



JOINT COMMISSION ACCREDITED



MEDICAL DIAGNOSTIC CENTERS

MIAMI CENTER
7101 SW 99 Ave.
Suite 106
Miami, FL 33173

HIALEAH CENTER
3320 Palm Ave.
Hialeah, FL 33012

HOMESTEAD CENTER
692 N. Homestead Blvd.
Suite 106
Homestead, FL 33037

SLEEP LAB CENTER
9835 SW 72 St.
Suite 107
Miami, FL 33173

Tel: 305.596.9992 • Fax: 305.596.0942

Form with fields for LAST NAME, FIRST NAME, SSN, DATE OF BIRTH, PHONE # (HOME), (CELL), (WORK), ADDRESS, APT. #

Form with fields for PHYSICIAN NAME & PHONE # (PLEASE PRINT), PHYSICIAN SIGNATURE (PLEASE SIGN), DX (ICD-9), OTHER, DATE

MRI section with checkboxes for TMJ, MRCP, BRAIN, PITUITARY GLAND, IAC's, ORBITS, NECK-SOFT TISSUE, etc.

CT SCAN section with checkboxes for TOTAL BODY SCAN, BRAIN, NECK, PARANASAL SINUS, ORBITS, etc.

ULTRASOUND section with checkboxes for ABDOMINAL COMPLETE, RIGHT UPPER QUADRANT, UPPER ABDOMINAL, etc.

MRA - ANGIOGRAPHY section with checkboxes for HEAD (CIRCLE OF WILLIS), NECK (CAROTID), CHEST (THORACIC AORTA), etc.

GENERAL RADIOLOGY section with checkboxes for CHEST, KUB (Supine), KUB (Supine & Prone), etc.

VASCULAR STUDIES section with checkboxes for PERIPHERAL VASCULAR (LOWER EXTREMITY), CAROTID DUPLEX IMAGING, etc.

NUCLEAR MEDICINE & CARDIOLOGY section with checkboxes for BONE SCAN, STRESS TEST THALLIUM-TREADMILL, etc.

GENERAL RADIOLOGY section with checkboxes for SHOULDER, KNEE, HIP, HUMERUS, etc.

BONE DENSITOMETRY section with checkboxes for (DEXA) BONE DENSITY AXIAL (EG, HIPS, PELVIS, SPINE), etc.

DIGITAL MAMMOGRAPHY section with checkboxes for SCREENING, DIAGNOSTIC, SPOT COMPRESSION

GENERAL RADIOLOGY section with checkboxes for PASANASAL SINUSES, STERNUM, BONE AGE, etc.

NEUROLOGICAL TESTING PROCEDURES section with checkboxes for UPPER EXTREMITY BILATERAL NERVE CONDUCTION, etc.

PULMONARY FUNCTION TEST section with checkboxes for PULMONARY FUNCTION TEST (PFT), PULMONARY STRESS TEST

SLEEP STUDIES section with checkboxes for SLEEP STUDY BASELINE ONLY 95810, SLEEP STUDY CPAP ONLY 95811, etc.

For your patient's safety, please provide BUN_____and Creatinine_____for CT or MRI exams ordered with contrast. • Patient's instructions: please turn to the back of this page ->

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