



The Patient's Choice

Columbus - North (Polaris)
 1120 Polaris Parkway #105, Columbus, OH 43240
 Ph (614) 721-7400 Fax (614) 721-7474
 High-field Open MRI

Columbus - South
 1430 S. High Street, Columbus, OH 43207
 Ph (614) 220-0001 Fax (614) 220-0002
 Open MRI, Digital X-Ray

Columbus - East
 6400 E. Broad St. #110, Columbus, OH 43213
 Ph (614) 501-0500 Fax (614) 501-0501
 High-field Open MRI, Digital X-Ray

www.advantagemri.us.com

Patient Name: _____ D.O.B. _____ STAT

Telephone/Cell: _____ SSN: _____ Appt. Date & Time: _____

Patient Address: _____

Primary Insurance: _____ ID #: _____ Group #: _____

Other Insurance: _____ ID #: _____ Group #: _____

BWC Claim #: _____ P.I. Attorney Name: _____ Date of Injury: _____

Referring Physician: _____ Phone/Cell: _____ Fax #: _____

Physician Signature: _____ Date: _____

Diagnosis / Symptoms: _____

CD given to patient after each MRI

MRI

Brain With Contrast
 Orbits Exam _____
 IAC
 Pituitary

MRA
 C.O.W.
 Carotid

Spine
 Cervical Flex / Ext
 Thoracic
 Lumbar Flex / Ext

Abdomen
 Pelvis
 Shoulder R L
 Humerus R L
 Elbow R L
 Forearm R L
 Wrist R L
 Hand R L
 Hip R L
 Femur R L
 Knee R L
 Tibia/Fibula R L
 Ankle (Hindfoot) R L
 Foot (Forefoot) R L
 Other: _____

Digital X-Ray

Chest
 PA & Lateral
 Single View (Positive PPD - TB)
 Sternum

Ribs
 R L Bilateral


Abdomen
 KUB
 Acute Abdominal Series
 Pelvis

Spine
 Cervical Oblique Flex / Ext.
 Thoracic
 Lumbar Oblique Flex / Ext.
 Sacrum & Coccyx
 SI Joints

Head & Neck
 Skull Facial Bones
 Sinuses Soft Tissue Neck
 Orbits
 Others: _____

Upper Extremities
 Shoulder R L
 Clavicle R L
 AC Joints R L
 Scapula R L
 Humerus R L
 Elbow R L
 Forearm R L
 Wrist R L
 Hand R L
 Fingers R L

Lower Extremities
 Hip R L
 Femur R L
 Knee R L
 Tibia / Fibula R L
 Ankle R L
 Foot R L
 Calcaneus R L
 Toes R L



Comments
