PHYSICIAN ORDER FORM

CP Healthcare
A Lien Friendly Company

500 18TH STREET
SUITE B 50
COLUMBUS, GA 31901

PHONE 1-844-FOR-MRIS
(1-844-367-6747)

FAX (706) 256-3454

WEB www.cphealthcare.co

EMAIL
tbrown@cypresspartners.com
cph@cypresspartners.com

FOLLOW US ON TWITTER
@CP_Healthcare

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

Patient Name _____ Date _____

Patient Phone _____ DOB _____ Male or Female _____

Address _____

Date of Injury _____ Injury Type _____

Diagnosis _____

Referring Physician Printed _____ Signature _____

Physician Phone _____ Physician Fax _____

Firm _____ Case Manager _____

Attorney Name _____ Email _____ Attorney Phone _____

MRI

❍ Without Contrast ❍ Without & With Contrast ❍ As Per Radiologist

- ❑ Brain
- ❑ Pituitary
- ❑ IAC's
- ❑ Orbits
- ❑ Cervical-Spine
- ❑ Thoracic Spine
- ❑ Lumbar Spine
- ❑ MRCP
- ❑ Abdomen
- ❑ Bony Pelvis
- ❑ Female Pelvis
- ❑ Soft Tissue Neck
- ❑ Other_____
- ❑ Shoulder (R or L)
- ❑ Elbow (R or L)
- ❑ Wrist (R or L)
- ❑ Hip (R or L)
- ❑ Knee (R or L)
- ❑ Ankle/Heel (R or L)
- ❑ Foot/Forefoot (R or L)
- ❑ With Arthrogram
- ❑ Claustrophobic

MRA ❑ Brain ❑ Neck ❑ Renals

CT

❍ Without Contrast ❍ With Contrast ❍ Without & With Contrast ❍ As Per Radiologist ❍ Allergic to Iodine

- ❑ Brain/Head
- ❑ Facial Bones
- ❑ Temp Bones/IAC's/Orbits
- ❑ Chest (Thorax)
- ❑ Abdomen
- ❑ Pelvis
- ❑ Upper Extremity (R or L)
- ❑ Lower Extremity (R or L)
- ❑ Lumbar Spine
- ❑ Cervical Spine
- ❑ 3D Recons
- ❑ CT Angiography - PE/
- ❑ Head/Renal
- ❑ Other _____

ULTRASOUND

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

XRAY

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

COMMENTS: _____