

# PRIORITY IMAGING CENTERS

Accredited by Joint Commission

Ph: 866-460-4MRI (4674) ♦ Fax: 561-571-0295

www.priorityimagingcenters.com ♦ e-mail: services@priorityimagingcenters.com

- 3795 W Boynton Beach Blvd, Suite C. Boynton Beach, FL, 33436
- 5601 Corporate Way. Ste 307. West Palm Beach, FL 33407
- 880 NW 13<sup>th</sup> Street. Ste 101. Boca Raton, FL 33486
- 411 SW 27<sup>th</sup> Avenue, Miami, FL 33135

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance: \_\_\_\_\_ Ins. Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Policy#: \_\_\_\_\_ Claim#: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Attorney Information: \_\_\_\_\_

## HEAD

- Brain
- Orbits
- Pituitary
- IAC
- Sinuses
- Other

## SPINE

- Cervical
- Lumbar
- Thoracic

## High-field MRI

- Neck (soft tissue)
- Chest
- Abdomen
- Pelvis
- MRA Neck
- MRA Brain

With & Without IV Contrast

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## MUSCULOSKELETAL

- Knee Right or Left       Shoulder Right or Left      Other \_\_\_\_\_
- Ankle Right or Left       Hip Right or Left

DIAGNOSIS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_