



5439 Durand Avenue, Suite 101 • Racine, Wisconsin 53406
 Office: 262-554-9787 • Fax: 262-554-9782 • www.amimri.com

Patient's Name: _____ Date of Birth: ____ / ____ / ____

Telephone: Primary (____) _____ Secondary (____) _____ Other (____) _____

Appointment Date: _____ Appointment Time: _____ AM / PM

- Yes No Claustrophobic?
 Yes No Stat procedure?
 Yes No Prior film of the area?

Insurance: _____
 Please Fax Front & Back of Patient's Insurance Card and any Clinical Information

If YES, where? _____ Date: _____

Dx/Clinical Information _____

- Pt to hand carry films? YES NO
 Pt to hand carry CD of images? YES NO

| HI - FIELD OPEN MRI
 | MULTI - SLICE CT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | <input type="checkbox"/> |
 | | | <input type="checkbox"/> Soft Tissue Neck (structure other than C-Spine) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Brachial Plexus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Spine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> C-Spine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> T-Spine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> L-Spine | <input type="checkbox"/> | <input type="checkbox"/> | <table style="width:100%; border:none;"> <tr> <th style="text-align:left;">Contrast</th> <th style="text-align:left;">yes</th> <th style="text-align:left;">no</th> </tr> <tr> <td><input type="checkbox"/> Pelvis (Special Prep)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> MRCP (Special Prep)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Abdomen (Special Prep)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-left:20px;">Specify _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hip - R L</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>
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 | | | <input type="checkbox"/> Extremity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Ankle R L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Elbow R L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Foot R L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Knee R L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Wrist R L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder R L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other (Specify) _____ | | | <p>Creatinine levels are required for all patients over 50 years of age receiving contrast.
 ***Our facility can perform same-day creatinine testing if needed.</p> <p>Perform 3-D Reconstruction (if necessary): <input type="checkbox"/> yes <input type="checkbox"/> no</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <table style="width:100%; border:none;"> <tr> <th style="text-align:left;">Contrast</th> <th style="text-align:left;">yes</th> <th style="text-align:left;">no</th> </tr> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Orbits</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sinuses</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Temporal Bones</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Facial Bones</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Chest - PE Eval</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Chest - High Res</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Abdomen/Pelvis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Renal Protocol (Mass)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Appendix Protocol</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Stone Protocol</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Urogram</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Pelvis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> </td> <td style="width:50%; vertical-align: top;"> <table style="width:100%; border:none;"> <tr> <th style="text-align:left;">Contrast</th> <th style="text-align:left;">yes</th> <th style="text-align:left;">no</th> </tr> <tr> <td>SPINE</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cervical</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Thoracic</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Lumbar</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Neck - Soft Tissue</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>
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Results are available within minutes.</p> <p><input type="checkbox"/> Creatinine</p> | |
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| <p style="text-align:center;">TWILIGHT ANESTHESIA</p> <p>We offer on-site Twilight Anesthesia Services which allows the patient to be sedated, yet remain awake.</p> <p><input type="checkbox"/> IV Sedation</p>
 | <p style="text-align:center;">ULTRASOUND</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Abdomen</td> <td><input type="checkbox"/> Pelvis (Transabdominal/Transvaginal complete)</td> </tr> <tr> <td><input type="checkbox"/> Aorta</td> <td><input type="checkbox"/> Pelvis (Transabdominal ONLY)</td> </tr> <tr> <td style="padding-left:20px;">Arterial</td> <td><input type="checkbox"/> Pelvis (Transvaginal ONLY)</td> </tr> <tr> <td style="padding-left:40px;"><input type="checkbox"/> Upper Ext. R L</td> <td><input type="checkbox"/> Renal (Kidneys & Bladder)</td> </tr> <tr> <td style="padding-left:40px;"><input type="checkbox"/> Lower Ext. R L</td> <td><input type="checkbox"/> Testicular (Scrotum)</td> </tr> <tr> <td><input type="checkbox"/> Biophysical Profile</td> <td><input type="checkbox"/> Thyroid (Neck)</td> </tr> <tr> <td><input type="checkbox"/> Breast</td> <td><input