

PHYSICIAN ORDER FORM



500 18TH STREET  
SUITE B 50  
COLUMBUS, GA 31901  
PHONE 1-844-FOR-MRIS  
(1-844-367-6747)

FAX (706) 256-3454  
EMAIL  
tbrown@cypresspartners.com

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QUESTIONS, CONTACT:  
Shannon Smallwood  
(678) 243-0562  
ssmallwood@cypresspartners.com

Patient Name	Date of Birth
Appt. Date/Time	Patient Phone
Referring Physician	Date
Phone	Fax
Date of Injury	Nurse
Diagnosis	
Imaging Facility Requested	
Referring Physician Signature	
Firm	Phone
Attorney Name	Email

MRI

- Without Contrast
  - Without & With Contrast
  - Chance of pregnancy
  - As per Radiologist
  - Brain
  - Cervical-Spine
  - Pituitary
  - Thoracic Spine
  - IAC's
  - Lumbar Spine
  - Orbits
  - MRCP
  - Abdomen
  - Bony Pelvis
  - Female Pelvis
  - Soft Tissue Neck
  - Other
  - Arthrogram (circle appropriate)
    - Shoulder ( R / L )
    - Elbow ( R / L )
    - Wrist ( R / L )
    - Hip ( R / L )
    - Knee ( R / L )
    - Ankle/Heel ( R / L )
    - Foot/Forefoot ( R / L )
- MRA:  Brain  Neck  Renals

CT

- Without Contrast
- Without & With Contrast
- With Contrast
- As per Radiologist
- Chance of Pregnancy
- Allergic to iodine
- Brain/Head
- Pelvis
- Facial Bones
- Upper Extremity ( R / L )
- Temp Bones/IAC's/Orbits
- Lower Extremity ( R / L )
- Chest (Thorax)
- Lumbar Spine
- Abdomen
- Cervical Spine
- 3D Recons
- CT Angiography - PE/Head/Renal
- Other

ULTRASOUND

- Complete Abdomen
- Pelvic
- Limited Abdomen
- Other
- Venous Doppler Upper Extremity ( R / L ) / Bilateral (Circle One)
- Venous Doppler Lower Extremity ( R / L ) / Bilateral (Circle One)

X-RAY

- MRI Screening / Orbits
- Cervical
- Chest (PA & Lateral)
- Thoracic
- Ribs  Bilat  Left  Right
- Lumbar
- Other

COMMENTS:

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