Vital Imaging
Medical Diagnostic Centers

MIAMI CENTER	BRICKELL/GABLES CENTER	HIALEAH CENTER	HIALEAH BREAST CENTER	HOMESTEAD CENTER	MIAMI SLEEP LAB
7101 S.W. 99th Ave. Suite 106 Miami, FL 33173	3146 Coral Way Miami, FL 33145	3320 Palm Ave. Hialeah, FL 33012	3333 Palm Ave. Unit #1 Hialeah, FL 33012	610 Washington Ave. Homestead, FL 33030	9835 SW 72nd St. Suite 108 Miami, FL 33173

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NAME*

SSN DATE OF BIRTH*

PHONE # (HOME)* (CELL)* (WORK)

ADDRESS APT. #

INSURANCE NAME: POLICY #

PHYSICIAN NAME & PHONE # (PLEASE PRINT)

PHYSICIAN SIGNATURE (PLEASE SIGN)

DX
(ICD-10)

OTHER DATE

MRI
☐ WITH & WITHOUT CONTRAST ☐ WITHOUT CONTRAST

- ☐ ABDOMEN
- ☐ ANKLE ☐ LT ☐ RT
- ☐ BRAIN
- ☐ BREAST
- ☐ CHEST
- ☐ CERVICAL SPINE
- ☐ COCCYX
- ☐ ELBOW ☐ LT ☐ RT
- ☐ ENTEROGRAPHY
- ☐ FACE
- ☐ FEMUR ☐ LT ☐ RT
- ☐ FINGER(S) ☐ LT ☐ RT
- ☐ FOOT ☐ LT ☐ RT
- ☐ FOREARM ☐ LT ☐ RT
- ☐ HAND ☐ LT ☐ RT
- ☐ HUMERUS ☐ LT ☐ RT
- ☐ HIP ☐ LT ☐ RT
- ☐ IAC'S (INTERNAL AUDITORY CANAL)
- ☐ KNEE ☐ LT ☐ RT
- ☐ LOWER EXTREMITY (JOINT) ☐ LT ☐ RT
- ☐ LOWER EXT (NON-JOINT) ☐ LT ☐ RT
- ☐ LUMBAR SPINE
- ☐ MANDIBULAR
- ☐ MRCP
- ☐ NECK SOFT TISSUE
- ☐ ORBITS
- ☐ PARANASAL SINUSES
- ☐ PELVIS
- ☐ PELVIC RELAX. STUDY (URINARY INCONTINENCE)
- ☐ PITUITARY GLAND
- ☐ PROSTATE
- ☐ SHOULDER ☐ LT ☐ RT
- ☐ TIBIA/FIBULA ☐ LT ☐ RT
- ☐ TMJ (TEMPORO-MANDIBULAR JOINT)
- ☐ THORACIC SPINE
- ☐ UPPER EXTREMITY (JOINT) ☐ LT ☐ RT
- ☐ UPPER EXT (NON-JOINT) ☐ LT ☐ RT
- ☐ UROGRAM
- ☐ WRIST ☐ LT ☐ RT
- ☐ OTHER: _____ ☐ LT ☐ RT

MRA
☐ WITH & WITHOUT CONTRAST ☐ WITHOUT CONTRAST

- ☐ ABDOMINAL AORTA
- ☐ CHEST (THORACIC AORTA)
- ☐ HEAD (CIRCLE OF WILLIS)
- ☐ LOWER EXTREMITY (RUN-OFF)
- ☐ NECK (CAROTIDS)
- ☐ PELVIS (ILIACS)
- ☐ OTHER: _____

MRV
☐ WITH & WITHOUT CONTRAST ☐ WITHOUT CONTRAST

- ☐ ABDOMEN
- ☐ HEAD
- ☐ NECK (CAROTIDS)
- ☐ PELVIS (ILIACS)

