



ADVANCED DIAGNOSTIC GROUP

You are scheduled at:

4215 Burns Road
Suite 220
Palm Beach Gardens, FL 33410
Tel: 561-656-9501
Fax: 561-658-6232
Tax ID# 900101877

500 University Blvd.
Suite 114 & 107
Jupiter, FL 33458
Tel: 561-775-6600
Fax 1: 561-775-6076
Fax 2: 561-727-3207
Tax ID# 203131763

Health WC Auto Other: _____

Appointment Date: _____ Time: _____
 Patient Name: _____ DOB: _____
 Patient Phone: _____ Injury Date: _____
 Insurance Provider: _____ Group #: _____
 Insurance Tel: _____ Claim #: _____
 Referring Physician: _____ Clinic: _____
 Physician Tel: _____ Physician Fax: _____
 Physician Signature: _____ Date: _____
 Diagnosis: _____

MRI *PBG & Jupiter*

- Brain
- Brain w/ SWI *(PBG only)*
- IAC's
- Pituitary
- Orbits
- C-Spine T-Spine L-Spine
- with 3D reconstruction *(PBG only)*
- Soft Tissue Neck
- Brachial Plexus
- Chest
- Abdomen
- Pelvis
- MRCP- *6-8 hrs NPO*
- TMJ L R *(Jupiter only)*
- Shoulder L R
- Humerus L R
- Elbow L R
- Forearm L R
- Wrist L R
- Hand L R
- Hip L R
- Femur* L R
- Knee L R
- Lower Leg* L R
- Ankle L R
- Foot L R
- Toes
- Other _____

CONTRAST

- Without With & Without
Creatine / BUN _____

MR Angiogram

- MRA Head/COW *(wo) PBG/Jupiter*
- MRA Neck/Carotids *PBG/Jupiter*
- MRA Chest (Aorta) *Jupiter*
- MRA Abdomen/Renals *Jupiter*
- MRA Upper Extremities *Jupiter*
- MRA Runoff - Abdomen, Pelvis, Lower Extremities *Jupiter*

CONTRAST

- Without With & Without
Creatine / BUN _____

CT *Jupiter*

- Brain
- IAC's
- Orbits
- Maxillofacial
- Sinus Screening
- Mastoids/Temporal Bones
- Medtronic
- Soft Tissue Neck
- C-Spine T-Spine L-Spine
- Chest
- Abdomen*
- Pelvis*
- CTA Head/COW
- CTA Neck/Carotids
- CTA Chest Type: _____
- CTA Abdomen/Renals
- CTA Runoff - Abdomen, Pelvis, Lower Extremities

- Other _____

CONTRAST

- Without With With & Without
Creatine / BUN _____

ULTRASOUND *Jupiter*

- Carotid Doppler
- Venous Doppler Arterial Doppler
- Lower Ext: R L Bilateral
- Upper Ext: R L Bilateral
- Abdomen complete* Limited
- Bladder (male)
- Renal (kidneys)
- Retroperitoneal Complete
- Aorta*
- Pelvic/Transvaginal* Pelvic Only
- Transvaginal Only
- Thyroid
- Scrotum (with Doppler)
- Other _____

XRAY *PBG & Jupiter*

- Acute Abdominal Series
- KUB
- Ankle
- C-Spine T-Spine L-Spine
- Chest PA & LAT
- Elbow L R
- Femur L R
- Foot L R
- Forearm L R
- Hand L R
- Hips L R
- Humerus L R
- Knee L R
- Pelvis
- Ribs L R
- Shoulder L R
- Sinus
- Tibia/Fibula L R
- Wrist L R
- Other _____