BRADENTON (PARK SOUTH)
6215 21st Avenue West, #A
Bradenton, FL 34209
NPI: 1417025669

SARASOTA
6250 Lake Osprey Dr.
Lakewood Ranch, FL 34240
NPI: 1417025669

SimonMed® Imaging
See Tomorrow Today®

PATIENT SCHEDULING:
P: 941-954-1900 | F: 941-342-7847

BRADENTON/LAKEWOOD RANCH
10910 SR 70 East, #103
Lakewood Ranch, FL 34202
NPI: 1417025669

SARASOTA SPRINGS
5831 Bee Ridge Road, #102
Sarasota, FL 34233
NPI: 1417025669

Patient Name: _____ DOB: _____ Phone: _____

Diagnosis/Instructions _____ Compare To _____ ☐ STAT

Appointment: Date: _____ Time: _____ **Doctor Name:** (Print) _____ Date: _____

Dr. Phone: _____ Dr. Fax: _____ Dr. Signature _____ CC: _____

MRI

Head

CONTRAST
☐ YES
☐ At the discretion of the Radiologist
☐ CREATININE

☐ Brain
☐ IACs
☐ Crainial Nerve
☐ Pituitary
☐ Orbits
☐ TMJ's

MR Angiography (MRA)
☐ Carotid/Vertebral ☐ Aorta
☐ Circle of Willis ☐ Renals

Spine
☐ Cervical ☐ Lumbar
☐ Thoracic ☐ Sacrum

Musculoskeletal
☐ Shoulder ○ R ○ L
☐ Elbow ○ R ○ L
☐ Wrist ○ R ○ L
☐ Hand ○ R ○ L
☐ Hip ○ R ○ L
☐ Femur ○ R ○ L
☐ Knee ○ R ○ L
☐ Lower Leg ○ R ○ L
☐ Ankle ○ R ○ L
☐ Foot ○ R ○ L
☐ Arthrogram _____

Body
☐ Breast ☐ Neck (Soft Tissue)
☐ Brachial Plexus ☐ Abdomen
☐ Pelvis ☐ MRCP
☐ Liver ☐ Prostate
☐ Enterography
☐ Other _____

PET/CT

☐ Skull base to thigh 78815
☐ Bone scan w NaF18 78816
☐ Brain (FDG) 78608
☐ Amyloid Scan (Alzheimer's) 78814
☐ Axumin (Recurrent Prostate Ca) 78815
☐ Whole Body (Melanoma) 78816
☐ Cu64 Detectnet (Neuroendocrine Tumor Imaging) 78815
☐ PSMA (Recurrent & Suspected Metastatic Prostate Ca) 78815

CT

Head

CONTRAST
☐ Without
☐ With Only
☐ With AND Without
☐ At the discretion of the Radiologist

☐ Brain
☐ IACs
☐ Orbits
☐ Sinuses
☐ Maxillofacial

Body
☐ Neck (Soft Tissue)
☐ Chest/Thorax ☐ Chest Hi Res
☐ Renal Colic
☐ Abdomen ☐ Urogram
☐ Pelvis
☐ Calcium Screening ☐ Virtual Colonoscopy

Spine
☐ Cervical ☐ Lumbar
☐ Thoracic ☐ Sacrum

Musculoskeletal ○ R ○ L
☐ Shoulder ☐ Elbow ☐ Wrist
☐ Hand ☐ Hip ☐ Ankle
☐ Ankle ☐ Foot
☐ Other _____

CT Angiography (CTA)
☐ Cerebral ☐ Coronary CTA
☐ Carotid
☐ Coronary CTA w/ Cleerly Analysis
☐ Chest - Thoracic Aorta
☐ Chest - PE/Pulmonary Artery
☐ Abdomen/Pelvis
☐ Abdomen - Abdominal Aorta/Renals
☐ Abdomen - w/ Runoff Lower Extremity
☐ Enterography

BONE DENSITY

☐ DEXA: Hip & Spine
☐ DEXA: Hip & Spine to incl. Vertebral Fracture Assessment
☐ Clinical Body Composition Evaluation *(self pay only)*