NUCLEAR MEDICINE

- ☐ BONE SCAN _____
- ☐ BONE SCAN TRIPLE-PHASE
- ☐ GALLIUM SCAN
- ☐ GASTRIC EMPTYING
- ☐ LIVER/SPLEEN SCAN
- ☐ LUNG QUANTITATIVE PERFUSION-SCAN (NON-VENT)
- ☐ MUGA SCAN
- ☐ PARATHYROID SCAN
- ☐ PIPIDA (HEPATOBILIARY SCAN)
- ☐ PIPIDA (HEPATOBILIARY SCAN WITH EF)
- ☐ RENAL SCAN
- ☐ RENAL SCAN W/CAPTOPRIL
- ☐ RENAL SCAN W/LASIX
- ☐ THYROID SCAN
- ☐ THYROID UPTAKE/SCAN
- ☐ THYROID I-131 THERAPY
- ☐ THYROID I-131 THERAPY (THYROGEN PROT)
- ☐ WHOLE BODY SCAN I-131
- ☐ WHOLE BODY SCAN I-131 (THYROGEN PROT)

NUCLEAR CARDIOLOGY

- ☐ STRESS TEST PLAIN
- ☐ STRESS TEST NUCLEAR
- ☐ STRESS TEST NUCLEAR-PHARMACOLOGICAL
- ☐ OTHER:

CARDIOLOGY

- ☐ 24 HR HOLTER
- ☐ ECHOCARDIOGRAM W/ DOPPLER
- ☐ ECHOCARDIOGRAM SPECKLE STRAIN
- ☐ EKG
- ☐ STRESS ECHO

CT SCAN
☐ WITH & W/OUT CONT. ☐ W/OUT CONT.

- ☐ ABDOMEN
- ☐ ABDOMEN & PELVIS
- ☐ ANKLE ☐ LT ☐ RT
- ☐ BRAIN
- ☐ CHEST (LOW DOSE)
- ☐ CHEST (HIGH RESOLUTION)
- ☐ CHEST (THORAX)
- ☐ CERVICAL SPINE
- ☐ ELBOW ☐ LT ☐ RT
- ☐ ENTEROGRAPHY
- ☐ FACIAL BONES
- ☐ FEMUR ☐ LT ☐ RT
- ☐ FOOT ☐ LT ☐ RT
- ☐ FOREARM ☐ LT ☐ RT
- ☐ HAND ☐ LT ☐ RT
- ☐ HUMERUS ☐ LT ☐ RT
- _____
- ☐ HAND ☐ LT ☐ RT
- ☐ HIP ☐ LT ☐ RT
- ☐ IAC'S (INTERNAL AUDITORY CANAL)
- ☐ KNEE ☐ LT ☐ RT
- ☐ LOWER EXT ☐ LT ☐ RT
- ☐ LUMBAR SPINE
- ☐ MASTOID
- ☐ NECK - SODT TISSUE
- ☐ ORBITS
- ☐ PARANASAL SINUS
- ☐ PELVIS
- ☐ PITUITARY GLAND
- ☐ RADIUS/ULNA ☐ LT ☐ RT
- ☐ TIBIA/FIBULA ☐ LT ☐ RT
- ☐ THORACIC SPINE
- ☐ UPPER EXT ☐ LT ☐ RT
- _____
- ☐ UROGRAM
- ☐ WRIST ☐ LT ☐ RT
- ☐ OTHER: _____

CTA - ANGIOGRAPHY

- ☐ ABDOMEN
- ☐ CHEST
- ☐ EXT. UPPER ☐ LT ☐ RT
- ☐ EXT. LOWER ☐ LT ☐ RT
- ☐ HEAD (CIRCLE OF WILLIS)
- ☐ NECK (CAROTIDS)
- ☐ PELVIS (ILIACS)
- ☐ RUN-OFF

X-RAYS • GENERAL RADIOLOGY

- ☐ ANKLE ☐ LT ☐ RT
- ☐ BONE AGE
- ☐ CHEST
- ☐ CLAVICLE ☐ LT ☐ RT
- ☐ COCCYX
- ☐ CERVICAL SPINE
- ☐ ELBOW ☐ LT ☐ RT
- ☐ FACIAL BONES
- ☐ FEMUR ☐ LT ☐ RT
- ☐ FOOT ☐ LT ☐ RT
- ☐ HAND ☐ LT ☐ RT
- ☐ HIP ☐ LT ☐ RT
- ☐ HUMERUS ☐ LT ☐ RT
- ☐ IVP
- ☐ KNEE ☐ LT ☐ RT
- ☐ KUB
- ☐ LUMBAR SPINE
- ☐ NASAL BONES
- ☐ PARANASAL SINUSES
- ☐ PELVIS
- ☐ RADIUS/ULNA ☐ LT ☐ RT
- ☐ RIBS ☐ LT ☐ RT
- ☐ SACRUM
- ☐ SHOULDER ☐ LT ☐ RT
- ☐ SKULL
- ☐ STERNUM
- ☐ TIBIA/FIBULA ☐ LT ☐ RT
- ☐ THORACIC SPINE
- ☐ WRIST ☐ LT ☐ RT
- ☐ OTHER: _____

