# Alfa Diagnostic

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## PATIENT INFORMATION

| NAME | TEL. | EMAIL | DOB | DIAGNOSIS |
|---|---|---|---|---|
| | | | | |

## REFERRING PHYSICIAN

| NAME | TEL. | FAX | SIGNATURE |
|---|---|---|---|
| | | | |

## INSURANCE INFORMATION

| INSURANCE | TEL. | POLICY # | CLAIM# | AUTH.# | DOA |
|---|---|---|---|---|---|
| | | | | | |

☐ The patient has a "emergency medical condition" (EMC) as defiened in Florida Motor Vehicle No-Fault Law, Florida Statutes Senctions 627.730-627.7405

## X Ray

| | | |
|---|---|---|
| ☐ Skull | | |
| ☐ Facial Bones | | |
| ☐ Orbit | | |
| ☐ Eyes | | |
| ☐ Nasal Bones | | |
| ☐ Sinus | | |
| ☐ Mandible | | |
| ☐ TMJ | R | L |
| ☐ Soft Tissue Neck | | |
| ☐ Cervical | ≤ 3 | ≥ 4 |
| ☐ Thoracic | | |
| ☐ Lumbar | ≤ 3 | ≥ 4 |
| ☐ Scoliosis Series | | |
| ☐ Chest | | |
| ☐ Ribs | R | L |
| ☐ Sternum | | |
| ☐ Abdomen (KUB) | | |
| ☐ Clavicle | R | L |
| ☐ AC Joint | R | L |
| ☐ Shoulder | R | L |
| ☐ Scapula | R | L |
| ☐ Arm | R | L |
| ☐ Elbow | R | L |
| ☐ Forearm | R | L |
| ☐ Wrist | R | L |
| ☐ Hand/Fingers | R | L |
| ☐ Pelvis | | |
| ☐ Hip | R | L |
| ☐ Sacrum / Coccyx | | |
| ☐ SC Joints | R | L |
| ☐ Femur | R | L |
| ☐ Knee | R | L |
| ☐ Tib / Fib | R | L |
| ☐ Ankle | R | L |
| ☐ Heel | R | L |
| ☐ Foot/Toes | R | L |
| ☐ Bone Age | | |
| ☐ Bone survey | | |

## Digital Mammography Coming soon

| | | |
|---|---|---|
| ☐ Screening | | |
| ☐ Diagnostic | R | L |
| ☐ Tomosynthesis | | |

## VASCULAR ULTRASOUND

| | | |
|---|---|---|
| ☐ Carotid | | |
| ☐ UL Arterial | R | L |
| ☐ LE Arterial | R | L |
| ☐ UL Venous | R | L |
| ☐ LE Venous | R | L |
| ☐ Aorta | | |
| ☐ Echo | | |

## ULTRASOUND

- ☐ Abdomen complete
- ☐ Abdomen Limited
- ☐ Pelvis
  - Transabdominal ☐
  - TVUS/TRUS ☐
- ☐ OB
- ☐ Thyroid
- ☐ Breast
- ☐ Testicular

## CT

| | W/o | W | 3D | |
|---|---|---|---|---|
| ☐ Head/Brain | ☐ | ☐ | | |
| ☐ Pituitary/Sella | ☐ | ☐ | | |
| ☐ Ortbits | ☐ | ☐ | | |
| ☐ Temporal Bone/I | ☐ | ☐ | | |
| ☐ Sinuses | ☐ | ☐ | | |
| ☐ Maxillofacial | ☐ | ☐ | ☐ | |
| ☐ Cervical | ☐ | ☐ | | |
| ☐ Thoracic | ☐ | ☐ | | |
| ☐ Lumbar | ☐ | ☐ | | |
| ☐ Neck | ☐ | ☐ | | |
| ☐ Chest | ☐ | ☐ | | |
| ☐ Abdomen | ☐ | ☐ | | |
| ☐ Pelvis | ☐ | ☐ | | |
| ☐ Abdomen & pelvis | ☐ | ☐ | | |
| ☐ Kidney | ☐ | ☐ | | |
| ☐ Liver (triple phase) | ☐ | ☐ | | |
| ☐ Colongraphy | ☐ | ☐ | | |
| ☐ Upper Limb | R | L | | |
| ☐ Humerus | | | | |
| ☐ Forearm | | | | |
| ☐ Hand/wrist | | | | |
| ☐ Shoulder Joint | | | | |
| ☐ Elbow Joint | | | | |
| ☐ Wrist Joint | | | | |
| ☐ Lower Limb | R | L | | |
| ☐ Femur | | | | |
| ☐ Lower Leg | | | | |
| ☐ Ankle | | | | |
| ☐ Foot | | | | |
| ☐ Hip Joint | | | | |
| ☐ knee Joint | | | | |
| ☐ Ankle Joint | | | | |
| ☐ Others | | | | |

