

SUMMERLIN IMAGING CENTER

APPOINTMENT DATE _____ TIME _____



For Scheduling Call 239-425-0370 • Fax 239-425-0380 • 20 Barkley Cir., Ste 104 Fort Myers, FL 33907

MRI

Without Contrast

With and Without Contrast

BRAIN

- DTI / SWI
- NeuroQuant

- ORBITS
- ABDOMEN
- PELVIS
- CERVICAL SPINE
 - FLEX/EXT
- THORACIC SPINE
- LUMBAR SPINE
- SHOULDER L R B
- ELBOW L R B
- WRIST L R B
- HAND L R B
- HIP L R B
- KNEE L R B
- ANKLE L R B
- FOOT L R B
- OTHER _____

X-RAY

- CERVICAL SPINE
- THORACIC SPINE
- LUMBAR SPINE
- SKULL SERIES
- SINUS SERIES
- CHEST
- KUB
- SHOULDER L R B
- ELBOW L R B
- WRIST L R B
- HAND L R B
- FINGERS L R B
- HIP / PELVIS L R B
- SI JOINTS
- SACRUM / COCCYX
- FEMUR L R B
- KNEE L R B
- TIB/FIB L R B
- ANKLE L R B
- FOOT L R B
- CALCANEUS L R B
- TOES L R B
- OTHER _____

Patient Name _____

D.O.B. ____/____/____ Phone: _____

Diagnosis: _____

Insurance Company: _____

Policy# / Claim#: _____

Authorization: _____

Comments: _____

Date of Injury (if applicable): _____

Attorney: _____

Phone: _____ Fax: _____

EMC (Emergency Medical Condition) Request

Referring Physician: _____

Phone: _____ Fax: _____

Referring Physician (Signature): _____

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**20 Barkley Circle Suite 104
Fort Myers, FL 33907**



**We are on the corner of Summerlin Rd. and Matthew Dr.
(across the street from Bank of America.)**