PET / CT & PET ONCOLOGY

- ☐ PET / CT BRAIN
- ☐ PET / CT WHOLE BODY
- ☐ PET / CT SKULL BASE TO MID THIGH
- ☐ OTHER: _____

DIGITAL MAMMOGRAPHY
☐ IMPLANTS

☐ UNILATERAL ☐ BILATERAL

- ☐ MAMMO SCREENING
- ☐ MAMMO DIAGNOSTIC ☐ LT ☐ RT
- ☐ SPOT COMPRESSION ☐ LT ☐ RT

ULTRASOUND
☐ WITH DOPPLER

- ☐ ABDOMEN COMPLETE
- ☐ ABDOMEN AORTA
- ☐ ABDOMINAL WALL
- ☐ BLADDER
- ☐ BREAST ☐ LT ☐ RT
- ☐ GALLBLADDER
- ☐ HEAD/NECK SOFT TISSUE
- ☐ LIVER
- ☐ LIVER ELASTOGRAPHY
- ☐ LLQ
- ☐ OB - FIRST TRIMESTER
- ☐ PANCREAS
- ☐ PARATHYROID
- ☐ PROSTATE (TRANSABDOMINAL)
- ☐ PROSTATE (TRANSRECTAL)
- ☐ PELVIS
- ☐ RENAL
- ☐ RENAL & BLADDER
- ☐ RLQ (APENDIX)
- ☐ RUQ (LIVER • PANCREAS • GALLBLADER)
- ☐ SOFT TISSUE _____
- ☐ SPLEEN
- ☐ TESTICULAR
- ☐ THYROID
- ☐ TRANSCRANIAL DOPPLER (TCD)
- ☐ TRANSVAGINAL
- ☐ UPPER ABDOMINAL (GB • BILLIARY TREE • LIVER OR SPLEEN)

VASCULAR STUDIES • DOPPLER

- ☐ ARTERIAL • UPPER EXTREMITY ☐ LT ☐ RT
- ☐ ARTERIAL • LOWER EXTREMITY ☐ LT ☐ RT
- ☐ VENOUS • UPPER EXTREMITY ☐ LT ☐ RT
- ☐ VENOUS • LOWER EXTREMITY ☐ LT ☐ RT
- ☐ CAROTID DOPPLER
- ☐ MESENTERIC ARTERY DOPPLER
- ☐ RENAL ARTERY DOPPLER

DEXA - BONE DENSIOMETRY

- ☐ BONE DENSITY AXIAL (EG • HIPS • PELVIS • SPINE)
- ☐ BONE DENSITY AXIAL APPENDICULAR (PERIPH) (EG • RADIUS • WRIST • HEEL)

NEUROLOGICAL TESTING PROCEDURES

- ☐ UPPER EXTREMITY BILATERAL NERVE CONDUCTION ☐ EMG
- ☐ LOWER EXTREMITY BILATERAL NERVE CONDUCTION
- ☐ OTHER: _____

SLEEP STUDY

- ☐ BASELINE
- ☐ CPAP
- ☐ SPLIT (BASELINE & CPAP)
- ☐ BIPAP

PULMONARY FUNCTION TEST
☐ PRE & POST

- ☐ PULMONARY FUNCTION TEST (PFT)

ICAEL Accredited Echocardiography Laboratory · ACR Radiology Accredited Facility (Magnetic Resonance Imaging, Computed Tomography, Nuclear Medicine, Mammography, Ultrasound)

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For your patient's safety, please provide BUN_____and Creatinine_____for CT or MRI exams ordered with contrast. • Patient's instructions: please turn to the back of this page →