## CT Angiogrpahy

- ☐ Head/Brain
- ☐ Neck/Carotid
- ☐ Chect/Aorta
- ☐ Coronary Arteries
- ☐ Calcium score
- ☐ Abdomen
- ☐ Pelvis
- ☐ Renal
- ☐ Upper Extremity R L
- ☐ Lower Extremity R L
- ☐ Runoff

## ADDITIONAL NOTES

**RESULTS:** ROUTINE ☐ STAT ☐

**LABS for CT/MR with contrast**

Bun:

Creatinine:

GFR:

## MRI

| | W/o | W | |
|---|---|---|---|
| ☐ Brain | ☐ | ☐ | |
| ☐ Brain ( Seizure protocol) | ☐ | ☐ | |
| ☐ Brain ( MS protocol) | ☐ | ☐ | |
| ☐ Pituitary/Sella | ☐ | ☐ | |
| ☐ Ortbits | ☐ | ☐ | |
| ☐ Temporal I | ☐ | ☐ | |
| ☐ TMJ | ☐ | ☐ | |
| ☐ Sinuses | ☐ | ☐ | |
| ☐ Maxillofacial | ☐ | ☐ | |
| ☐ Cervical Spine | ☐ | ☐ | |
| ☐ Thoracic Spine | ☐ | ☐ | |
| ☐ Lumbar Spine | ☐ | ☐ | |
| ☐ Brachial Plexus | ☐ | ☐ | |
| ☐ Neck | ☐ | ☐ | |
| ☐ Chest | ☐ | ☐ | |
| ☐ Cardiac | ☐ | ☐ | |
| ☐ Breast | ☐ | ☐ | |
| ☐ Breast (Implant) | ☐ | ☐ | |
| ☐ Abdomen | ☐ | ☐ | |
| ☐ MRCP (Cholangiogram) | ☐ | ☐ | |
| ☐ Pelvis | ☐ | ☐ | |
| ☐ Abdomen | ☐ | ☐ | |
| ☐ Kidney | ☐ | ☐ | |
| ☐ Liver (triple phase) | ☐ | ☐ | |
| ☐ Upper Limb | R | L | |
| ☐ Humerus | | | |
| ☐ Forearm | | | |
| ☐ Hand/wrist | | | |
| ☐ Shoulder Joint | | | |
| ☐ Elbow Joint | | | |
| ☐ Wrist Joint | | | |
| ☐ Lower Limb | R | L | |
| ☐ Femur | | | |
| ☐ Lower Leg | | | |
| ☐ Ankle | | | |
| ☐ Foot | | | |
| ☐ Hip Joint | | | |
| ☐ knee Joint | | | |
| ☐ Ankle Joint | | | |
| ☐ Others | | | |

## MR Angiogrpahy

| | W/o | W | | |
|---|---|---|---|---|
| ☐ Head/Brain | ☐ | ☐ | | |
| ☐ Neck/Carotid | ☐ | ☐ | | |
| ☐ Chect/Aorta | ☐ | ☐ | | |
| ☐ Coronary Arteries | ☐ | ☐ | | |
| ☐ Abdomen | ☐ | ☐ | | |
| ☐ Pelvis | ☐ | ☐ | | |
| ☐ Renal | ☐ | ☐ | | |
| ☐ Upper Extremity | ☐ | ☐ | R | L |
| ☐ Lower Extremity | ☐ | ☐ | R | L |
| ☐ Runoff | ☐ | ☐ | | |

## MR Venography

| | W/o | W |
|---|---|---|
| ☐ Head/Brain | ☐ | ☐ |
| ☐ Neck | ☐ | ☐ |
| ☐ Chect | ☐ | ☐ |
| ☐ Abdomen | ☐ | ☐ |
| ☐ Pelvis | ☐ | ☐ |