3D MAMMOGRAPHY

☐ Screening with 3D Tomography
☐ Diagnostic *(3D, only if required)*
○ Unilateral ○ R ○ L ○ Bil

X-RAY

☐ Chest X-ray - PA & LAT
☐ Ribs/PA Chest ○ R ○ L
☐ C-Spine ☐ T-Spine ☐ L-Spine
☐ Number of views _____
☐ Skull ☐ Nasal Bones ☐ Sinus
☐ Abdomen (KUB) ○ Flat ○ Erect
☐ Abdomen (KUB) Acute Series
☐ Facial Bones
☐ IVP
☐ Hips
☐ Pelvis
☐ Neck Soft Tissue
☐ Upper Extremity ○ R ○ L
_____
☐ Lower Extremity ○ R ○ L
_____
☐ Other _____
_____

ULTRASOUND

☐ Abdomen ☐ Breast
☐ RUQ ☐ Thyroid
☐ Gallbladder ☐ Testicular
☐ Liver ☐ Renal
☐ Abd. Aorta ☐ Bladder Post Void
☐ Pelvis ☐ Transrectal
☐ Transvaginal
☐ Other _____

Color/Duplex Doppler
☐ Venous Leg ○ R ○ L
☐ Venous Arm ○ R ○ L
☐ Arterial Leg ○ R ○ L
☐ Arterial Arm ○ R ○ L
☐ Carotid

Patients:
Please bring this form along with your insurance card and identification to your appointment.
See reverse side for directions.

SimonMed® Imaging
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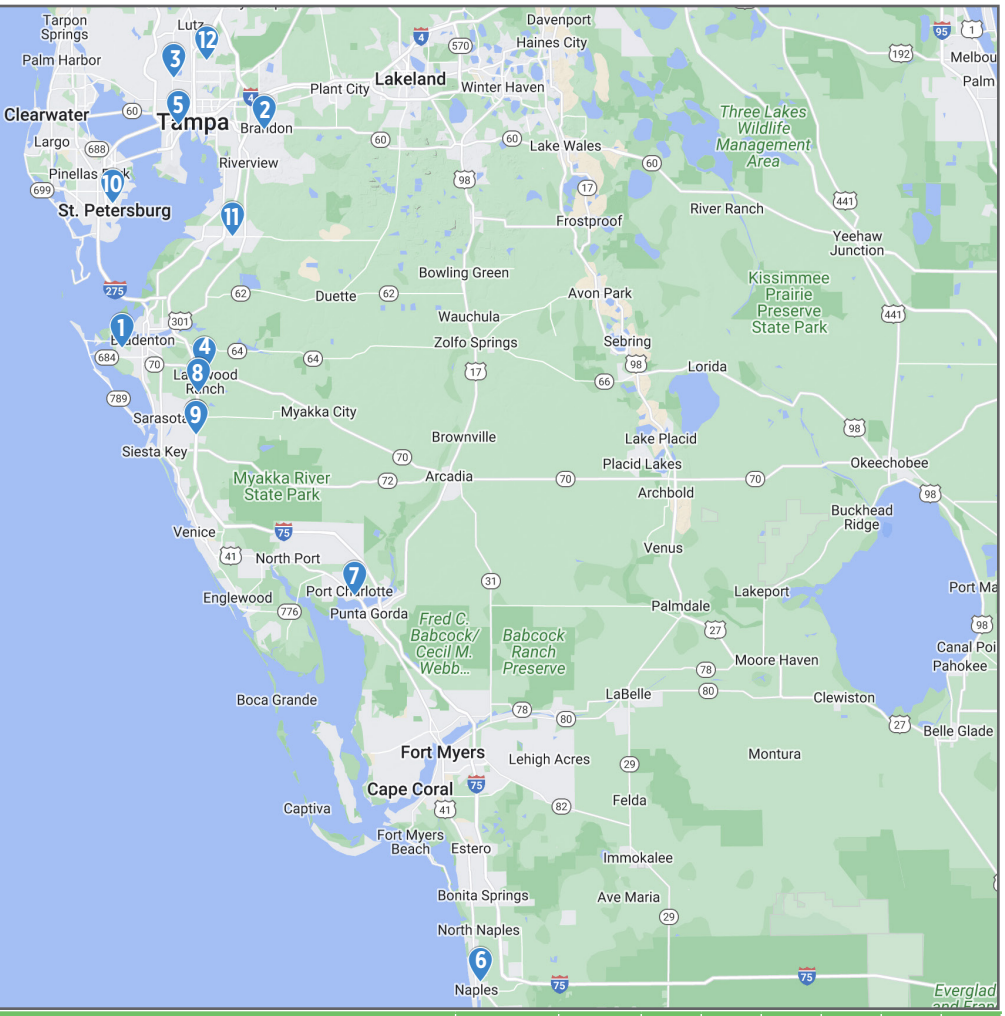
APPOINTMENT SCHEDULING 813-979-7599
(SPANISH) 813-979-7596
ONLINE REAL-TIME SCHEDULING AT SIMONMED.COM
Sites also available in Orlando and Kissimmee area

