IMAGING CENTER Of Louisiana

8338 Summa Ave, Suite 100
Baton Rouge, LA 70809
Ph: (225) 761-8988
Fx: (225) 761-8940

A 24 Hour Notice is Required for Cancellations.

Dr. Curtis Partington
Dr. Gary Lum
Dr. Bruce Knox
Dr. Scott Mills
Dr. Victor McCoy
Dr. Katheryn M. Nutter

MRI / MRA / CT / X-RAY

Patient Name: _____ Date/Time of Test: _____

Ordering Doctor: _____ Authorization: _____

- ☐ MRI Abdomen ___w ___wo Contrast
- ☐ MRI Ankle ___w ___wo Contrast
- ☐ MRI Arm ___w ___wo Contrast
- ☐ MRI Brain ___w ___wo Contrast
- ☐ MRI Cervical ___w ___wo Contrast
- ☐ MRI Elbow ___w ___wo Contrast
- ☐ MRI Finger ___w ___wo Contrast
- ☐ MRI Foot ___w ___wo Contrast
- ☐ MRI Hand ___w ___wo Contrast
- ☐ MRI Hip ___w ___wo Contrast
- ☐ MRI Knee ___w ___wo Contrast
- ☐ MRI Leg ___w ___wo Contrast
- ☐ MRI Lumbar ___w ___wo Contrast
- ☐ MRI Orbits ___w ___wo Contrast
- ☐ MRI Pelvic ___w ___wo Contrast
- ☐ MRI Pituitary ___w ___wo Contrast
- ☐ MRI Shoulder ___w ___wo Contrast
- ☐ MRI Soft Tissue Neck ___w ___wo Contrast
- ☐ Thoracic ___w ___wo Contrast
- ☐ MRI TMJ ___w ___wo Contrast
- ☐ MRI Wrist ___w ___wo Contrast
- ☐ MRI Other ___w ___wo Contrast

  Specify Area _____
- ☐ MRI Extremity ___w ___wo Contrast

  Specify Area _____

- ☐ MRA Brain ☐ MRV Brain
- ☐ MRA Neck ☐ MRA Other _____
- ☐ Cervical MYELOGRAM & CT
- ☐ Thoracic MYELOGRAM & CT
- ☐ Lumbar MYELOGRAM & CT
- ☐ Other MYELOGRAM & CT

- ☐ CT, *Specify Area* _____ _____ ___w ___wo Contrast
- ☐ X-ray, *Specify Area* _____ _____ ___w ___wo Contrast

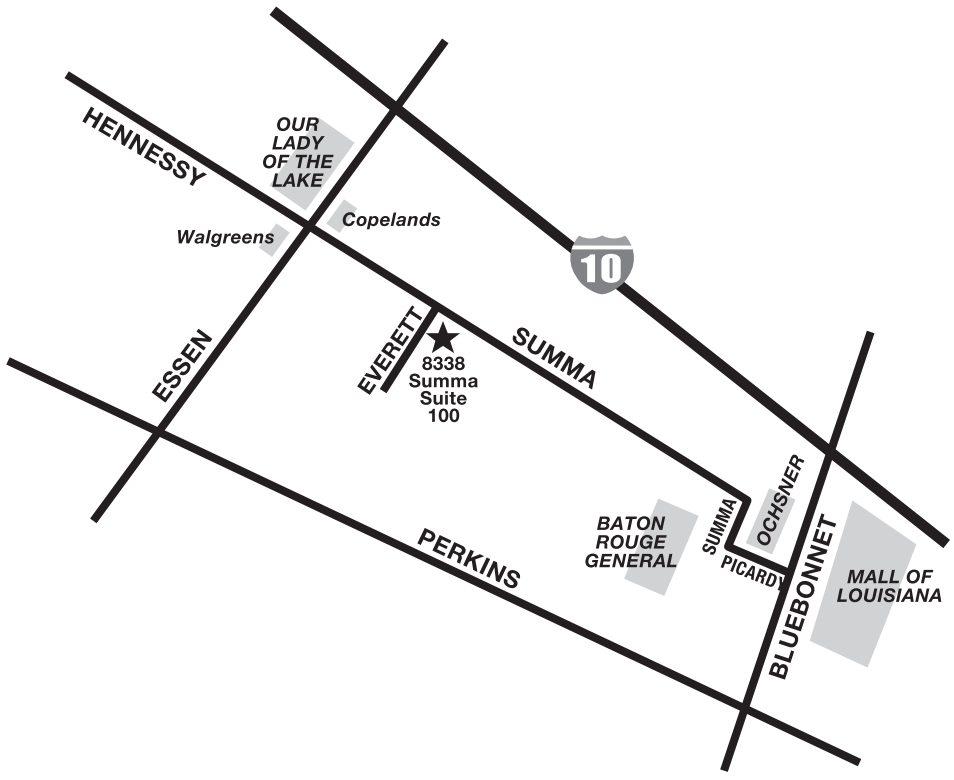
Diagnosis: _____

Comments: _____

_____

_____

NOT ALLOWED IN MRI: Cardiac Pacemakers, Intracranial Aneurysm Clips, Metallic Foreign Bodies in Eyes



MRI • CT • X-ray
MYELOGRAPHY

Some tests require patient preps. Please call us.

MOST HEALTH PLANS ACCEPTED