

# PRIORITY IMAGING CENTERS

*Accredited by Joint Commission*

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- 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** \_\_\_\_\_