

PHONE: 470-333-8000 | FAX: 470-709-4777

Email: appointment@hopeimagingcenter.com www.hopeimagingcenter.com



3840 Peachtree Industrial Blvd. #140, Duluth, GA 30096

PDF Version

	PATIENT DOB:	
PATIENT PHONE #:	EMAIL:	
REFERRING PHYSICIAN:	NPI:	YES
PHYSICIAN OFFICE PHONE #:	PHYSICIAN OFFICE FAX #:	
ATTORNEY INFO:	CONTACT PERSON:	
DIAGNOSIS:		─ WC ○ Other: ———— ○ Health Concern
PHYSICIAN SIGNATURE:		Ssaxan sensen
MRI	СТ	X-RAY
HEAD CONTRAST Without With *self-Pay Only W/ & W/O *Self-Pay Only W/ & W/O *Self-Pay Only IAC's Orbits Face/Mandible Sinuses TMJ SPINE	BODY Chest Mithout With With With With With With Mith Mi	HEAD Skull Orbits Orbits for Foreign Body Facial Bones SPINE Cervical Thoracic Lumbar Sacrum
☐ Cervical ☐ Thoracic ☐ Lumbar ☐ MRA Neck ☐ Neck Soft Tissue ☐ Sacrum/Coccyx ☐ SI Joint ☐ Other:	Neck SPINE Cervical Dorsal/Thoracic Lumbar 3D Recon CT Calcium Score (Heart Scan) Low Dose Lung CT (Lung Cancer Screen)	SI Joint Coccyx CHEST Chest PA/LAT Sternum Clavicle Ribs L R B B
BODY/SOFT TISSUE	ULTRASOUND	UPPER EXTREMITY
☐ Chest ☐ Breast-Implants ☐ Abdomen ☐ MRCP ☐ Pelvis ☐ Other: MUSCULOSKELETAL	☐ Thyroid☐ Soft Tissue☐ Abdominal☐ Aorta☐ Breast☐ Gallbladder / RUQ☐ Renal☐ Scrotal Testicular	Shoulder L R B Humerus L R B Elbow L R B Forearm L R B Wrist L R B Hand L R B Finger L R B
☐ Shoulder ☐ L ☐ R	Areas of Mass:	LOWER EXTREMITY
□ Clavicle □ L □ R □ Humerus □ L □ R □ Elbow □ L □ R □ Forearm □ L □ R □ Wrist □ L □ R □ Hand/Finger □ L □ R □ Hip □ L □ R □ Femur □ L □ R □ Knee □ L □ R □ L □ R □ L □ R □ L □ R □ L □ R	CARDIAC & VASCULAR Echo (W/Doppler) Stress Echo Carotid Venous r/o DVT Upper Extremity Lower Extremity Arterial with ABI ABI Only	KUB Pelvis Hip L R B Femur L R B Knee L R B Tibia/Fibula L R B Ankle L R B Foot L R B
☐ Ankle ☐ L ☐ R ☐ Foot/Toe ☐ L ☐ R	GYN	BONE DENSITY
Other:	☐ Pelvic-Trans-Vaginal	☐ Bone Density



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OUR LOCATION



PREPARING FOR YOUR APPOINTMENT

- Preparing for your MRI is easy. Follow your normal routine and continue any prescribed medication unless your doctor or our office has instructed you otherwise.
- **Please arrive 15 minutes early** for your scheduled appointment. Bring all Medicare, insurance or health plan documents, subscriber number, etc.
- Normally, sedation is not necessary during the MRI exam. However, if you feel heightened anxiety
 when visualizing the exam, we suggest you ask your doctor for a mild tranquilizer and take it as
 prescribed prior to your appointment. Please bring a driver with you.

BE SURE TO TELL THE TECHNOLOGIST IF ANY OF THE FOLLOWING APPLY TO YOU:

- Have a pacemaker
- Metal fragments are in your body (cochlear implants, metal aneurysm clips, shrapnel, or other electronic implants
- You think you may be pregnant