



Park Place MRI & Diagnostics
 6800 North Dale Mabry Hwy
 Suite #144
 Tampa, FL 33614
 Phone: 813-886-9999
 Fax: 813-885-2800



Patient's Name: _____
 _____ First _____ Last
 Date of Birth: _____ Home # _____ Alt. # _____

TO AVOID BEING RESCHEDULED, PLEASE FAX THIS PRESCRIPTION ALONG WITH
 AUTHORIZATION/REFERRAL (IF REQUIRED) BY 5:00P.M. THE DAY PRIOR TO THE EXAM

APPOINTMENT DATE: _____ TIME: _____

PHYSICIAN'S PRESCRIPTION

HIGH-FIELD MRI

- | | |
|--|--|
| <input type="checkbox"/> W/ contrast | <input type="checkbox"/> W/O contrast |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Cervical |
| <input type="checkbox"/> Brain w/ SWI | <input type="checkbox"/> Cervical w/Alar |
| <input type="checkbox"/> Brain w/DTI | <input type="checkbox"/> Cervical w/Flex & Ext |
| <input type="checkbox"/> Brain w/ Neuroquant | <input type="checkbox"/> Thoracic |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Lumbar |
| <input type="checkbox"/> Sinus | <input type="checkbox"/> Lumbar Weight Bearing |
| <input type="checkbox"/> Pituitary Gland | <input type="checkbox"/> Sacroiliac |
| <input type="checkbox"/> IACs | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> TMJ | <input type="checkbox"/> MRCP |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> Brachial Plexus | <input type="checkbox"/> Female Pelvis |
| <input type="checkbox"/> Clavicle | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Neck - Soft Tissue | |

EXTREMITIES

- | | | | |
|-----------------------------------|-----|---------------------------------------|-----|
| <input type="checkbox"/> Shoulder | R L | <input type="checkbox"/> Hip | R L |
| <input type="checkbox"/> Humerus | R L | <input type="checkbox"/> Femur | R L |
| <input type="checkbox"/> Elbow | R L | <input type="checkbox"/> Knee | R L |
| <input type="checkbox"/> Forearm | R L | <input type="checkbox"/> Tibia/Fibula | R L |
| <input type="checkbox"/> Wrist | R L | <input type="checkbox"/> Ankle | R L |
| <input type="checkbox"/> Hand | R L | <input type="checkbox"/> Foot | R L |

Other _____

MRA / MRV

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> MRA Brain | <input type="checkbox"/> MRA Pelvis |
| <input type="checkbox"/> MRV Brain | <input type="checkbox"/> MRA Renals |
| <input type="checkbox"/> MRA Neck | <input type="checkbox"/> MRA Lwr Ext |
| <input type="checkbox"/> MRA Abdomen | <input type="checkbox"/> MRA Aorta Run Off |

Other _____

DIGITAL XRAY

(Vw = # of Views)

- | | |
|---|--------------|
| <input type="checkbox"/> Skull | Vw _____ |
| <input type="checkbox"/> Orbits | Vw _____ |
| <input type="checkbox"/> Sinus | Vw _____ |
| <input type="checkbox"/> Facial Bones | Vw _____ |
| <input type="checkbox"/> TMJ | Vw _____ |
| <input type="checkbox"/> Soft Tissue Neck | Vw _____ |
| <input type="checkbox"/> Cervical | Vw _____ |
| <input type="checkbox"/> Cervical w/Flex & Ext | Vw _____ |
| <input type="checkbox"/> Thoracic | Vw _____ |
| <input type="checkbox"/> Lumbar | Vw _____ |
| <input type="checkbox"/> Lumbar w/Flex & Ext | Vw _____ |
| <input type="checkbox"/> Sacroiliac Joint | |
| <input type="checkbox"/> Pelvis | Vw _____ |
| <input type="checkbox"/> Chest | Vw _____ |
| <input type="checkbox"/> Ribs | R L Vw _____ |
| <input type="checkbox"/> Abdomen (upright only) | Vw _____ |
| <input type="checkbox"/> KUB | Vw _____ |
| <input type="checkbox"/> Hip | R L Vw _____ |
| <input type="checkbox"/> Shoulder | R L Vw _____ |
| <input type="checkbox"/> Humerus | R L Vw _____ |
| <input type="checkbox"/> Elbow | R L Vw _____ |
| <input type="checkbox"/> Forearm | R L Vw _____ |
| <input type="checkbox"/> Wrist | R L Vw _____ |
| <input type="checkbox"/> Hand | R L Vw _____ |
| <input type="checkbox"/> Femur | R L Vw _____ |
| <input type="checkbox"/> Knee | R L Vw _____ |
| <input type="checkbox"/> Tibia/Fibula | R L Vw _____ |
| <input type="checkbox"/> Ankle | R L Vw _____ |
| <input type="checkbox"/> Heel | R L Vw _____ |
| <input type="checkbox"/> Foot | R L Vw _____ |
| <input type="checkbox"/> Sacrum/Coccyx | Vw _____ |