type="checkbox"/> Venous</td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Bilateral</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Carotid</td> <td style="padding-left:20px;"><input type="checkbox"/> Upper Ext. R L</td> </tr> <tr> <td><input type="checkbox"/> Gallbladder (RUQ)</td> <td style="padding-left:20px;"><input type="checkbox"/> Lower Ext. R L</td> </tr> <tr> <td><input type="checkbox"/> Liver</td> <td></td> </tr> <tr> <td><input type="checkbox"/> OB</td> <td></td> </tr> </table> </td> <td style="width:50%; vertical-align: top;"> <table style="width:100%; border:none;"> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Pelvis (Transabdominal/Transvaginal complete)</td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Pelvis (Transabdominal ONLY)</td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Pelvis (Transvaginal ONLY)</td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Renal (Kidneys & Bladder)</td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Testicular (Scrotum)</td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Thyroid (Neck)</td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Venous</td> </tr> <tr> <td style="padding-left:40px;"><input type="checkbox"/> Upper Ext. R L</td> </tr> <tr> <td style="padding-left:40px;"><input type="checkbox"/> Lower Ext. R L</td> </tr> </table> </td> </tr> </table> | <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Abdomen</td> <td><input type="checkbox"/> Pelvis (Transabdominal/Transvaginal complete)</td> </tr> <tr> <td><input type="checkbox"/> Aorta</td> <td><input type="checkbox"/> Pelvis (Transabdominal ONLY)</td> </tr> <tr> <td style="padding-left:20px;">Arterial</td> <td><input type="checkbox"/> Pelvis (Transvaginal ONLY)</td> </tr> <tr> <td style="padding-left:40px;"><input type="checkbox"/> Upper Ext. R L</td> <td><input type="checkbox"/> Renal (Kidneys & Bladder)</td> </tr> <tr> <td style="padding-left:40px;"><input type="checkbox"/> Lower Ext. R L</td> <td><input type="checkbox"/> Testicular (Scrotum)</td> </tr> <tr> <td><input type="checkbox"/> Biophysical Profile</td> <td><input type="checkbox"/> Thyroid (Neck)</td> </tr> <tr> <td><input type="checkbox"/> Breast</td> <td><input type="checkbox"/> Venous</td> </tr> <tr> <td style="padding-left:20px;"><input type="checkbox"/> Bilateral</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Carotid</td> <td style="padding-left:20px;"><input type="checkbox"/> Upper Ext. R L</td> </tr> <tr> <td><input type="checkbox"/> Gallbladder (RUQ)</td> <td style="padding-left:20px;"><input type="checkbox"/> Lower Ext. R L</td> </tr> <tr> <td><input type="checkbox"/> Liver</td> <td></td> </tr> <tr> <td><input type="checkbox"/> OB</td> <td></td> </tr> </table> | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Pelvis (Transabdominal/Transvaginal complete) | <input type="checkbox"/> Aorta | <input type="checkbox"/> Pelvis (Transabdominal ONLY) | Arterial | <input type="checkbox"/> Pelvis (Transvaginal ONLY) | <input type="checkbox"/> Upper Ext. R L | <input type="checkbox"/> Renal (Kidneys & Bladder) | <input type="checkbox"/> Lower Ext. R L | <input type="checkbox"/> Testicular (Scrotum) | <input type="checkbox"/> Biophysical Profile | <input type="checkbox"/> Thyroid (Neck) | <input type="checkbox"/> Breast | <input type="checkbox"/> Venous | <input type="checkbox"/> Bilateral | | <input type="checkbox"/> Carotid | <input type="checkbox"/> Upper Ext. R L | <input type="checkbox"/> Gallbladder (RUQ) | <input type="checkbox"/> Lower Ext. R L | <input type="checkbox"/> Liver | | <input type="checkbox"/> OB
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| <input type="checkbox"/> Aorta
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| <input type="checkbox"/> Upper Ext. R L
 | <input type="checkbox"/> Renal (Kidneys & Bladder) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Lower Ext. R L
 | <input type="checkbox"/> Testicular (Scrotum) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Biophysical Profile
 | <input type="checkbox"/> Thyroid (Neck) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Bilateral
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| <input type="checkbox"/> Pelvis (Transabdominal/Transvaginal complete)
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| <input type="checkbox"/> Pelvis (Transabdominal ONLY)
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| <input type="checkbox"/> Renal (Kidneys & Bladder)
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| <input type="checkbox"/> Testicular (Scrotum)
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| <input type="checkbox"/> Thyroid (Neck)
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| <p style="text-align:center;">INTERVENTIONAL</p> <p><input type="checkbox"/> Arthrogram (Specify joint) _____</p> <p><input type="checkbox"/> Joint Injection (Specify joint) _____</p> <p style="padding-left:20px;">Specify Medication _____</p>
 | <p style="text-align:center;">X-RAY GENERAL RADIOGRAPHY</p> <p>Exam: _____</p> <p>_____</p> <p>Doctor's Notes _____</p> <p>_____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p style="text-align:center;">LABORATORY</p> <p>As a convenience for your patient, our facility is now able to provide same-day creatinine testing. Results are available within minutes.</p> <p><input type="checkbox"/> Creatinine</p>
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Physician's Signature _____ (Required)

Date ____ / ____ / ____