FRIENDLY CUSTOMER SERVICE

FAST RESULTS

SAME DAY / NEXT DAY APPOINTMENTS



	TAMPA & SOUTHWEST FLORIDA LOCATIONS	MRI	CT	U/S	PET/CT	X-RAY	MAMMO	DEXA	ECHO
1	**BRADENTON (Park South)** P: 941-795-4449 | F: 941-792-0267 6215 21st Avenue West, #A, Bradenton, FL 34209	3T	✔	✔	✔	✔			
2	**BRANDON** P: 813-703-8028 | F: 813-499-0550 613 Oakfield Drive, Brandon, FL 33511	3T	✔	✔		✔	3D	✔	✔
3	**CARROLLWOOD** P: 813-964-8439 | F: 813-964-0908 10010 N. Dale Mabry Hwy., #150, Tampa, FL 33618	1.5T	✔	✔		✔	3D	✔	✔
4	**LAKEWOOD RANCH** P: 941-954-1900 | F: 941-342-7847 10910 SR 70 East, #103, Lakewood Ranch, FL 34202	1.5T†	✔	✔		✔	3D	✔	
5	**MACDILL (South Tampa)** P: 813-499-0542 | F: 813-499-0543 110 S. MacDill Avenue, #203, Tampa, FL 33609	3T	✔	✔		✔	3D	✔	✔
6	**NAPLES** P: 239-307-0163 | F: 239-307-0285 730 N. Goodlette Frank Road, #101, Naples, FL 34102	3T	✔	✔		✔	3D	✔	
7	**PORT CHARLOTTE** P: 941-235-3291 | F: 941-957-9355 4161 Tamiami Trail, Bldg. 2, #204, Port Charlotte, FL 33952	3T	✔	✔		✔	3D	✔	
8	**SARASOTA** P: 941-954-1900 | F: 941-342-7847 6250 Lake Osprey Dr., Lakewood Ranch, FL 34240	✔ Open 1.0 High Field*	✔	✔		✔	3D	✔	
9	**SARASOTA SPRINGS** P: 941-954-1900 | F: 941-342-7847 5831 Bee Ridge Road, #102, Sarasota, FL 34233	3T†/1.5T	✔	✔		✔	3D	✔	
10	**ST. PETERSBURG** P: 727-440-8251 | F: 727-440-8252 840 Dr. MLK Jr. Street N., St. Petersburg, FL 33705	3T	✔	✔		✔	3D	✔	
11	**SUN CITY CENTER** P: 813-499-0521 | F: 813-634-0011 4051 Upper Creek Drive, #103A, Sun City Center, FL 33573	3T	✔	✔		✔	3D	✔	
12	**TAMPA (North Tampa)** P: 813-979-7580 | F: 813-979-7581 14302 N. Bruce B. Downs Blvd., Tampa, FL 33613	✔ Open 1.0 High Field*	✔ Dual Energy	✔		✔	3D	✔	

†Wide bore MRI *For Claustrophobic patients

4.23

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PI SCHEDULING PHONE 346-326-7825
PI SCHEDULING FAX 346-291-1164
PI EMAIL: PI_schedulers@simonmed.com

