










1718 Charlotte Ave. ♦ Nashville, TN

Scheduling: **615.620.5480**
 Fax: **615.321.8409**

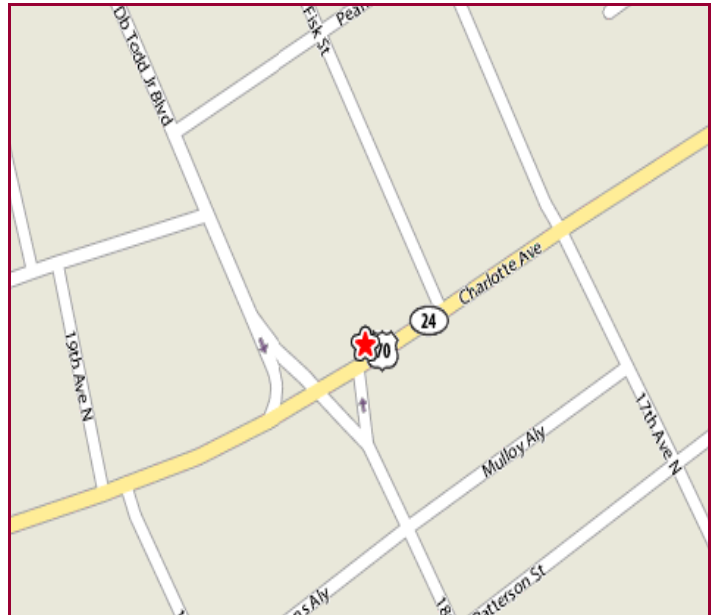
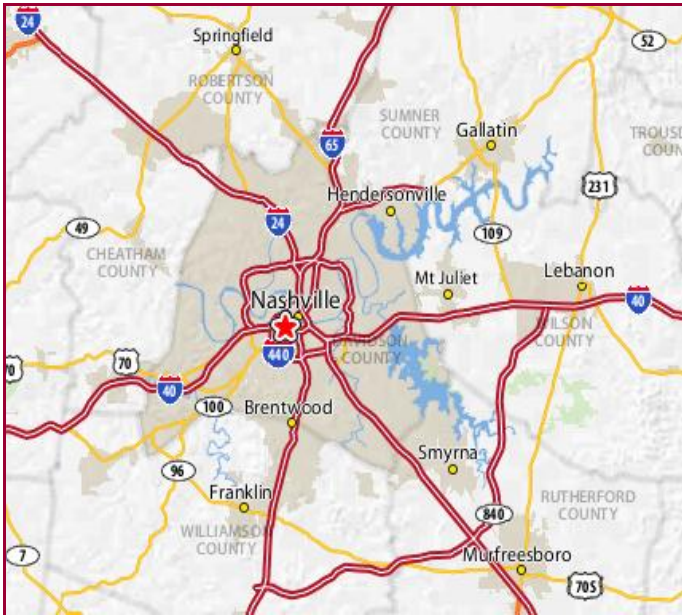
- Stat Read
- Mail Disk Fax Report
- Send Disk with patient

Patient Name	DOB	SSN
Patient Phone #	Insurance	Precert #, if required
Referring Physician	Phone	Fax
Diagnosis	Allergies	
Appointment Date and Time		
<input type="checkbox"/> W/O Contrast <input type="checkbox"/> W/ Contrast <input type="checkbox"/> W/WO Contrast		
Special Instructions or Comments: _____		

