54:**

Go south on Bruce B. Downs Blvd. (CR 581) 3.3 miles to Summergeate Blvd (Seven Oaks entrance right before Rooms to Go). Take a right onto Summergeate Blvd., Cashford Circle is the second intersection on left (first left leads you to Sam's Club and Childcare Center). Once on Cashford Circle take left at stop sign. Proceed to Rose Radiology. ENTRANCE #2.

**DIRECTIONS FROM FLETCHER AVE AND BRUCE B DOWNS:**

Take Bruce B. Downs (CR 581) north to SR 56. Follow through intersection, approximately 1 block. Take first left onto Summergeate Blvd. in Seven Oaks (behind Rooms to Go). Cashford Circle is the second intersection on left (first left leads you to Sam's Club and Childcare Center). Once on Cashford Circle take left at stop sign. Proceed to Rose Radiology. ENTRANCE #2.

**Close-up View of Seven Oaks Development**



**NOTE: Summergeate Professional Park is NOT accessible through the Sam's Club parking lot**