

## ONSITE RADIOLOGIST PHYSICIAN REFERRAL FORM

ONSITE RADIOLOGIST MRI – CT – Ultrasound <a href="http://www.onsiteradiologist.com">www.onsiteradiologist.com</a> <a href="mailto:info@onsiteradiologist.com">info@onsiteradiologist.com</a>	3547 Peachtree Industrial Blvd. Suite#4 Duluth GA 30096 <b>770-299-1332</b> <b>770-741-0097</b>	Appointment Date:  Time: <span style="float: right;">AM PM</span>
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Date of Injury/Illness:	Referring Physician:		
PATIENT INFORMATION			
Patient's Name:	DOB:	Sex:	
Street address:	City:	State:	
Zip Code:	Cell Phone:	Home Phone:	
Is this patient covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Pay	Insurance Company	Group No	Policy no.:

REFERRING PHYSICIAN INFORMATION		
Name:	NPI:	Tax ID:
Referring Clinic:	Phone:	Fax:
Diagnosis:		

MRI HD	MRA	CT SCAN	
HEAD AND NECK			
<input type="checkbox"/> Brain w/o 70551	<input type="checkbox"/> ABD Aorta 74185	<input type="checkbox"/> Pelvis w/o contrast 72192	
<input type="checkbox"/> Orbit w/o 70540	<input type="checkbox"/> Circle of Willis 70554	<input type="checkbox"/> Pelvis w contrast 72193	
<input type="checkbox"/> Neck Soft Tissue w/o 70480	<input type="checkbox"/> Carotids w/o 70547	<input type="checkbox"/> Pelvis w & w/o contrast 72194	
<input type="checkbox"/> TMJ RT LT 70336	<input type="checkbox"/> Pelvis w/o 72198	<input type="checkbox"/> Sinus w/o contrast 70486	
<input type="checkbox"/> Sinus w/o 70540	<input type="checkbox"/> Renal 74185	<input type="checkbox"/> Soft Tissues neck 76536	
BODY			
<input type="checkbox"/> Abdomen w/o 74181	CT SCAN		
<input type="checkbox"/> Brachial Plexus w/o 71550	<input type="checkbox"/> Abdomen w/o contrast 74150	<input type="checkbox"/> Thoracic w/o contrast 72128	
<input type="checkbox"/> Pelvis-Soft tissue w/o 72195	<input type="checkbox"/> Abdomen w contrast 74160	<input type="checkbox"/> Lower Extremity w/o 73700	
<input type="checkbox"/> Breast-Uni RT LT 77058	<input type="checkbox"/> Abdomen w & w/o contrast 74170	<input type="checkbox"/> Upper Extremity w/o 73200	
<input type="checkbox"/> Breast-Bil 77059	<input type="checkbox"/> Cervical w/o contrast 72125	ULTRASOUND	
MUSCULOSKELETAL			
<input type="checkbox"/> Ankle RT LT 73721	<input type="checkbox"/> Chest w/o contrast 71250	<input type="checkbox"/> Abdominal complete 76700	
<input type="checkbox"/> Elbow RT LT 73221	<input type="checkbox"/> Chest w contrast 71260	<input type="checkbox"/> Abdominal aorta 76775	
<input type="checkbox"/> Femur RT LT 73718	<input type="checkbox"/> Chest w & w/o contrast 71270	<input type="checkbox"/> Abdominal complete/Abdominal Gland 76881	
<input type="checkbox"/> Forearm RT LT 73218	<input type="checkbox"/> CT Abdomen/Pelvis 74176	<input type="checkbox"/> Retroperitoneum complete (Aorta, Kidneys, Pancreas) 76770	
<input type="checkbox"/> Forefoot RT LT 73718	<input type="checkbox"/> CT Abdomen/Pelvis w 74177	<input type="checkbox"/> Bladder 76857	
<input type="checkbox"/> Hand RT LT 73218	<input type="checkbox"/> CT Abdomen/Pelvis w & w/o 74178	<input type="checkbox"/> Breast RT LT 76641	
<input type="checkbox"/> Heel RT LT 73718	<input type="checkbox"/> CTA Chest 71275	<input type="checkbox"/> Gallbladder 76705	
<input type="checkbox"/> Hip RT LT 73721	<input type="checkbox"/> Facial bones w/o 70486	<input type="checkbox"/> Groin/Hernia 76705	
<input type="checkbox"/> Humerus RT LT 73218	<input type="checkbox"/> Head w/o contrast 70450	<input type="checkbox"/> Liver 76705	
<input type="checkbox"/> Knee RT LT 73721	<input type="checkbox"/> Head w & w/o contrast 70470	<input type="checkbox"/> OB > 14 Weeks 76805	
<input type="checkbox"/> Shoulder RT LT 73221	<input type="checkbox"/> AC/Temp Bone w/o 70480	<input type="checkbox"/> OB > 18 Weeks 76811	
<input type="checkbox"/> Tibia / Fibula RT LT 73718	<input type="checkbox"/> Lumbar w/o contrast 72131	<input type="checkbox"/> Pancreas 76775	
<input type="checkbox"/> Toe RT LT 73721	<input type="checkbox"/> Lumbar w contrast 72132	<input type="checkbox"/> Pelvic 76856	
<input type="checkbox"/> Wrist RT LT 73221	<input type="checkbox"/> Lumbar w & w/o 72133	<input type="checkbox"/> Transvaginal 76830	
<input type="checkbox"/> Other	<input type="checkbox"/> Neck Soft Tissue w/o 70490	<input type="checkbox"/> Renal Limited (Kidney) 76775	
SPINE			
<input type="checkbox"/> Cervical w/o 72141	<input type="checkbox"/> Neck Soft Tissue w 70491	<input type="checkbox"/> Renal Artery w Doppler 93975	
<input type="checkbox"/> Lumbar w/o 72148	<input type="checkbox"/> Neck Soft Tissue w & w/o 70492	<input type="checkbox"/> Spleen 76705	
<input type="checkbox"/> Thoracic w/o 72146	<input type="checkbox"/> Orbits w/o contrast 70480	<input type="checkbox"/> Testicular/Scrotal w Doppler 76870, 93976	
<input type="checkbox"/> Other	<input type="checkbox"/> Orbits w contrast 70481	<input type="checkbox"/> Thyroid 76536	
	<input type="checkbox"/> Orbits w & w/o contrast 70482	<input type="checkbox"/> Neck soft tissues 76536	
		<input type="checkbox"/> Other	

Specify Exams if not listed Above: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_