A1 MEDICAL IMAGING

A Consolidated Healthcare Company

YOUR APPOINTMENT

Date: _____ Time: _____

❑ **A1 Imaging of Ocala**
301 SE 17th Street, Ste 102
Ocala, FL 34471
Ph: (352) 622-7459
Fax: (352) 622-9238

❑ **A1 Imaging of Kissimmee**
810 N. John Young Parkway
Kissimmee, FL 34741
Ph: (407) 847-6745
Fax: (407) 847-8749

❑ **A1 Imaging of Ocoee**
9450 West Colonial Drive
Ocoee, FL 34761
Ph: (407) 822-0999
Fax: (407) 494-2972

PATIENT INFORMATION

Patient Name: _____ SS No.: _____

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

Patient Address: _____

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 ❑ Send Films with Patient

Diagnosis and Special Instructions: _____

❑ The patient has a "emergency medical condition" (EMC) as defiened in Florida Motor Vehicle No-Fault Law, Florida Statutes Senctions 627.730-627.7405.

❑ 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: _____

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

BODY	WITHOUT CONTRAST	WITH CONTRAST
Neck / Soft Tissue	❑ 70540	❑ 70543
Brachial Plexus	❑ 73218	❑ 73220
Chest	❑ 71550	❑ 71552
Abdomen	❑ 74181	❑ 74183
Pelvis	❑ 72195	❑ 72197

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

MR ANGIOGRAM	WITHOUT CONTRAST	WITH CONTRAST
MRA Head/COW	❑ 70544	❑ 70546
MRA Neck/Carotids	❑ 70547	❑ 70549

OTHER: CPT: