# OASIS IMAGING

MIAMI DADE | BROWARD | PALM BEACH | LEE | ORANGE | HILLSBOROUGH

# MRI REQUEST FORM

**OFFICE** (813) 644.3108 | **FAX** (813) 644.3110 | **EMAIL** SCHEDULING@OASISIMAGINGFL.COM

**Patient Name:** _____ Sex: **[ ] M [ ] F**

Date of Birth: ____/____/____ Home Phone: ( ____ ) _____

Cell Phone: ( ____ ) _____ Work Phone: ( ____ ) _____

Insurance Company: _____

Policy #: _____ Claim #: _____

Diagnosis/History: _____

Date of Accident: ____/____/____ Attorney: _____ Office: ( ____ ) _____

**Appointment Date/Time:** ____/____/____ _____ **Location:** _____

## MRI PROCEDURE REQUEST

### HEAD AND NECK

- ☐ Brain
- ☐ Sinus
- ☐ IAC
- ☐ Orbit
- ☐ TMJ
- ☐ Soft Tissue Neck

### SPINE

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum

### BODY

- ☐ Brachial Plexus
- ☐ Liver
- ☐ Pancreas
- ☐ Adrenal
- ☐ Kidney
- ☐ Soft Tissue Pelvis
- ☐ Breast

### MUSCULOSKELETAL

- ☐ Shoulder [ **R** ] [ **L** ]
- ☐ Elbow [ **R** ] [ **L** ]
- ☐ Wrist [ **R** ] [ **L** ]
- ☐ Hand/Finger [ **R** ] [ **L** ]
- ☐ Pelvis/Hip [ **R** ] [ **L** ]
- ☐ Knee [ **R** ] [ **L** ]
- ☐ Ankle [ **R** ] [ **L** ]
- ☐ Toes/Forefoot [ **R** ] [ **L** ]

### MR ANGIOGRAPHY

- ☐ Brain
- ☐ Carotid
- ☐ Renal
- ☐ Aorta

### *TRANSPORTATION

- ☐ **Yes**
- ☐ **No**

***PREFERRED LANGUAGE:** _____

**OTHER:** _____

**Physician:** _____ **Phone:** ( ___ ) _____ **Fax:** ( ___ ) _____

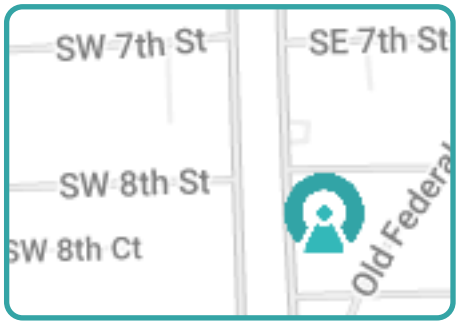
**Signature:** _____ **Date:** ____/____/____

**Clinic:** _____ **Email Address:** _____

## HIALEAH

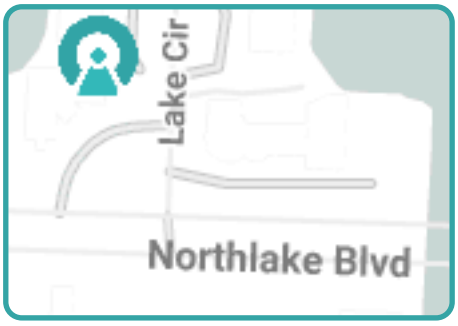

2170 W. 68th St, Suite 1
Hialeah, FL 33016
**(305) 859.4256** **(786) 209.0331**

## HALLANDALE BEACH




815 S.E. 1st Ave.
Hallandale Beach, FL 33009
**(305) 767.1809** **(305) 402.0515**

## NORTH PALM BEACH




701 Northlake Blvd., Suite 106
North Palm Beach, FL 33408
**(561) 621.7392** **(561) 621.7393**

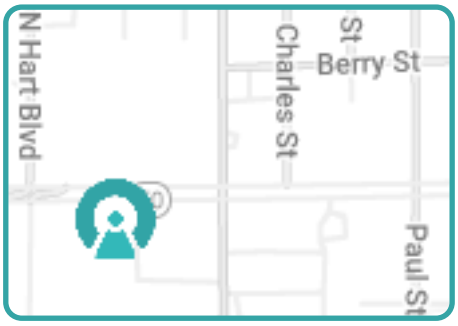
## CAPE CORAL


3326 Del Prado Blvd. S., Suite 9
Cape Coral, FL 33904
**(941) 888.3394** **(941) 888.3407**

## ORLANDO | OAKWATER

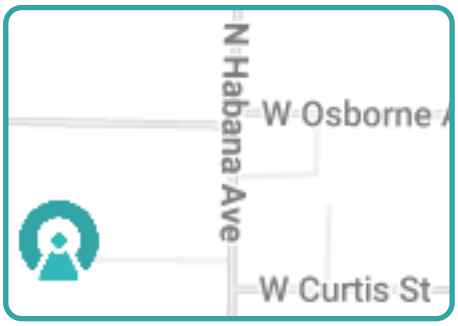

3847 Oakwater Circle, Unit 4
Orlando, FL 32806
**(813) 995.9448** **(813) 343.6227**

## ORLANDO | WEST COLONIAL




6342 W. Colonial Drive, Suite C
Orlando, FL 32818
**(407) 813.2228** **(407) 749.1031**

## TAMPA | NORTH HABANA




4730 N. Habana Ave., Suite 104
Tampa, FL 33614
**(813) 995.9448** **(813) 343.6227**

## TAMPA | WEST WATERS


4019 W. Waters Ave., Suite A
Tampa, FL 33614
**(813) 995.9448** **(813) 343.6227**

**PREPARE** FOR YOUR MRI EXAM:
- Do not bring jewlery or valuables to your appointment.
- Please inform us if you are pregnant or have a pacemaker.
- Wear comfortable clothing. ie: Sweatsuit.
- There are no drink, food or medication restrictions.

**BRING** THE FOLLOWING TO YOUR APPOINTMENT:
- Photo ID
- Insurance Information/Card
- Physician's Order, Prescription or Script for your MRI Exam.

**WARNING:** DO NOT BRING ANY OF THE FOLLOWING INTO THE OFFICE:
Hearing Aids, Watches, Cell Phones, Electronics, Insulin Pumps, Keys, Laptops/Tablets, Wallets, Metal Objects, Hair Clips, Coins, Firearms/Weapons.