RADIOLOGY SCIENCE INSTITUTE

**Scheduling Phone: (855) 674-7741**
**Scheduling Fax: (855) 674-7742**
**referrals@rsimri.com**

☐ **Orlando:** (MRI & X-ray) 60 W. Kaley St., Orlando, FL 32806
Phone: (407) 757-0979 Fax: (407) 757-0978

☐ **Kissimmee:** (MRI & X-ray) 1010 Mann St., Kissimmee, FL 34741
Phone: (321) 241-2600 Fax: (321) 241-2609

☐ **Miami:** (MRI) 7947 NW 2nd St., Miami, FL 33126
Phone: (305) 456-9046 Fax: (305) 456-9293

☐ **Fort Myers:** (MRI, X-ray, CT) 12995 S. Cleveland Ave., Ste 182, Fort Myers, FL 33907
Phone: (239) 347-4007 Fax: (239) 347-4006

## PATIENT INFORMATION

Name: _____ Date of Birth: ____ / ____ / ____ Sex: _____
LAST MIDDLE FIRST

Address: _____ _____
CITY STATE ZIP PHONE NO.

## INSURANCE INFORMATION

Insurance Co. Name: _____ Policy No: _____ Claim No: _____

Address: _____ Phone No: _____ Fax No: _____

Attorney Name (if applicable): _____ Address: _____

Phone No.: _____ Fax No: _____ Date of Accident (if applicable): _____

Diagnosis / Additional History: _____

☐ EMC NEEDED *(Please include initial exam notes)*

## MRA

☐ Head ☐ Neck

## MRI/CT

☐ MRI ☐ CT

**Head** ☐ Brain ☐ IACs ☐ Orbits ☐ Face ☐ TMJ ☐ Pituitary ☐ Sinuses ☐ Other/ Special Instructions

_____

_____

**Spine** ☐ Cevical ☐ Thoracic ☐ Lumbar ☐ Neck (Soft Tissue) ☐ Sacrum/Coccyx ☐ Brachial Plexus ☐ Other/ Special Instructions

_____

_____

**Body** ☐ Abdomen ☐ Chest ☐ MRCP ☐ Pelvis ☐ Other/ Special Instructions

_____

_____

**Upper Extremity**

| | | | |
|---|---|---|---|
| ☐ Shoulder | ☐ Left | ☐ Right |
| ☐ Elbow | ☐ Left | ☐ Right |
| ☐ Wrist | ☐ Left | ☐ Right |
| ☐ Hand | ☐ Left | ☐ Right |
| ☐ Forearm | ☐ Left | ☐ Right |
| ☐ Humerus | ☐ Left | ☐ Right |
| ☐ Thumb | ☐ Left | ☐ Right |

☐ Other/ Special Instructions

_____

_____

**Lower Extremity**

| | | |
|---|---|---|
| ☐ Hip | ☐ Left | ☐ Right |
| ☐ Knee | ☐ Left | ☐ Right |
| ☐ Ankle | ☐ Left | ☐ Right |
| ☐ Foot | ☐ Left | ☐ Right |
| ☐ Femur | ☐ Left | ☐ Right |
| ☐ Tib/Fib | ☐ Left | ☐ Right |

☐ Other/ Special Instructions

_____

_____

## GENERAL RADIOLOGY (X-RAY)

| | | | |
|---|---|---|---|
| **Spine** | ☐ Cervical | ☐ Thoracic | ☐ Lumbar |
| **Chest** | ☐ PA / LAT | | |
| **Hip** | ☐ Left | ☐ Right | ☐ Bilateral |
| **Shoulder** | ☐ Left | ☐ Right | ☐ Bilateral |
| **Abdomen** | ☐ KUB | ☐ Flat and Up | |

**Flexion/Extension** ☐ YES ☐ NO

**Extremity** _____

**Other** _____

## REFERRING PHYSICIAN'S INFORMATION

Physician Name: _____ Address: _____

Phone No.: _____ Fax No.: _____ Email Address: _____

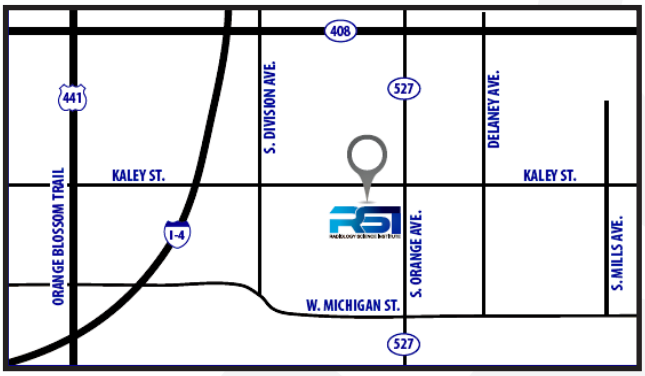
Physician Signature: _____ NPI No.: _____ Date: _____

