

DIAGNOSTIC REQUEST FORM

Cahaba Valley Imaging

201 Racquet Club Lane

Pelham, AL 35124

Phone (205) 620-3830 Fax (205) 620-3831

www.cahabavalleyimaging.com



Advancing the Art of Diagnostic Care

C. Michael Mead, M.D.

REQUEST FOR IMAGING STUDY

Appointment Date: _____ Exam Time: _____

Patient Name: _____ DOB: _____

Phone (H): _____ (C): _____ Sex: _____ M F

ICD 10 (required): _____ Obtain pre-cert? Yes No If yes please fax notes

Ins: (type/policy #): _____ Pre-cert #: _____

Clinical History/Indication/ICD9: _____

Referring Physician (Print): _____ Physician's Signature: _____

Referring Physician's Phone #: _____ Fax #: _____

MRI/MRA	CT	CTA	X-RAY
<input type="checkbox"/> W/Contrast <input type="checkbox"/> W/O Contrast <input type="checkbox"/> MRA <input type="checkbox"/> Head <input type="checkbox"/> Carotids <input type="checkbox"/> _____ <input type="checkbox"/> Brain <input type="checkbox"/> Spine C T L <input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> MRE Abdomen / Pelvis <input type="checkbox"/> Arthrogram of: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> W/Contrast <input type="checkbox"/> W/O Contrast <input type="checkbox"/> Abdomen / Pelvis <input type="checkbox"/> Head <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Sinus <input type="checkbox"/> Medtronic <input type="checkbox"/> Temporal Bone <input type="checkbox"/> Chest <input type="checkbox"/> LDCT Screening <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Body Part _____ <input type="checkbox"/> Spine C T L <input type="checkbox"/> Hip Injection <input type="checkbox"/> Other _____	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Runoff <input type="checkbox"/> Abdomen / Pelvis Abdomen (renal arteries)	<input type="checkbox"/> Chest <input type="checkbox"/> Sinus <input type="checkbox"/> Spine <input type="checkbox"/> KUB C T L <input type="checkbox"/> Extremity: _____ _____ <input type="checkbox"/> R <input type="checkbox"/> L
		Ultrasound	
		<input type="checkbox"/> Abdomen <input type="checkbox"/> GB <input type="checkbox"/> Renal <input type="checkbox"/> Renal Artery Doppler <input type="checkbox"/> Aorta <input type="checkbox"/> Carotid <input type="checkbox"/> Venous Doppler <input type="checkbox"/> Upper Extremity <input type="checkbox"/> Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Pelvic <input type="checkbox"/> Transvaginal <input type="checkbox"/> Thyroid <input type="checkbox"/> Testicular <input type="checkbox"/> Breast <input type="checkbox"/> OB <input type="checkbox"/> Arterial Doppler <input type="checkbox"/> Other _____ _____
Comprehensive Breast Imaging		DEXA	
<input type="checkbox"/> Digital Mammography: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B Screening _____ Diagnostic _____ <input type="checkbox"/> with 3D breast tomosynthesis <input type="checkbox"/> Breast Ultrasound: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Breast MRI: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B		<input type="checkbox"/> Bone Density	

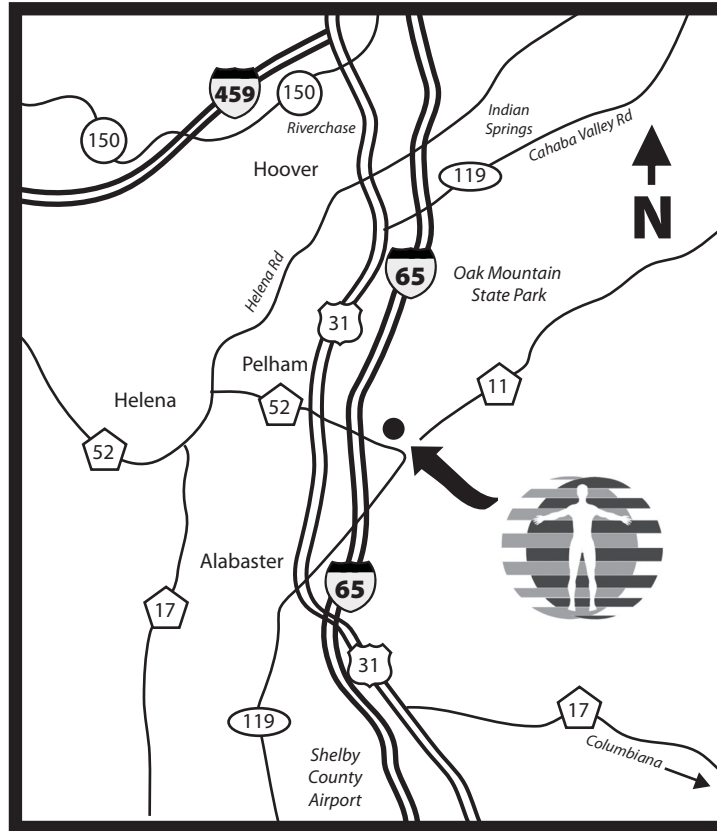
MRI Contradictions: Pacemaker _____ Aneurysm Clip _____ Implanted Devices _____ Metal in Eye _____

Call Patient to Schedule Call Report / # _____ Send films w/ Courier Send films w/ patient Digital Image (CD)

DIRECTIONS

Cahaba Valley Imaging

Pelham - (205) 620-3830



Located in Pelham just off I-65 and County Road 52 behind America's First Federal Credit Union.

- **I-65 from Birmingham:** Take Exit number 242 (aka: the "Tank Farms" exit - Co. Rd. 52). Go left back across I-65 and continue to the 3rd traffic light. Turn left at America's First Federal Credit Union, then immediately right onto Racquet Club Lane. We're located next door to Brookwood Baptist Health.
- **I-65 from Montgomery:** Take Exit number 242 (aka: the "Tank Farms" exit - Co. Rd. 52). Go right and continue to the 2nd traffic light. Turn left at America's First Federal Credit Union, then immediately right onto Racquet Club Lane. We're located next door to Brookwood Baptist Health.

PATIENT GENERAL INFORMATION & INSTRUCTIONS

Patient General Information

- Bring this form with you.
- Arrive at least 15 minutes prior to your scheduled exam.
- Bring previously completed related studies such as Mammograms if you have them.
- Bring insurance information and insurance ID cards.
- Notify us 24 hours in advance, if possible, if you are unable to keep your appointment.
- Follow the instructions provided on this sheet for the examination indicated.
- Any exam requiring IV contrast may require additional blood work. If you have renal problems, are diabetic or currently taking Glucophage, please contact us for further instructions.