Tax ID: 26-4000683
Hablamos Español
Include Patient Demographic Page

PATIENT NAME: _____ **DOB:** _____ **DATE:** _____

ADDRESS: _____

PHONE: _____ **TEXT** ○ Y ○ N **EMAIL:** _____

MECHANISM OF INJURY: ☐ **MVA** ☐ **OTHER:** _____ **DATE OF INJURY:** _____

CHIEF COMPLAINT & BRIEF HISTORY OF INJURY: _____

_____

☐ **REPORT TURNAROUND** ○ Routine ○ STAT ☐ CC Report to: _____

☐ **COMPARISON NEEDED** Prior Study _____ Location: _____ Date: _____

IMAGES: ☐ CD ○ Referring Provider ○ With Patient ○ Other Provider: _____

ATTORNEY: _____ **PARALEGAL:** _____

FIRM NAME: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **CONTACT EMAIL:** _____

MRA
☐ Head (Circle of Willis) ☐ Neck (Carotids)

MRI/CT
☐ MRI ☐ CT
☐ w/ contrast ☐ w/wo contrast ☐ Per rad ☐ no contrast
☐ 3T ☐ High Field Open

Head
☐ Brain w TBI Protocol ☐ Brain w/o TBI Protocol _____
○ Added Mindset
☐ IACs ☐ Orbits ☐ TMJ
☐ Pituitary ☐ Sinuses ☐ Other _____

Spine
☐ CSpine w/ ALAR Ligament ☐ CSpine w/o ALAR Ligament
☐ Thoracic
☐ Lumbar

Upper Extremity
☐ Shoulder ○ R ○ L
☐ Elbow ○ R ○ L ☐ Wrist ○ R ○ L
☐ Hand ○ R ○ L ☐ Other _____

Lower Extremity
☐ Hip ○ R ○ L ☐ Ankle ○ R ○ L
☐ Knee ○ R ○ L ☐ Foot ○ R ○ L

☐ MR Arthrogram _____
with imaging guidance as needed

Angiography ☐ Renal ☐ Upper Extremity ☐ Lower Extremity
☐ Other: _____

ULTRASOUND
☐ Arterial Legs *(w/ waveforms)*
☐ Venous Leg ○ R ○ L ○ Bil
☐ Venous Arm ○ R ○ L ○ Bil
☐ Other: _____

PATIENT HISTORY
☐ Allergy ○ No ○ Yes _____
☐ Pacemaker ☐ Metal Fragments
☐ Previous MR/CT/X-ray Location: _____
☐ Head or Neck Surgery
☐ Vascular Clips Intracranial ☐ Spinal Cord Stimulator SCS
☐ Pregnant ☐ Claustrophobic
☐ Pertinent Medical History *(please attach)*

REFERRING OFFICE
Practice Name: _____
Address _____
Phone: _____ Fax: _____
Email: _____

HEALTHCARE PROVIDER SIGNATURE
Print _____
Sign _____ Date _____

X-RAY
Performed on a walk-in basis

Spine
☐ Cervical ○ Flex/Ext ○ APOM + L/R Lateral Bending Views
○ w/ obliques ○ Standing ○ Standard 3V ○ Standard 5V
☐ Thoracic ○ Standing ○ w/ obliques
☐ Lumbar ○ Standing ○ Standard 3V
○ w/ obliques ○ Flex/Ext ○ L/R Lateral Bending Views

☐ Scoliosis
☐ Foot ○ R ○ L ○ Bil ☐ Hand ○ R ○ L ○ Bil
☐ Knee ○ R ○ L ○ Bil ☐ Elbow ○ R ○ L ○ Bil
☐ Ankle ○ R ○ L ○ Bil ☐ Wrist ○ R ○ L ○ Bil
☐ Shoulder ○ R ○ L
☐ Hip (w Pelvis) ○ R ○ L ☐ Pelvis AP
☐ Abdomen ○ 2 View ○ KUB ☐ Chest ○ 1 View ○ 2 View
☐ Rib ○ R ○ L ○ Bil *(inc. chest as indicated)*
☐ Sinus ○ Waters ○ Series

