AMERICAN HEALTH Imaging
361 Woodruff Rd.
Greenville, SC 29607
Phone: 864-775-5004
Fax: 864-775-5012

APPOINTMENT DATE
_____/_____/_____
_____ AM / PM

AMERICAN HEALTH IMAGING OF GREENVILLE

Patient Name: _____ DOB: _____

Patient Phone #: _____ ☐ Call patient to schedule appointment

Insurance Name/ ID #: _____ Auth#: _____

Diagnosis: _____

☐ CD ☐ Report Only
☐ STAT ☐ CALL REPORT TO: _____

Creatinine: ____ GFR: ____ Date Drawn: _____
Appt. Date: _____ Appt. Time: _____ AM / PM

Open MRI

☐ C-Spine
☐ T-Spine/Dorsal
☐ L-Spine
☐ Flexion Extension
☐ Weight-Bearing (Orthostatic)
☐ Lie-Down (Supine)

☐ Shoulder L R
☐ Elbow L R
☐ Wrist L R
☐ Hand L R
☐ Hip L R
☐ Knee L R
☐ Ankle L R
☐ Forefoot L R
☐ Hindfoot L R
☐ Other _____

ULTRASOUND

☐ Soft Tissue Neck ☐ Thyroid ☐ Extremity Non-Vascular
☐ Retroperitoneal Renal ☐ Scrotum ☐ Carotid Bilateral
☐ Lower Extremity Venous, Bilateral
☐ Lower Extremity Venous, Unilateral L R
☐ Upper Extremity Venous, Bilateral
☐ Upper Extremity Venous, Unilateral L R

☐ Transvaginal ☐ Renal/Bladder
☐ Pelvic, Non-OB limited ☐ Renal with Doppler
☐ Transabdominal, transvaginal ☐ Limited Liver with Doppler

ATTORNEY

ICD-10 Code / Diagnosis: _____

Attorney Name: _____

Attorney Number: _____

Date of Injury: _____

☐ Work Comp ☐ MVA ☐ Slip & Fall

X-RAY

Please Indicate: ☐ Left ☐ Right ☐ Both

☐ Chest ☐ Abdomen ☐ Spine _____ Flex/Ext

☐ Nasal ☐ Sinuses ☐ Soft Tissue Neck ☐ Pelvis ☐ Skull

☐ Cervical ☐ Facial Bones ☐ Hand ☐ Thoracic ☐ Foot

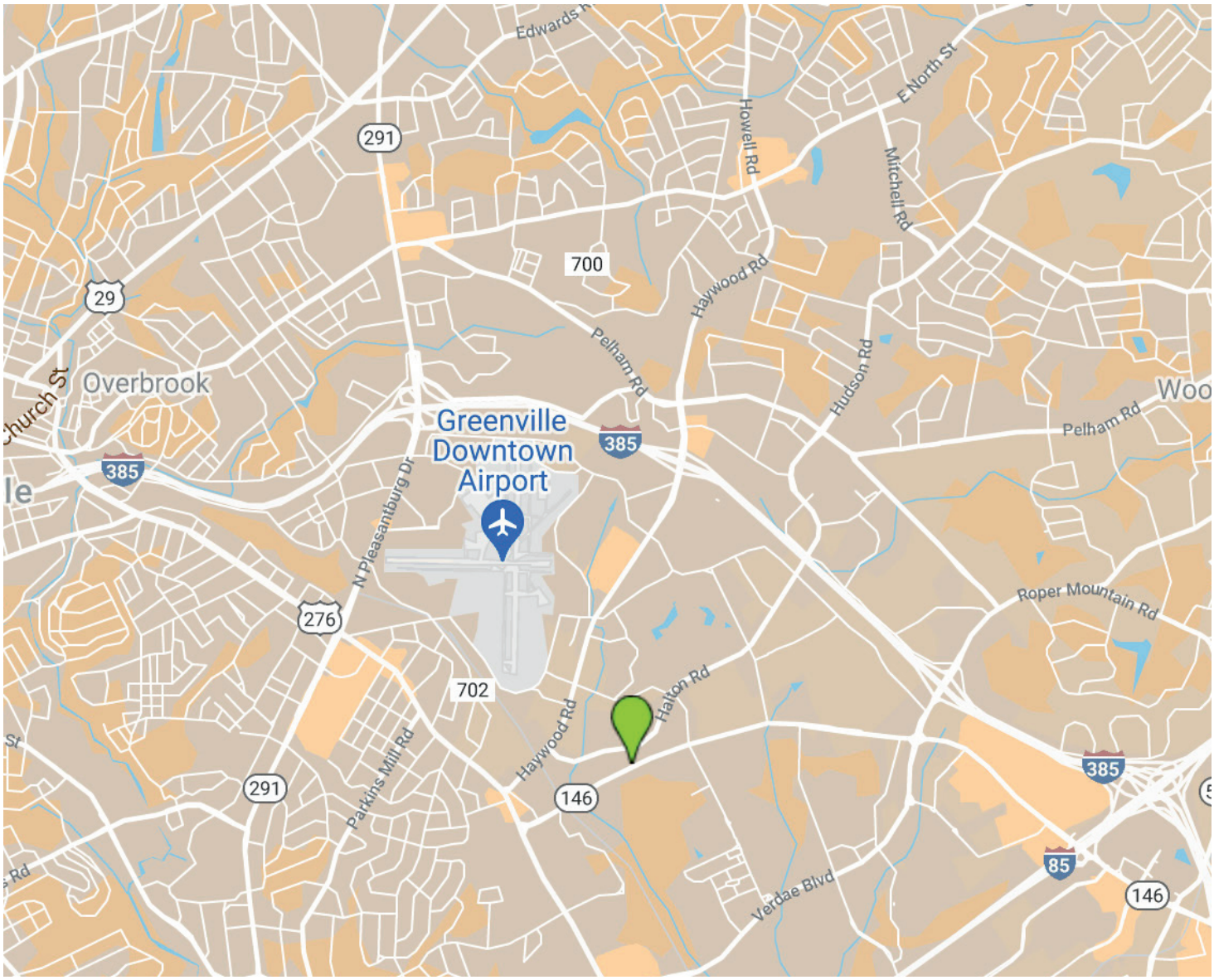
☐ Lumbar ☐ Ribs ☐ Extremity and Joints

☐ Other: _____

Physician Signature: _____ Date: _____

Physician Name: _____ Physician Phone: _____ Physician Fax: _____

FREE PARKING • SAME DAY APPOINTMENTS • NEXT DAY RESULTS



STATE-OF-THE-ART DIAGNOSTIC IMAGING NOW AVAILABLE IN GREENVILLE

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AMERICAN HEALTH Imaging

AmericanHealthImaging.com

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Your Health. Your Money. Your Choice.