



- Albany (MRI, CT, US, X-Ray)
- Athens (MRI, CT, X-Ray, US, Arthrogram)
- Augusta (MRI, CT, US)
- Brunswick (MRI, CT, DTI)
- Buckhead (MRI, CT, US)
- Canton (MRI, CT, US, Arthrogram, Myelogram)
- Conyers (Synergy Radiology – MRI, CT)
- Cumming (MRI, CT, US, Arthrogram, DTI)
- Decatur (MRI, CT, US, Arthrogram, X-Ray, VMA, DTI)
- Douglasville (Synergy Radiology – (MRI, CT, US)
- Fayetteville (MRI, CT, US, DTI)
- Gainesville (M & B Imaging – MRI, CT, Arthrogram)
- Hiram (MRI, CT)
- Johns Creek (ProRadiology – MRI, CT, US)
- Lawrenceville (MRI, CT, US, Arthrogram, VMA, DTI)
- Marietta (MRI, CT, US, Arthrogram, VMA, DTI)
- Newnan (MRI, CT, US, Arthrogram)
- Rome (MRI, CT, US, X-Ray)
- Sandy Springs (MRI, CT, US, Arthrogram, Myelogram, DTI)
- Savannah (MRI, CT, Arthrogram, DTI)
- Stand-Up MRI (MRI)
- West Cobb (MRI, CT, US, Arthrogram)

Patient Name: _____ DOB: _____

Patient Phone #: _____ Call patient to schedule appointment

Insurance Name/ ID #: _____ Auth#: _____

Diagnosis: _____

Contact Name: _____ Contact Phone #: _____

<input type="checkbox"/> CD <input type="checkbox"/> Report Only <input type="checkbox"/> STAT <input type="checkbox"/> CALL REPORT TO: _____	Creatinine: _____ GFR: _____ Date Drawn: _____ Appt. Date: _____ Appt. Time: _____ AM / PM
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MRI

Without Contrast With Contrast With & Without

<input type="checkbox"/> Brain	<input type="checkbox"/> Chest	<input type="checkbox"/> Liver
<input type="checkbox"/> Pituitary	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Fat Quantification
<input type="checkbox"/> IAC's	<input type="checkbox"/> Pelvis	<input type="checkbox"/> MRCP
<input type="checkbox"/> Orbits	<input type="checkbox"/> Boney	<input type="checkbox"/> Brachial Plexus
<input type="checkbox"/> C-Spine	<input type="checkbox"/> Soft tissue	<input type="checkbox"/> Breast (Decatur, Lawrenceville, Sandy Springs)
<input type="checkbox"/> T-Spine/Dorsal	<input type="checkbox"/> Prostate	<input type="checkbox"/> Implant Rupture Protocol
<input type="checkbox"/> L-Spine	<input type="checkbox"/> TMJ	
<input type="checkbox"/> Sacrum	<input type="checkbox"/> Soft Tissue (Neck)	
<input type="checkbox"/> DTI	<input type="checkbox"/> Enterography	

<input type="checkbox"/> Shoulder L R	<input type="checkbox"/> Hand L R	<input type="checkbox"/> Ankle L R
<input type="checkbox"/> Elbow L R	<input type="checkbox"/> Hip L R	<input type="checkbox"/> Foot L R
<input type="checkbox"/> Wrist L R	<input type="checkbox"/> Knee L R	<input type="checkbox"/> Other _____

VMA (Decatur, Lawrenceville, Marietta)

Cervical Lumbar

ARTHROGRAMS/MYELOGRAMS

Arthrogram MRI CT

<input type="checkbox"/> Shoulder L R	<input type="checkbox"/> Hand L R	<input type="checkbox"/> Ankle L R
<input type="checkbox"/> Elbow L R	<input type="checkbox"/> Hip L R	<input type="checkbox"/> Foot L R
<input type="checkbox"/> Wrist L R	<input type="checkbox"/> Knee L R	

Myelogram Cervical Thoracic Lumbar

CT

Without Contrast IV only (no oral) Oral & IV

<input type="checkbox"/> Brain	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Chest
<input type="checkbox"/> Sinus	<input type="checkbox"/> Abdomen/Pelvis	<input type="checkbox"/> PE Protocol (CTA)
<input type="checkbox"/> Sinus Stealth	<input type="checkbox"/> Stone (NO ORAL)	<input type="checkbox"/> Calcium Scoring
<input type="checkbox"/> IAC's/Temporal	<input type="checkbox"/> Urogram	<input type="checkbox"/> C-Spine
<input type="checkbox"/> Orbits	<input type="checkbox"/> Enterography w/IV	<input type="checkbox"/> T-Spine
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Renal (wo/w IV)	<input type="checkbox"/> L-Spine
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Liver (wo/w IV)	