## INSTRUCTIONS

- Your appointment has been specifically reserved for you . Cancellations should be made within 24 hours notice.
- Please arrive 15 to 20 minutes in advance for your scheduled appointment.
- You must bring this sheet with you to your examination.
- If you had previous studies of the same area, please bring images for comparison.
- Your Driver's License or photo ID and insurance card will be required.
- Wear clothing with no metal.
- Patients scheduled for IV contrast, abdomen or pelvic exams will be asked not to eat for 4 hours prior to your appointment.
- Your technologist will review a complete list of medical devices not permitted in the MRI. If you have a pacemaker or any metal or surgical implant in your body, please call ahead for additional information.
- Plain exams don't have any preparation.

## INSTRUCCIONES

- Su cita ha sido reservada específicamente para usted. Las cancelaciones deben hacerse con 24 horas de anticipación.
- Llegue con 15 a 20 minutos de anticipación a su sita.
- Debe traer este papel el dia du su cita.
- Si ha tenido estudios previous de la misma área, traiga imágenes para comparar.
- Se requirirá su licencia de conducir o identificación con foto y tarjeta de seguro.
- Use ropa sin metal.
- A los pacientes programados para exámenes de contraste intravenoso, abdomen o pelvis se les pedirá que no coman durante 4 horas antes de su cita.
- Su ténico revisará un a lista completa de dispositivos médicos no permitidos en la resonanciamagnética. Sitiene un marcapasos o calquier implante de metal o quirúrgico en su cuerpo, llame con anticipación para obtener información.
- Los exámenes si contraste no requieren ninguna preparación.

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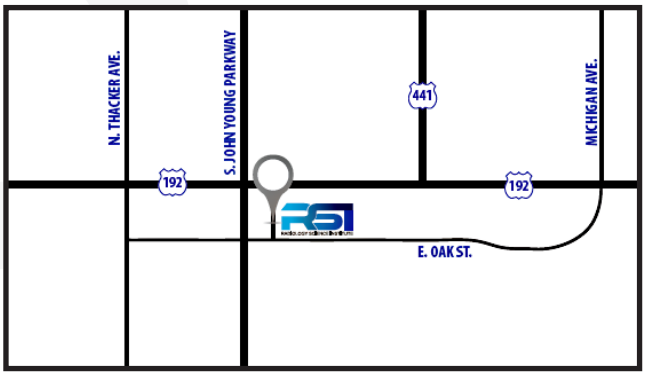


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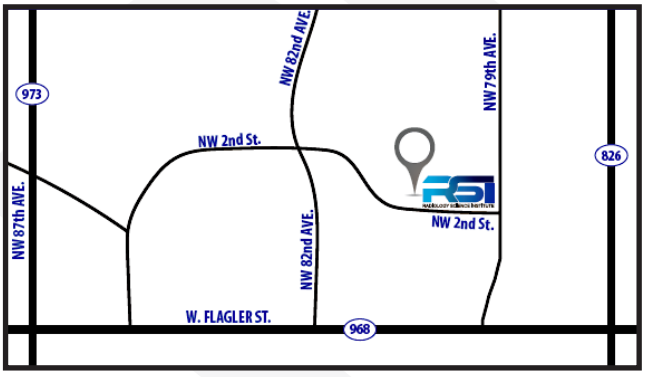


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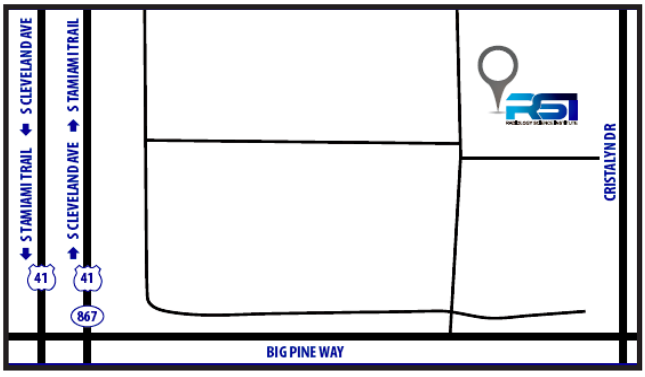


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