



PHYSICIAN ORDER FORM

NOW OFFERING SATURDAY & EXTENDED EVENING HOURS

Let us pre-cert for you!

Note: You can NOT have an MRI Scan if you have a pacemaker, aneurysm clips, ear implants, implanted spinal cord stimulator or metallic fragments in eyes

Patient Name: _____ DOB: _____ Phone: _____

Appt: _____ Diagnosis: _____

Referring Physician's Name & Signature: _____

Drs. Phone: _____ Drs. Fax: _____

MRI	CT
CONTRAST: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXTREMITY _____ <input type="checkbox"/> SPINE <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L <input type="checkbox"/> MRA HEAD <input type="checkbox"/> NECK <input type="checkbox"/> <input type="checkbox"/> ARTHROGRAPHY <input type="checkbox"/> BRAIN <input type="checkbox"/> OTHER: _____	CONTRAST: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXTREMITY _____ <input type="checkbox"/> SPINE <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L <input type="checkbox"/> CHEST <input type="checkbox"/> HEAD <input type="checkbox"/> NECK <input type="checkbox"/> SINUS <input type="checkbox"/> ABDOMEN WITH <input type="checkbox"/> WITHOUT <input type="checkbox"/> <input type="checkbox"/> PELVIS WITH <input type="checkbox"/> WITHOUT <input type="checkbox"/> <input type="checkbox"/> OTHER: _____

ULTRASOUND	
<input type="checkbox"/> ABDOMEN (Entire) <input type="checkbox"/> ABDOMEN (RUQ/Gallbladder) <input type="checkbox"/> KIDNEYS <input type="checkbox"/> AORTA <input type="checkbox"/> ARTERIAL DOPPLER EXTREMITY <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> ARTERIAL DOPPLER EXTREMITY WITH A.B.I. <input type="checkbox"/> CAROTID DOPPLER <input type="checkbox"/> PELVIC WITH TRANSVAGINAL	<input type="checkbox"/> RENAL ARTERY DOPPLER <input type="checkbox"/> TESTICULAR <input type="checkbox"/> THYROID <input type="checkbox"/> VENOUS DOPPLER EXTREMITY <input type="checkbox"/> ABI <input type="checkbox"/> Upper R L B <input type="checkbox"/> Lower R L B <input type="checkbox"/> OTHER: _____

1522 Rock Quarry Rd. • Stockbridge, GA 30281 • www.openmriandctspecialists.com • Phone: (770) 506-4466 • Fax: (770) 506-4456

Directions

Traveling South from Atlanta on I-75

I-75 South to exit 224 (Eagles Landing Parkway/Hudson Bridge Road).
At the end of the ramp turn left.
Go to the 2nd traffic light (Rock Quarry Road/Country Club Drive) and turn left on to Rock Quarry Road.
Go thru 1st traffic light (Eagle Springs Drive/North Park Place).
Take next right (no street name) and then an immediate right into our parking lot. We are in a light brick building with green awnings above our doors.

Traveling North from Macon on I-75

I-75 North to exit 224 (Eagles Landing Parkway/Hudson Bridge Road).
At the end of the ramp turn right.
Go to the 1st traffic light (Rock Quarry Road/Country Club Drive) and turn left on to Rock Quarry Road.
Go thru 1st traffic light (Eagle Springs Drive/North Park Place).
Take next right (no street name) and then an immediate right into our parking lot. We are in a light brick building with green awnings above our doors.



1522 Rock Quarry Road
Light Brick Building with
Green Awnings Above Doors

1522 Rock Quarry Road
Stockbridge, GA 30281

www.openmriandctspecialists.com

Phone: (770) 506-4466
Fax: (770) 506-4456