DIAGNOSTIC REQUEST FORM

Shades Mountain Imaging

Advancing the Art of Diagnostic Care

502 Montgomery Highway, Suite 101 Vestavia Hills, AL 35216 Phone (205) 823-0882 Fax (205) 823-0872 www.shadesmountainimaging.com

Appointment Date: _____ Exam Time: _____

Patient Name: _____ DOB: _____

Phone (H): _____ (C): _____ Sex: Male ☐ Female ☐

ICD-10 (required): _____ Obtain Pre-cert? ☐ Yes ☐ No If yes please fax notes

Insurance Company _____ Policy: _____

Pre-Cert Number (if required): _____ Instructions/Allergies: _____

Referring Physician (print): _____ Fax #: _____

Referring Physician's Signature: _____ Date: _____

☐ STAT Call Report - Phone # _____ ☐ Fax Report ☐ Send Film Copies by Courier ☐ Send Films with Patient
☐ Routine Report ☐ Send CD by Courier ☐ Send CD with Patient ☐ Hold Patient Until Report Called

MRI/MRA

☐ **W/Contrast** ☐ **W/O Contrast**

☐ MRA ☐ Head ☐ Carotids ☐ _____
☐ Brain
☐ Spine C T L
☐ Shoulder ☐ R ☐ L
☐ Wrist ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Hip ☐ R ☐ L
☐ Knee ☐ R ☐ L
☐ Ankle ☐ R ☐ L
☐ Foot ☐ R ☐ L
☐ MRCP
☐ MRE Abdomen / Pelvis
☐ Arthrogram of: _____
☐ Other: _____

CT

☐ **W/Contrast** ☐ **W/O Contrast**

☐ Abdomen / Pelvis
☐ Head
☐ Soft Tissue Neck
☐ Sinus ☐ Medtronic
☐ Temporal Bone
☐ Chest ☐ LDCT Screening
☐ Abdomen
☐ Pelvis
☐ Extremity ☐ R ☐ L
☐ Body Part _____
☐ Spine C T L
☐ Hip Injection
☐ Other _____

CTA

☐ Head
☐ Neck
☐ Chest
☐ Runoff to include Abdomen / Pelvis
☐ Abdomen (renal arteries

X-RAY

☐ Chest ☐ Sinus
☐ Spine ☐ KUB
C T L
☐ Extremity: _____
_____
☐ R ☐ L

Ultrasound

☐ Abdomen
☐ GB
☐ Renal
☐ Renal Artery Doppler
☐ Aorta
☐ Carotid
☐ Venous Doppler
☐ Upper Extremity
☐ Lower Extremity
☐ R ☐ L ☐ B

☐ Pelvic
☐ Transvaginal
☐ Thyroid
☐ Testicular
☐ Breast
☐ OB
☐ Arterial Doppler
☐ Other _____
_____

MRI Contradictions: Pacemaker_____ Aneurysm Clip_____ Implanted Devices_____ Metal in Eye_____

DIRECTIONS

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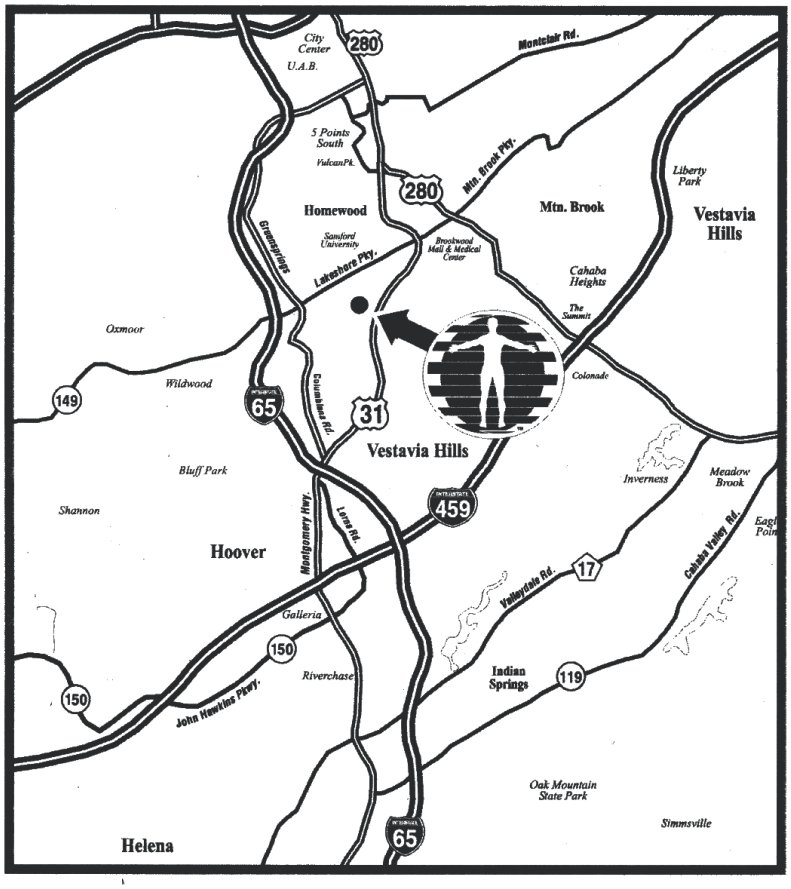

Located on Hwy 31 in Vestavia Hills, across from the Vestavia Hills Fire & Police Departments.

- **Directions from I-65 at Hwy. 31:**

  Take Hwy. 31 North; go approximatly 3.5 miles. SMI is the blue-roofed building (502) on your left.

- **Directions from 1-65 at Lakeshore Dr:**

  Take the Lakeshore exit and head eastward toward Samford University. Past SU, take Hiw. 31 South (just before the bridge) and go to the top of the hill. Continue 1 block; SMI is in the blue-roofed building (502) on your right.

- **Directions from Hwy. 280:**

  Take the Lakeshore exit and head westward past Brookwood Mall. Take 31 South (just past the bridge); go to the top of the hill. Continue 1 block; SMI is in the blue-roofed building (502) on your right.

PATIENT GENERAL INFORMATION & INSTRUCTIONS

Patient General Information

- Bring this form with you.
- Arrive at least 15 minutes prior to your scheduled exam.
- Bring previously completed related studies such as Mammograms if you have them.
- Bring insurance information and insurance ID cards.
- Notify us 24 hours in advance, if possible, if you are unable to keep your appointment.
- Follow the instructions provided on this sheet for the examination indicated.
- Any exam requiring IV contrast may require additional blood work. If you have renal problems, are a diabetic or currently taking Glucophage, please contact us for further instructions.

Patient General Information

☐ Abdominal Imaging:
Do not eat or drink anything after midnight.

☐ Pelvic / Obstetric:
Drink 32 ounces of water 1 hour prior to exam

☐ Arthrogram:
Discontinue blood thinners 24 hours prior to exam.

☐ Myelogram:
Discontinue blood thinners 24 hours prior to exam.
Do not eat or drink anything prior to your visit.
Must have driver.