

Hardeman Avenue at I - 75

□ PELVIS- BONEY

□ LIVER

☐ ADRENALS

□ PANCREAS

□ ABDOMEN $\quad \Box \ \mathsf{MCRP}$

□ RENAL

□ Other_

of Macon

1504 Hardeman Avenue, Suite B 1650 Hardeman Avenue Macon, GA 31201

(478) 745-3135 Office: Toll Free:

(877) 745-3135 (478) 745-3136

PHYSI	CIAN	NS C)RD	ER
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Saturday & Extended Evening Hours **ACR Accredited** Latus Pro Cart for your

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Patient Name:				DOB:	/_	/	_Weight:		lbs.	
Patient Contact #: ()P										
				the below listed exam(s).						
REFERRING PHYSICIA	AN SIGN	ATURE:		NPI #:			Date:	/		
				Appointment Time: _						
				□ FAX Rep						
MRI	⊐ HIG	H-FIELD	□OPEN	SPECIA	AL1	ΓΥ Ε	XAN	1S		
CONTRAST:	YES	□ NO								
				□ BREAST w/						
□ WITH ORBITS □ WITH IAC'S				□ SMALL BOWEL w/wo						
□ WITH PITUITARY / SELLA				□ PROSTATE w/wo						
□ BRACHIAL PLEXUS					□ UROGRAPHY w/wo □ DEFOCOGRAPHY w/wo					
	E NECK			□ DEI OCOGINA	AFIII VV	/ WO				
□ MRA										
☐ HEAD wo ☐ NECK w/wo				PATIE	RIT	шк	TOE	V		
□ RENAL w	/ wo	□ ADR	ENALS w/wo	PAHE	141	ШІЗ				
☐ AORTIC AF	RCH w /	wo 🗆 RUN	OFF w/wo	Does the patien	t have a	history	of any of th	e follov	ving:	
□ MRV w / wo)			□ PACEMAKER		•	•		J	
□ CERVICAL SPINE □ MYELOGRAM				□ ANEURYSM C	CLIPS					
☐ THORACIC SPINE ☐ MYELOGRAM				☐ CURRENTLY PREGNANT						
□ LUMBAR SPINE □ MYELOGRAM				□ SURGERY WI	ITHIN TH	HE LAST	6 WEEKS			
□ SACRUM□ SHOULDER	□ D			□ IMPLANTED [DEVICES	3				
□ SCAPULA			KTTIKOGKAWI							
☐ HUMERUS				IDIAGN	NO S	SIS (COD	E		
_ □ ELBOW	□R		RTHROGRAM							
□ WRIST	□R		RTHROGRAM							
□ HAND	□R	□L		1						
□ HIP	□R	□ L □ Al	RTHROGRAM							
□ FEMUR	\square R	□ L								
☐ LOWER LEG	\square R	□L								
□ KNEE	□R		RTHROGRAM							
□ ANKLE	□R		RTHROGRAM	SPECIA	AL I	IN2	TRU	CTI	ON!	
□ FOOT	□R	_		CD with patient	?					
□ PELVIS- SOF	T TISSL	JE		panon						