



Routine

STAT

CARLSBAD OPEN MRI & ULTRASOUND

www.carlsbadopenmri.com

2319 West Pierce, Suite A • Carlsbad, New Mexico 88220 • 575.628.1234 • Fax 575.628.3215 • Toll Free 888.628.4321

Patient Name _____ Appt Date ____ / ____ 20 ____ Appt Time ____ :

Patient DOB ____ / ____ / ____ Patient Phone (____) ____ - ____ Alternate Phone (____) ____ - ____

Insurance Company _____ Ins. Phone (____) ____ - ____ Insured SS # ____ - ____ - ____

Diagnosis _____ Pre-Cert # _____

Referring Physician _____ Pre-Cert # Expiration _____

Phone # (____) ____ - ____ (To Call Reports) Fax # (____) ____ - ____ (To Fax Reports)

MAGNETIC RESONANCE IMAGING (MRI/MRA)

- OPEN MRI
- Without Contrast With and Without Contrast
- Brain Pelvis
 - Brain - IAC's Spine - Cervical
 - Brain - Orbits Spine - Thoracic
 - Brain - Pituitary Spine - Lumbar
- MRA C.O.W./Head Sacrum (SI Joints)
- MRA Carotoids Upper Extremities
- Neck/Soft Tissue (Mass) Shoulder R/L
- Abdomen (Specify) Elbow R/L
- Kidneys Wrist R/L
- Adrenals Hand R/L
- Lower Extremities
- Hip R/L
- Knee R/L
- Ankle R/L
- Foot R/L
- Other _____

ULTRASOUND

- Abdomen Complete
- Liver/GB, Pancreas (RUQ)
- Kidney/Bladder
- Thyroid
- Scrotal/Testicular
- Pelvic & Trans-vag
- Obstetrical - 1st Trimester
- Obstetrical - 2nd/3rd Trimester
- Ankle Brachial Index (ABI)
- Carotid Doppler
- Aorta
- R B L UE LE Venous Doppler
- R B L UE LE Arterial Doppler
- Other _____

ECHOCARDIOGRAM

- Other _____

Each MRI or MRA exam requires a separate authorization

Signature _____ Date ____ / ____ 20 ____

STATE OF NEW YORK

IN SENATE

JANUARY 15, 1914

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1913

ALBANY:

1914

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UNIVERSITY OF THE STATE OF NEW YORK

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