



PROVIDING MRI AND X-RAY SERVICES

**Scheduling:**  
 Tel: (904) 683-6667  
 Fax: (904) 683-8419

7999 Philips Highway, Suite 311  
Jacksonville, Florida 32256



**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ SEX:  M  F

**Insurance Information**

Insurance Provider: \_\_\_\_\_ ID #: \_\_\_\_\_

Name on Ins/Insured: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Insurance Tel: \_\_\_\_\_ Group #: \_\_\_\_\_

Date of Injury if Applicable: \_\_\_\_\_ Auto:  Yes  No LOP:  Yes  No Worker's Comp  Yes  No

**MRI**

**X-Rays**

- Cervical
  - Cervical w/Flex/Exten
  - Thoracic
  - Lumbar
  - MRA Brain
  - MRA Carotids
  - Brain
  - Pituitary
  - IAC's
  - Chest
  - Brachial Plexus
  - Abdomen
  - Other: \_\_\_\_\_
- Pelvis
  - Shoulder L R
  - Humerus L R
  - Elbow L R
  - Forearm L R
  - Wrist L R
  - Hand/Finger L R
  - Hip L R
  - Femur L R
  - Knee L R
  - Tib/Fib L R
  - Ankle L R
  - Foot/Toes L R
  - With & Without Contrast**

- Cervical w/Flex/Exten (Davis Series)
  - Cervical 3 Views
  - Cervical Complete
  - Thoracic
  - Lumbar 2 Views
  - Lumbar Complete
  - Skull
  - Nasal Bones
  - Orbits
  - Facial Bones
  - Sinus
  - Chest PA Only
  - Chest 2 Views
  - Ribs L R
  - Soft Tissue Neck
- Pelvis
  - Sacrum/Coccyx
  - SI Joints
  - Shoulder L R
  - Humerus L R
  - Elbow L R
  - Forearm L R
  - Wrist L R
  - Hand/Finger L R
  - Hip L R
  - Femur L R
  - Knee L R
  - Tib/Fib L R
  - Ankle L R
  - Foot/Toes L R
  - Other: \_\_\_\_\_

Please fax or e-mail RX along with patient demographics and insurance information

**Physician Information**

Referring Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Referring Physician's Phone: \_\_\_\_\_ Fax report to: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

J. Turner Butler Boulevard



Interstate I-95

Philips Highway

BJ's



Lowe's

Baymeadows Road

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Jacksonville, FL 32256  
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