Dr. Rajendra Vazirani
2111 Glenwood Drive, Suite 101
Winter Park, FL 32792
Phone 407-478-1550
neuroimagingwp.com

Fax to: 407-478-1540
To aid in obtaining prompt authorizations, please attach appropriate clinical notes.

Reset Form

Patient Name: _____ **DOB:** _____

Mobile Phone: _____ **Home Phone:** _____ **Follow-Up Appt Date:** _____

Diagnosis/Clinical Concern:

Referring Physician: _____
Phone: _____ **Fax:** _____

Signature: _____
Date: _____

Pertinent History/Comments:

I authorize Neuroimaging Winter Park to obtain all necessary medical authorizations for the above-named patient and certify that the ordered test is medically necessary for their diagnosis and treatment.

Most Recent GFR / Creatinine Date/Value: _____

MRI

Clear Section

Contrast
○ W/WO Contrast ○ W/ Contrast
○ Radiologist Discretion

Brain
☐ Brain ☐ Icometrix Volumetrics
○ icoBrain MS ○ icoBrain dm
○ icoBrain EP ○ icoBrain TBI
☐ Internal Auditory Canals
☐ Spectroscopy/Perfusion
☐ MR Pituitary
☐ Orbits
☐ Trigeminal Nerve
☐ Other: _____

Spine
☐ Cervical
☐ Thoracic
☐ Lumbosacral
☐ MR Myelography

Head & Neck
☐ Temporal Bone/Skull Base
☐ Neck Soft Tissue
☐ Paranasal Sinus
☐ Facial Bones
☐ MR Brachial Plexus
☐ TMJ MR

MR Angiography (MRA)
☐ Cerebral
☐ Carotid
☐ Thoracic Outlet
☐ Thoracic Aorta
☐ Abdominopelvic
☐ Renal Ateries
☐ Extremity: ○ Upper ○ Lower

MR Venography (MRV)
☐ Cerebral
☐ Extremity: ○ Upper ○ Lower

Chest
☐ Chest Wall
☐ Breast
☐ Breast Implant Rupture

Abdomen/Pelvis
☐ Abdomen
☐ MRCP
☐ MR Enterography (Abd/Pelvis)
☐ Pelvis
☐ MR Uterus/Adnexa
☐ Prostate
☐ Rectum

Musculoskeletal
Add Arthrogram ☐ Yes ☐ No

☐ Shoulder	○ R	○ L	○ Bi
☐ Arm	○ R	○ L	○ Bi
☐ Forearm	○ R	○ L	○ Bi
☐ Elbow	○ R	○ L	○ Bi
☐ Wrist	○ R	○ L	○ Bi
☐ Hand/Thumb/ Digit	○ R	○ L	○ Bi
☐ Hip	○ R	○ L	○ Bi
☐ Pelvis	○ R	○ L	○ Bi
☐ Sacrum/ Coccyx	○ R	○ L	○ Bi
☐ Thigh	○ R	○ L	○ Bi
☐ Knee	○ R	○ L	○ Bi
☐ Lower Leg	○ R	○ L	○ Bi
☐ Ankle	○ R	○ L	○ Bi
☐ Forefoot	○ R	○ L	○ Bi

CT

Clear Section

Contrast
○ W/WO Contrast ○ W/ Contrast

CT Screening
☐ Bone Density (Q-CT)
☐ Low Dose Chest Screening
☐ Coronary Artery Calcium Score

Brain
☐ Brain
☐ Orbits

Spine
☐ Cervical
☐ Thoracic
☐ Lumbosacral

Head & Neck
☐ Temporal Bone/Skull Base
☐ Neck Soft Tissue
☐ Paranasal Sinus
☐ Facial Bones

CT Angiography (CTA)
☐ Cerebral
☐ Carotid
☐ Thoracic Outlet
☐ Thoracic Aorta
☐ Abdominopelvic
☐ Renal Ateries
☐ Extremity: ○ Upper ○ Lower

CT Venography (CTV)
☐ Cerebral
☐ Neck
☐ Abdominopelvic

Chest
☐ Chest (Routine)
☐ Pulmonary Embolism
☐ Staging/Re-staging (Chest/Abdomen/Pelvis)

Abdomen/Pelvis
☐ Abdomen (Routine)
☐ Abdomen / Pelvis (Routine)
☐ Tri-Phase Liver
☐ Pelvis
☐ CT Enterography
☐ Renal Colic
☐ CT Urogram
☐ Staging/Re-staging (Chest/Abdomen/Pelvis)

Musculoskeletal
Add Arthrogram ☑ Yes ☐ No

☐ Shoulder	○ R	○ L	○ Bi
☐ Arm	○ R	○ L	○ Bi
☐ Forearm	○ R	○ L	○ Bi
☐ Elbow	○ R	○ L	○ Bi
☐ Wrist	○ R	○ L	○ Bi
☐ Hand/Thumb/ Digit	○ R	○ L	○ Bi
☐ Hip	○ R	○ L	○ Bi
☐ Pelvis	○ R	○ L	○ Bi
☐ Sacrum/ Coccyx	○ R	○ L	○ Bi
☐ Thigh	○ R	○ L	○ Bi
☐ Knee	○ R	○ L	○ Bi
☐ Lower Leg	○ R	○ L	○ Bi
☐ Ankle	○ R	○ L	○ Bi
☐ Forefoot	○ R	○ L	○ Bi

XRAY

Clear Section

Views: _____

☐ Chest	☐ Abdomen
☐ Ribs	☐ Pelvis
☐ Skull	☐ Sinus Series
☐ Facial Bones	☐ Neck
☐ Cervical	☐ Sacrum
☐ Thoracic	☐ Coccyx
☐ Lumbar	

Standing Exam ○ Yes ○ No

☐ Tib-Fib	○ R	○ L
☐ Femur	○ R	○ L
☐ Hip	○ R	○ L
☐ Other: _____		

☐ Hand	○ R	○ L
☐ Finger	○ R	○ L
☐ Wrist	○ R	○ L
☐ Forearm	○ R	○ L
☐ Elbow	○ R	○ L
☐ Humerus	○ R	○ L
☐ Shoulder	○ R	○ L
☐ Knee	○ R	○ L
☐ Foot	○ R	○ L
☐ Toes	○ R	○ L
☐ Ankle	○ R	○ L