Upright/Weight-Bearing	Contrast Screening																
<div style="display: flex;"> <div style="flex: 1;">  </div> <div style="flex: 2;"> <p>Skull/Brain</p> <ul style="list-style-type: none"> <input type="checkbox"/> Brain <input type="checkbox"/> MRA Brain/COW <input type="checkbox"/> Sinuses <input type="checkbox"/> IAC's <input type="checkbox"/> Orbits <p>Spine</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cervical wo contrast 72141 <input type="checkbox"/> Cervical wo/w contrast 72156 <input type="checkbox"/> Cervical w contrast 72142 <input type="checkbox"/> Thoracic wo contrast 72146 <input type="checkbox"/> Thoracic wo/w contrast 72157 <input type="checkbox"/> Thoracic w contrast 72147 <input type="checkbox"/> Lumbar wo contrast 72148 <input type="checkbox"/> Lumbar wo/w contrast 72158 <input type="checkbox"/> Lumbar w contrast 72149 <p>Extremities</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Hip</td> <td><input type="checkbox"/> L <input type="checkbox"/> R</td> </tr> <tr> <td><input type="checkbox"/> Knee</td> <td><input type="checkbox"/> L <input type="checkbox"/> R</td> </tr> <tr> <td><input type="checkbox"/> Ankle</td> <td><input type="checkbox"/> L <input type="checkbox"/> R</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> L <input type="checkbox"/> R</td> </tr> <tr> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> L <input type="checkbox"/> R</td> </tr> <tr> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> L <input type="checkbox"/> R</td> </tr> <tr> <td><input type="checkbox"/> Foot</td> <td><input type="checkbox"/> L <input type="checkbox"/> R</td> </tr> <tr> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> L <input type="checkbox"/> R</td> </tr> </table> <p>Misc.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pelvis </div> </div>	<input type="checkbox"/> Hip	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Knee	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Ankle	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Shoulder	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Elbow	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Wrist	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Foot	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Hand	<input type="checkbox"/> L <input type="checkbox"/> R	<p>If a patient has a history of the following, a creatinine level must be available for review by the MRI technologist dated not more than six weeks prior to exam:</p> <ol style="list-style-type: none"> 1. Renal Disease 2. Age >60 3. History of Hypertension 4. History of Diabetes 5. History of Severe hepatic disease
<input type="checkbox"/> Hip	<input type="checkbox"/> L <input type="checkbox"/> R																
<input type="checkbox"/> Knee	<input type="checkbox"/> L <input type="checkbox"/> R																
<input type="checkbox"/> Ankle	<input type="checkbox"/> L <input type="checkbox"/> R																
<input type="checkbox"/> Shoulder	<input type="checkbox"/> L <input type="checkbox"/> R																
<input type="checkbox"/> Elbow	<input type="checkbox"/> L <input type="checkbox"/> R																
<input type="checkbox"/> Wrist	<input type="checkbox"/> L <input type="checkbox"/> R																
<input type="checkbox"/> Foot	<input type="checkbox"/> L <input type="checkbox"/> R																
<input type="checkbox"/> Hand	<input type="checkbox"/> L <input type="checkbox"/> R																
Cervical																	
																	
<input type="checkbox"/> Flexion 76498	<input type="checkbox"/> Extension 76498	<input type="checkbox"/> Lateral Bending 76498															
Lumbosacral																	
																	
<input type="checkbox"/> Flexion 76498	<input type="checkbox"/> Extension 76498	<input type="checkbox"/> Lateral Bending 76498															
Physician's Signature _____		Date _____															
Perform Recumbent Scan for Comparison? <input type="checkbox"/> Yes <input type="checkbox"/> No																	

THE ONLY UPRIGHT WEIGHT-BEARING MRI IN MIDDLE TENNESSEE

Directions/Maps To 1718 Charlotte Avenue, Nashville, TN 37203



From the North:

Get onto I-65 South, take exit #84A/Knoxville/Huntsville onto I-40 E, take exit #209/Charlotte Ave. (US-70), turn right onto Charlotte Ave. (US-70).

From the South:

Get onto I-65 North, take exit #82A/Memphis/Louisville onto I-40 W, take exit #209/Charlotte Ave., drive one block north and turn left on Charlotte Ave. (US-70).

We are located on the corner of 18th and Charlotte Ave. across the street from Krystal.

THE PROOF IS IN THE PICTURE



These are lumbar spine images of a patient who had undergone back surgery but was continuing to experience pain. The image on the left was acquired with the patient lying down. It shows a normal alignment of the vertebrae. However, when the patient was scanned in an upright position (right image), a dramatic spinal instability was clearly revealed. This problem was visible only when the patient was scanned upright and would have gone undiagnosed on a conventional, Lie-down MRI scanner. (Images courtesy of M. Rose, MD; Rose Radiology Centers)