<input type="checkbox"/> Shoulder L R	<input type="checkbox"/> Hand L R	<input type="checkbox"/> Ankle L R
<input type="checkbox"/> Elbow L R	<input type="checkbox"/> Hip L R	<input type="checkbox"/> Foot L R
<input type="checkbox"/> Wrist L R	<input type="checkbox"/> Knee L R	

ANGIOGRAPHY

MR Angiography CT Angiography

Without Contrast With Contrast With & Without

<input type="checkbox"/> Portal Vein - Inf. Vena Cava	<input type="checkbox"/> Abdominal/Pelvic Arteries
<input type="checkbox"/> Upper Extremity L R	<input type="checkbox"/> Abdominal Aorta & Runoff
<input type="checkbox"/> Lower Extremity L R	<input type="checkbox"/> Circle of Willis (Head)
<input type="checkbox"/> Aorta - Thoracic	<input type="checkbox"/> Carotids (Neck)
<input type="checkbox"/> Aorta - Abdominal	

ULTRASOUND

<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Extremity Non-Vascular
<input type="checkbox"/> Retroperitoneal Renal	<input type="checkbox"/> Scrotum	<input type="checkbox"/> Carotid Bilateral
<input type="checkbox"/> Lower Extremity Venous, Bilateral		
<input type="checkbox"/> Lower Extremity Venous, Unilateral	L R	
<input type="checkbox"/> Upper Extremity Venous, Bilateral		
<input type="checkbox"/> Upper Extremity Venous, Unilateral	L R	
<input type="checkbox"/> Aorta		
<input type="checkbox"/> Transvaginal	<input type="checkbox"/> Renal with Doppler	
<input type="checkbox"/> Pelvic, Non-OB limited	<input type="checkbox"/> Limited Liver with Doppler	
<input type="checkbox"/> Transabdominal, transvaginal	<input type="checkbox"/> Abdomen, Limited, Quadrant	
<input type="checkbox"/> Renal/Bladder	<input type="checkbox"/> Abdomen, Complete	

X-RAY

Orthopedic: _____ L R

Chest Abdomen Spine _____ Flex/Ext

Other: _____

ATTORNEY

ICD-10 Code / Diagnosis: _____

Attorney Name: _____

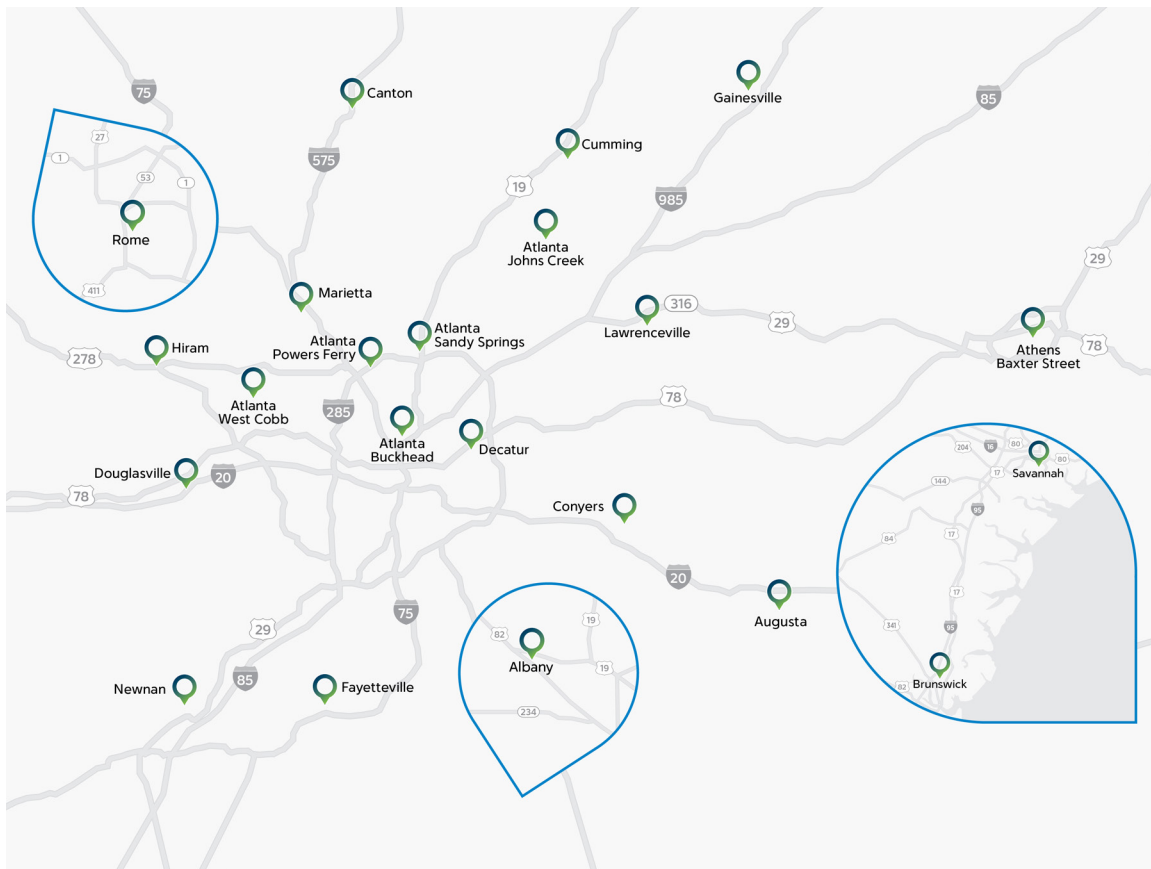
Attorney Number: _____ Date of Injury: _____

Work Comp MVA Slip & Fall

Physician Signature: _____ Date: _____

Physician Name: _____ Physician Phone: _____ Physician Fax: _____

NOW WITH 22 CONVENIENT LOCATIONS IN GEORGIA



Albany

2624 Dawson Road
Albany, GA 31707
Phone: 229-888-1624
Fax: 229-888-1457

Athens

1063 Baxter Street
Athens, GA 30606
Phone: 706-316-3662
Fax: 706-534-6007

Augusta

1211 W. Medical Park Road
Augusta, GA 30909
Phone: 706-364-2603
Fax: 706-364-2606

Brunswick

1103 Fountain Lake Drive
Brunswick, GA 31525
Phone: 912-267-6736
Fax: 912-262-1922

Buckhead

60 Peachtree Park Drive
Suite 100
Atlanta, GA 30309
Phone: 678-278-8800
Fax: 678-278-8797

Canton

100 Liberty Boulevard
Suite 100
Canton, GA 30114
Phone: 770-479-1945
Fax: 770-479-1948

Conyers²

1501 Milstead Road
Suite 140
Conyers, GA 30012
Phone: 678-374-7322
Fax: 678-374-7323

Cumming

1050 Haw Creek Parkway
Suite 100
Cumming, GA 30041
Phone: 678-845-2150
Fax: 678-845-2148

Decatur

2774 North Decatur Road
Decatur, GA 30033
Phone: 404-292-2277
Fax: 404-292-2294

Douglasville⁴

6025 Professional Parkway
Suite 104
Douglasville, GA 30134
Phone: 470-412-6300
Fax: 470-412-6333

Fayetteville

1275 Hwy 54 West
Building 400, Suite 402
Fayetteville, GA 30214
Phone: 770-716-9300
Fax: 770-716-6535

Gainesville³

1640 Jesse Jewell Parkway
Suite 2
Gainesville, GA 30501
Phone: 470-252-3422
Fax: 470-252-3423

Hiram

4374 Atlanta Highway
Suite 125
Hiram, GA 30141
Phone: 678-941-1777
Fax: 678-941-1778

Johns Creek¹

3921 Johns Creek Court
Suite B
Suwanee, GA 30024
Phone: 770-217-7141
Fax: 770-217-7142

Lawrenceville

481 W. Pike Street
Lawrenceville, GA 30046
Phone: 678-376-3550
Fax: 678-376-4558

Marietta

796 Church Street
Suite 100
Marietta, GA 30060
Phone: 678-736-8908
Fax: 678-736-8907

Newnan

10 Mercantile Drive
Suite A
Newnan, GA 30265
Phone: 770-304-9100
Fax: 770-304-8020

Rome

16 Riverbend Drive SW
Rome, GA 30161
Phone: 706-378-0611
Fax: 706-378-0143

Sandy Springs

6095 Barfield Road
Suite 100
Atlanta, GA 30328
Phone: 770-451-4040
Fax: 404-963-0632

Savannah

30 Janet Drive #101
Savannah, GA 31405
Phone: 912-355-6736
Fax: 912-355-3084

Stand-up MRI

6445 Powers Ferry Road
Suite 100
Atlanta, GA 30339
Phone: 770-953-0108
Fax: 770-953-0109

West Cobb

2615 East-West Connector SW
Suite 122
Austell, GA 30106
Phone: 770-739-9770
Fax: 770-739-4483