Other: _____

ULTRASOUND

- | | |
|--|--------------|
| <input type="checkbox"/> Abdomen complete | |
| <input type="checkbox"/> Abdomen limited | ATTN : _____ |
| <input type="checkbox"/> Aorta | |
| <input type="checkbox"/> Arterial Lwr Ext | R L |
| <input type="checkbox"/> Arterial Upr Ext | R L |
| <input type="checkbox"/> Carotid | |
| <input type="checkbox"/> Non-Vascular Lwr Ext | R L |
| <input type="checkbox"/> Non-Vascular Upr Ext | R L |
| <input type="checkbox"/> OB __1st Tri | __2-3 Tri |
| <input type="checkbox"/> OB Transvaginal (1st Tri Only) | |
| <input type="checkbox"/> Pelvic and Transvaginal | |
| <input type="checkbox"/> Pelvic Only | |
| <input type="checkbox"/> Prostate (Transrectal) | |
| <input type="checkbox"/> Renal Artery Doppler | |
| <input type="checkbox"/> Retroperitoneal (Kidneys & Bladder) | |
| <input type="checkbox"/> Soft Tissue | ATTN : _____ |
| <input type="checkbox"/> Testicular | |
| <input type="checkbox"/> Thyroid | |
| <input type="checkbox"/> Transvaginal Only | |
| <input type="checkbox"/> Venous Upr Ext | R L |
| <input type="checkbox"/> Venous Lwr Ext | R L |

COMPARISON REQUIRED

Scan done on ____/____/____

Patient must bring CD and Reports at time of appointment.

DIAGNOSIS CODE(S): _____

Physician's Printed Name

Physician's Signature

Date

Demand the Difference



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Phone: 813-886-9999
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Email: parkplacerox@parkplacemri.com

Hablamos Español

MRI & X-RAY HOURS:

Monday - Wednesday 6:00am - 9:00pm
Thursday - Friday 6:00am - 7:00pm
Saturday 8:00am - 4:00pm

Extended hours available. Call for availability.

ULTRASOUND HOURS:

Tuesday - Friday 7:00am - 1:00pm

PREP INSTRUCTIONS FOR THE FOLLOWING STUDIES ONLY!

NPO = no food or drink for 4 - 6 hours prior to exam

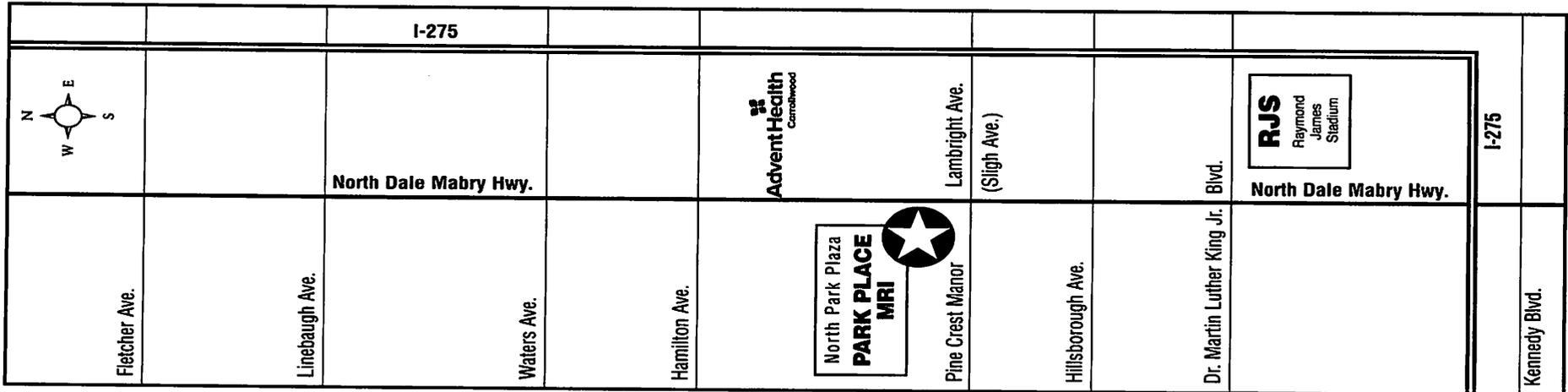
MRI

MRI Abdomen, Pelvis or MRCP - NPO
MRA Abdomen, Pelvis or Aorta Runoff - NPO

Ultrasound

Ultrasound Abdomen - NPO
Ultrasound Pelvis/OB - Full Bladder
(approximately 32oz of water and no urination 4 hours prior)

Directions: Take I-275 to North Dale Mabry Hwy, head north past the Stadium, we are on the northwest corner of Lambright & Dale Mabry



FREE TRANSPORTATION PROVIDED UPON REQUEST (within Hillsborough County), WHEN APPLICABLE

Demand the Difference