A1 MEDICAL IMAGING

A Consolidated Healthcare Company

YOUR APPOINTMENT

Date: _____ Time: _____

❑ **A1 Imaging of Aventura**
Ph: (305) 933-9565
Fax: (305) 933-8105

❑ **A1 Imaging of Deerfield Beach**
Ph: (954) 429-8381
Fax: (954) 429-2705

❑ **A1 Imaging of Plantation**
Ph: (954) 423-3674
Fax: (954) 916-0674

❑ **A1 Imaging of Ft. Lauderdale**
Ph: (954) 202-3400
Fax: (954) 202-3448

❑ **A1 Imaging of Pembroke Pines**
Ph: (954) 450-4020
Fax: (954) 432-8674

❑ **A1 Imaging of Cape Coral**
Ph: (239) 573-6333
Fax: (239) 573-8674

PATIENT INFORMATION

Patient Name: _____ SS No.: _____

DOB: _____ Home Tel.: _____ Work Tel.: _____ Cell: _____

INSURANCE INFORMATION

Primary Insurance Name: _____ Tel. No.: _____

ID No.: _____ Group No.: _____ Auth. No.: _____

Secondary Insurance: _____ Tel. No.: _____

ID No.: _____ Group No.: _____ Auth. No.: _____

Auto Insurance Name: _____ Tel. No.: _____

Policy No.: _____ Claim No.: _____ Date of Accident: _____

PHYSICIAN INFORMATION

Referring Physician: _____ Tel.: _____

Tax ID: _____ NPI: _____ Contact: _____ Fax: _____

❑ STAT- Call with Report ❑ Fax Report ❑ Send CD with Patient

Diagnosis and Special Instructions: _____

❑ Please determine if the patient has an "emergency medical condition" (EMC) as defined by the Florida Motor Vehicle No-Fault Law, Florida Statutes Sections 627.730-627.7405, and if the Patient does have an "emergency medical condition", then please indicate on your Report. Attached is relevant Patient history.

Physician's Signature: _____ Date: __________

ATTORNEY INFORMATION

Attorney Name: _____ Tel. No.: _____ Fax: _____

MRI / MRA PROCEDURE

HEAD / SPINE	Without Contrast	With Contrast
Brain	❑ 70551	❑ 70553
IAC's		❑ 70553
Pituitary		❑ 70553
Orbits	❑ 70540	❑ 70543
Cervical Spine	❑ 72141	❑ 72156
Thoracic Spine	❑ 72146	❑ 72157
Lumbar Spine	❑ 72148	❑ 72158
DTI		❑ 70553, 76377
BODY	**Without Contrast**	**With Contrast**
Neck / Soft Tissue	❑ 70540	❑ 70543
Brachial Plexus	❑ 73218	❑ 73220
Chest	❑ 71550	❑ 71552
Breast Unilateral	❑ 77046	❑ 77048
Breast Bilateral	❑ 77047	❑ 77049
Abdomen	❑ 74181	❑ 74183
Pelvis \ Prostate	❑ 72195	❑ 72197

OTHR: _____ CPT: _____

MUSCULOSKELETAL		Without Contrast
Shoulder	73221	❑ Right ❑ Left ❑ Bilateral
Elbow	73221	❑ Right ❑ Left ❑ Bilateral
Wrist	73221	❑ Right ❑ Left ❑ Bilateral
Hand	73218	❑ Right ❑ Left ❑ Bilateral
Hip	73721	❑ Right ❑ Left ❑ Bilateral
Femur	73718	❑ Right ❑ Left ❑ Bilateral
Knee	73721	❑ Right ❑ Left ❑ Bilateral
Lower Leg	73718	❑ Right ❑ Left ❑ Bilateral
Ankle	73721	❑ Right ❑ Left ❑ Bilateral
Foot	73718	❑ Right ❑ Left ❑ Bilateral

MUSCULOSKELETAL	Without Contrast	With Contrast
TMJ	❑ 70336	❑ 70336
MR ANGIOGRAM	**Without Contrast**	**With Contrast**
MRA Head/COW	❑ 70544	❑ 70546
MRA Neck/Carotids	❑ 70547	❑ 70549
MRA Run Off	❑ 74185, 73725 x 2	
MRA / MRV Chest		❑ 71555
MRA / MRV Pelvis		❑ 72198