



OUTPATIENT IMAGING

To Schedule Appt

404-CALL-OPI (404-225-5674)

OUTPATIENT IMAGING ATLANTA

2284 Peachtree Road NW
Atlanta, GA 30309
404.500.1658
Efax: 770.234.3809

OUTPATIENT IMAGING PEACHTREE CITY

10 Eastbrook Bend
Peachtree City, GA 30269
770.305.4674
Efax: 678.623.5610

OUTPATIENT IMAGING NEWNAN

60 Oak Hill Blvd., #101
Newnan, GA 30265
770.502.9883
Efax: 678.802.6310

Patient Name _____ Date of Birth _____

Patient Phone _____ Insurance _____

Referring Physician _____ Physician Signature _____ Date: _____

Reason for Exam _____

Appointment Date _____ at _____ (a.m.) (p.m.) Location: Peachtree City Newnan Atlanta

PLEASE BRING YOUR INSURANCE CARD. CO-PAYMENT IS EXPECTED AT THE TIME OF SERVICE.
PLEASE NOTIFY TECHNOLOGIST IF YOU ARE OR SUSPECT YOU MIGHT BE PREGNANT.

CIRCLE EXAMINATION DESIRED

HIGH FIELD MRI

- CLOSED** **OPEN**
- NO CONTRAST** **WITH/WITHOUT CONTRAST**
- MR Brain MR Pituitary
- MR Temporal Bones
- MR Angiography Brain Neck
- MR Cervical Spine
- MR Thoracic Spine
- MR Lumbar Spine
- MR TMJ
- MR Abdomen LIVER PANCREAS RENAL
- MRCP
- MR Pelvis
- MR Shoulder (R) (L)
- MR Elbow (R) (L)
- MR Wrist (R) (L)
- MR Hand (R) (L)
- MR Knee (R) (L)
- MR Hip (R) (L)
- MR Foot (R) (L)
- MR Ankle (R) (L)
- MR Arthrogram - Shoulder - Hip _____
- MR OTHER _____

CT SCAN (HELICAL)

- ORAL**
- NO CONTRAST** **WITH CONTRAST** **IV**
- CT Brain
- CT Angiography HEAD NECK
- CT Sinuses
- CT Cervical Spine
- CT Thoracic Spine
- CT Lumbar Spine
- CT Calcium Scoring-Coronary Arteries
- CT Soft Tissue Neck
- CT Chest
- CT Abdomen (diaphragm to iliac crest)
- CT Pelvis
- CT ABD/Pelvis
- CT Urogram / Stone Protocol (diaphragm to pubis)
- CT Extrem & Reconstructions
- CT OTHER _____
- Low-Dose Lung Screen
- PE Chest

NUCLEAR MEDICINE

- Bone Scan, Limited Whole Body (w/wo Spect)
- Bone Scan, 3 Phase (w/wo Spect)
- Gated Blood Pool (MUGA)
- Hepatobiliary (HIDA) w/cck injection
- Liver - Spleen Scan w/Spect
- Octreotide w/Spect
- Gastric Emptying Scan
- Gallium for Tumor w/Spect
- Gallium for Infection
- WBC Scan/Bone Marrow w/Spect
- Lung Scan (Ventilation/Perfusion) w/cxr
- Renal Scan
- Renal Scan with Lasix
- Renal Scan with Captopril
- Thyroid I - 123 Uptake & Scan
- Thyroid Treatment I -131 (_____mci)
- Parathyroid w/Spect
- NM OTHER _____

ULTRASOUND

- Aorta
- Abdomen
- Breast (Please include Mammo film)
- Carotid Doppler
- RUQ/Gallbladder/Pancreas/Liver
- Pelvic Complete
- Pelvic & Transvaginal
- Renal
- Testicular Scrotal with Doppler
- Venous Doppler, Extremity
 - Unilateral Bil.
- Arterial Doppler, Extremity
 - Unilateral Bil.
- Thyroid
- US OTHER _____

SPECIAL PROCEDURES

- Facet Injection _____
- Epidural Nerve Root (ESI) _____
- OTHER _____

FLUOROSCOPY/ABDOMEN

- IVP (No Tomos)
- Esophagram/Barium Swallow
- Upper GI
- Upper GI & Small Bowel
- Small Bowel Only
- MAMMOGRAM - SCREENING**
- MAMMOGRAM - DIAGNOSTIC**
- MAMMOGRAM - UNILATERAL**
(R) (L)
- BONE DENSITY**
- INSTANT VERTEBRAL ASSESSMENT-IVA**
- Whole Body Composition**

GENERAL X-RAY

- KUB Bone Age
- Abdominal Series
- Nasal Bones
- Sinuses
- Chest PA/LAT
- Rib/PA Chest (R) (L)
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Pelvis
- Sacrum/Coccyx
- Clavicle (R) (L)
- Shoulder (R) (L)
- Humerus (R) (L)
- Elbow (R) (L)
- Forearm (R) (L)
- Wrist (R) (L)
- Hand (R) (L)
- Hip (R) (L)
- Femur (R) (L)
- Tibia/Fibula (R) (L)
- Knee (R) (L)
- Ankle (R) (L)
- Foot (R) (L)
- Heel (R) (L)
- SI Joints
- Scoliosis Series
- OTHER _____



IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL 24 HOURS IN ADVANCE.