



STAT REPORT Provide CD/DISC

Location:

7520 W. University Avenue, Suite D
Gainesville, FL 32607

To Schedule — Please Call 352-554-6222 • Fax 352-554-4682

Patient Name: _____

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

Insurance: _____ Policy/Claim#: _____

Authorization: _____ Attorney: _____

Phone: _____ Fax: _____

EMC (Emergency Medical Condition Letter) Request

Diagnosis: _____ Date of Injury (if applicable): _____

Comments: _____

Referring Physician: _____

Phone: _____ Fax: _____

Referring Physician (Signature): _____

OPEN MRI

3D MRI Weight Bearing Flexion / Extension

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> BRAIN | <input type="checkbox"/> SHOULDER | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B |
| <input type="checkbox"/> SOFT TISSUE NECK | <input type="checkbox"/> ELBOW | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B |
| <input type="checkbox"/> CHEST WALL | <input type="checkbox"/> WRIST | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B |
| <input type="checkbox"/> CERVICAL SPINE | <input type="checkbox"/> HAND | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B |
| <input type="checkbox"/> THORACIC SPINE | <input type="checkbox"/> HIP | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B |
| <input type="checkbox"/> LUMBAR SPINE | <input type="checkbox"/> KNEE | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B |
| <input type="checkbox"/> SACRUM | <input type="checkbox"/> ANKLE | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> FOOT | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B |

MRI (Magnetic Resonance Imaging) Preparation

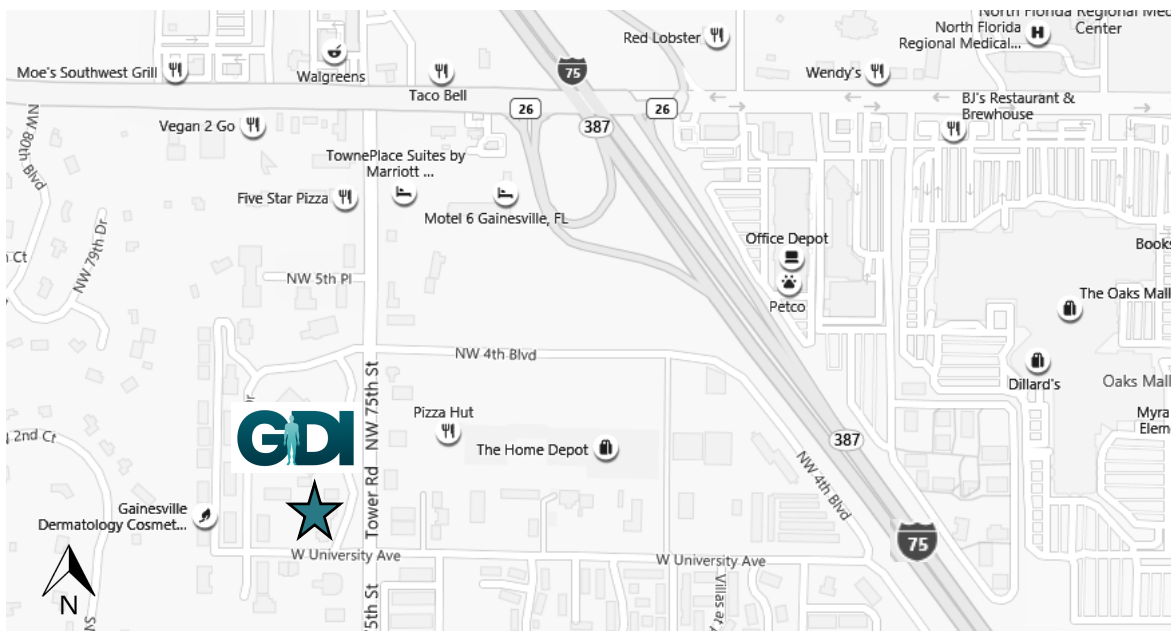
No Makeup No Jewelry No Hairpins

Arrive 30 Minutes prior to scheduled appointment.

Bring your photo ID and insurance information.

Wear simple clothing.

For Scheduling — Call 352-554-6222



Gainesville Diagnostic Imaging

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www.JaxDX.com