Weight Bearing _____
Other: _____
_____

PATIENT CHECKLIST
☐ Bring attorney's information or business card
☐ Personal and At-Fault (3rd Party) Insurance Information
☐ Police Report or Collision Exchange Form
☐ Prior Imaging Report, CD, Films

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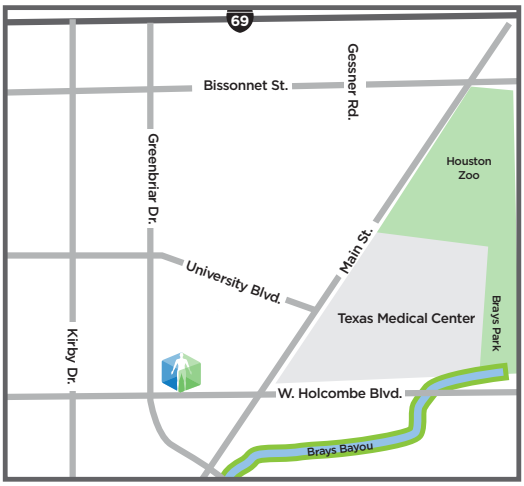
PI SCHEDULING FAX: 346-291-1164
PI Email: PI_schedulers@simonmed.com

TEXAS LOCATIONS	3T MRI	1.5T MRI	OPEN MRI	CT	ULTRA-SOUND	X-RAY	3D MAMMO	DEXA	FLUORO
BAY AREA COMING SOON 114 West Bay Area Blvd., Webster, TX 77598	✓			✓	✓	✓	✓	✓	
BELTWAY 11375 S. Sam Houston Pkwy. W., #150, Houston, TX 77031	✓	✓		✓	✓	✓			
FIRST COLONY 16550 Southwest Fwy., #C, Sugar Land, TX 77479	✓			✓	✓	✓	✓	✓	
KATY 24600 Katy Fwy., Katy, TX 77494	✓			✓	✓	✓	✓	✓	
MED CENTER 2256 W. Holcombe Blvd., Houston, TX 77030	✓		✓	✓	✓	✓			✓
WOODLANDS 8850 Six Pines, #190, Woodlands, TX 77380		✓		✓	✓	✓			

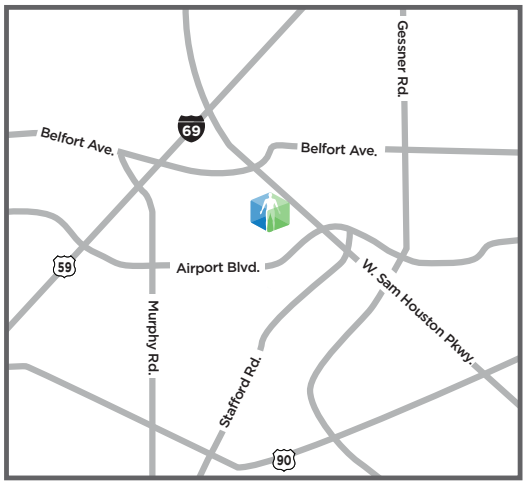
Bay Area

First Colony

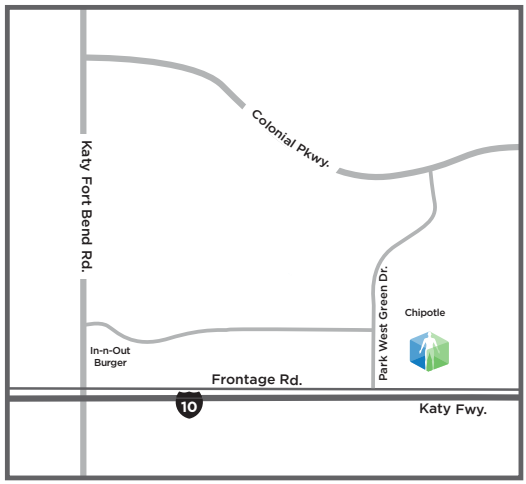
Med Center



Beltway



Katy



Woodlands