

OPEN MRI
HIGH FIELD
CAT SCAN
ULTRASOUND



BEACH MEDICAL IMAGING

"State of the Art Radiology"

Phone (321) 773-9898

2033 South Patrick Drive | Indian Harbour Beach, FL 32937

Fax (321) 773-3354

STAT 2 Hours or less

STAT DICTATION

STANDARD

BMI Appt. Date/Time _____ Send CD w/Report _____ Fax Report to _____

Patient Name _____ Date of Birth _____

Phone _____ Insurance Information _____

Referring Physician (print) _____ (sign) _____

Clinical Information _____

Follow up Appointment Date/Time at your office _____

Claustrophobic Oral Sedation IV Sedation X-Ray Contrast Allergies

MRI Open MRI

- Contrast at Radiologist's Discretion
- With and Without Contrast
- Without Contrast

- Brain
- Pituitary
- IAC's
- Orbit
- Neck (soft tissue)
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Abdomen / Specify Organ _____
- Pelvis
- Other

MRI

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Shoulder | R | L |
| <input type="checkbox"/> Elbow | R | L |
| <input type="checkbox"/> Wrist | R | L |
| <input type="checkbox"/> Hip | R | L |
| <input type="checkbox"/> Knee | R | L |
| <input type="checkbox"/> Ankle | R | L |

JOINT

MR ANGIOGRAPHY

- Cerebral
- Carotids
- Aorta with Lower Extremity Run off
- Abdominal Aorta
- Renal
- Other _____

CT

- Contrast at Radiologist's Discretion
- With and Without Contrast
- Without Contrast
- Abdomen / Pelvis
- Virtual Colonoscopy
- Chest / Thorax
- Chest for PE
- Brain
- Sinus LTD
- Sinus Complete
- Soft Tissue Neck
- Temporal Bone
- Upper Extremity
- Lower Extremity

SPINE

- Cervical
- Thoracic
- Lumbar
- 3D Reconstruction
- Other _____

CT ANGIOGRAPHY

- Cerebral
- Carotids
- Thoracic Aorta
- Abdominal Aorta
- Renal
- Other _____

ULTRASOUND

- Abdomen
- Aorta
- Breast R L
- Carotid Artery
- Lower Extremity Venous
- Lower Extremity Arterial
- Obstetrics
- Pelvis
- Pelvis & Transvaginal
- Testes
- Thyroid
- Other _____

BONE DENSITY

- DEXA

XRAY

- Abdomen
- Chest
- Spine _____
- AP / Lateral
- Flex & Extension
- Extremity _____ R L
- Other _____

PROCEDURES

- Patient Evaluation
- Arthrogram
- Biopsy
- Discogram
- Epidural
- Facet Injection
- Joint Injection _____
- Myelogram
- Vertebroplasty
- Other _____