CareFIRST IMAGING

PORT ORANGE
4690 Clyde Morris Blvd.
Port Orange, Florida 32129
OFFICE: 386-262-1930
SCHEDULING: 833-682-7818
FAX: 386-878-4093

❑ **MAY REQUIRE SEDATION** ❑ **STAT**

PATIENT NAME: _____ **DATE:** _____

PHONE: _____ **D.O.B:** _____

DIAGNOSIS/ICD 10: _____ **ATTORNEY:** _____

INSURANCE: _____ **CLAIM#/ID#:** _____

Physician Notes / Other Procedures: _____

_____

_____

Based upon this patient's diagnosis, I have requested the below procedure(s).I hereby feel the tests are medically necessary.

PHYSICIAN: _____ **PHYSICIAN SIGNATURE:** _____

OFFICE PHONE: _____ **OFFICE FAX:** _____ **AFTER HOURS:** _____

IF CONTRASTED: BUN: _____ **CREATININE:** _____ **EGFR:** _____ **DATE LABS WERE PERFORMED:** _____

MRI

IV Contrast: ____w/o ____ w/ + w/o

❑ Cervical (spine)
- ❑ Alar Protocol (whiplash injury protocol)
- ❑ Flex/ExT

❑ Thoracic (spine)
❑ Lumbar (spine)
❑ Brain ❑ Trauma SWI/DTI ❑ 3D Volumetric Analysis

❑ IACs/Brain Protocol
❑ PITUARY/Brain Protocol
❑ Orbits
❑ Face
❑ Neck
❑ Hip ❑ L ❑ R
❑ Knee ❑ L ❑ R
❑ Ankle ❑ L ❑ R
❑ Foot ❑ L ❑ R
❑ Shoulder ❑ L ❑ R
❑ Elbow ❑ L ❑ R
❑ Wrist ❑ L ❑ R
❑ Hand ❑ Finger ❑ L ❑ R
❑ Other: _____

❑ **3D Reconstruction/Modeling:** *PT education, treatment, planning, compliance, initiation/ CPT 76376, only if+ study.*
Available for the Spine, Knee, and Shoulder.

UPRIGHT / OPEN MRI

IV Contrast: ____w/o ____ w/ + w/o

❑ Cervical (spine)
- ❑ Alar Protocol ❑ Flex/ExT

❑ T-Spine
❑ L-Spine

MRA

IV Contrast: ____w/o ____ w/ + w/o

❑ Circle of Willis
❑ Carotid (neck) (❑ w/o ❑ w/ + w/o)
❑ Thoracic Aorta (chest)
❑ Abdomen (w/ + w/o IV Contrast)
❑ Renal Arteries
❑ Pelvis / Iliac
❑ MRV Head/Brain
❑ Neck
❑ Other: _____

❑ **3D Reconstruction/Modeling:** *PT education, treatment, planning, compliance, initiation/ CPT 76376, only if+ study.*
Available for the Spine, Knee, and Shoulder.

XRAY

❑ Chest (2 views)
❑ Spine
❑ Neck ❑ Cervical ❑ Thoracic ❑ Lumbar ❑ C-Spine Flex/Ext ❑ L-Spine Flex/Ext ❑ Flex/Ext
❑ Davis Series
❑ Other: _____

MRI INSTRUCTIONS

1. Notify your Doctor if you have any of the following:
   - PACEMAKER/ICD
   - SURGERY IN THE PAST 6 WEEKS
   - HISTORY OF METAL WORK / WELDING

   If Yes: may need Orbit XRAYS
2. Wear loose fitting clothes without any metal
3. Your exam can take 15 minutes to 1 hour to complete.
4. If Sedation is needed
   - Patient needs to have their own driver.
   - Patient must arrive 1 hour prior to appointment.

ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

CareFirst: NPI-1952763971
Tax ID#: 811981130

SCAN FOR GPS DIRECTIONS TO THE FACILITY

PORT ORANGE OFFICE
386-262-1930

SCHEDULING
833-682-7818

FAX
386-878-4093

RXPO 11/24

CareFIRST IMAGING

TRAUMATIC BRAIN INJURY (TBI) QUESTIONNAIRE

CLINICAL INDICATIONS

(Must Be Completed)

- ❑ Loss of consciousness at time of injury (Perdidia del conocimiento en el momento de la lesion)
- ❑ Altered consciousness/Disorientation at the time of injury (Conocimiento alterado/desorientacion en el momento de la lesion)
- ❑ Post-Traumatic amnesia (less than 24-hours) (Amnesia postraumatica (en menos de 24 horas)

COGNITIVE SYMPTOMS

- ❑ Attention difficulties (Dificultades de atencion)
- ❑ Concentration problems (Problemas de concentracion)
- ❑ Orientation problems (Problemas de orientacion)
- ❑ Memory problems (Problemas de memoria)

PHYSICAL SYMPTOMS

- ❑ Headaches (Dolores de cabeza)
- ❑ Fatigue (Fatiga)
- ❑ Blurred Vision (Vision borrosa)
- ❑ Insomnia (Insomnio)
- ❑ Uneven gait (Problema alcaminar)
- ❑ Seizures (Convulsiones)
- ❑ Dizziness (Mareo)
- ❑ Nausea (Nauseas)

BEHAVIORAL CHANGES

- ❑ Irritability (Irritabilidad)
- ❑ Depression (Depresion)
- ❑ Loss of initiative (Perdida de iniciativa)
- ❑ Sleep disturbances (Perdida del sueno)
- ❑ Anxiety (Ansiedad)
- ❑ Problems related to employment, marriage relationships, home management or school management (Problemas en el trabjo, con el matrimonio, en la casa, or en la escuela)
- ❑ Problems with emotional control (Problemas al controlar las emociones)

Other Symptoms/Notes (Otros Sintomas/Notas):_____

If you checked Yes for one or more, you may have a Traumatic Brain Injury that would be demonstrable on DTI/SWI/Volumetric Analysis

NORTH NAPLES

- Large 70cm gantry opening, could accommodate patients up to 500 lbs
- Utilizes signal digitization with Metal Artifact Reduction Sequence for clearer images
- Whiplash protocol - Alar Transverse Ligament
- Brain Trauma Protocol - DTI/SWI plus NeuroQuant

CAPE CORAL

- Large 70cm gantry opening, could accommodate patients up to 550 lbs
- Superior quality images with Metal Artifact Reduction Sequence
- Whiplash protocol - Alar Transverse Ligament
- Brain Trauma Protocol - DTI/SWI plus NeuroQuant

FORT MYERS

- All musculoskeletal applications
- Increased diagnostic accuracy via flexion, extension and weight- bearing applications
- Reduces metal artifacts
- Gravity causes biomechanical changes allowing additional information to be captured compared to traditional MRI

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