



<input type="checkbox"/> SOUTHSIDE 904.733.7770 (P) 904.733.7778 (F)	<input type="checkbox"/> RIVERSIDE 904.381.9994 (P) 904.389.6866 (F)	<input type="checkbox"/> MANDARIN 904.450.6680 (P) 904.450.6694 (F)	<input type="checkbox"/> MIDDLEBURG 904.450.6940 (P) 904.291.3268 (F)	<input type="checkbox"/> ST. JOHNS COUNTY 904.450.6270 (P) 904.450.6279 (F)	<input type="checkbox"/> TOWN CENTER 904.450.8180 (P) 904.450.8806 (F)	<input type="checkbox"/> WESTSIDE 904.450.6980 (P) 904.450.8829 (F)	<input type="checkbox"/> ORANGE PARK 904.215.2580 (P) 904.215.2589 (F)
--	--	---	---	---	--	---	--

OPTIMAL IMAGING

St. Vincent's HealthCare

SCHEDULE PRE-AUTH WALK-IN TRANSPORTATION

www.jaxoptimalimaging.com

APPOINTMENT DATE: _____ TIME: _____ SS#: _____ D.O.B.: ____/____/____
 PATIENT'S NAME: _____ EMAIL: _____ PHONE: _____
 INSURANCE: _____ GROUP#: _____ POLICY#: _____
 AUTHORIZATION#: _____ *Please fax copies of insurance cards and physician's notes if we are obtaining pre-auth*

EXAM(S): _____
 SIGNS/SYMPTOMS/DIAGNOSIS: _____ ICD-10 CODE: _____
 REFERRING PHYSICIAN SIGNATURE: _____
 REFERRING PHYSICIAN - PRINT NAME: _____ PHONE: _____ FAX#: _____

MRI

ABDOMEN **w/ and w/o contrast**
 Liver Kidneys Pancreas

ABDOMEN **w/o contrast**

BRACHIAL PLEXUS **w/ and w/o contrast**
 L R

BRAIN **w/ and w/o contrast**
 Attn IAC Attn Sella Attn Orbits
 MRA Head MRA Neck

BRAIN **w/o contrast only**

BREAST **w/ and w/o contrast**
 BREAST FOR IMPLANTS **w/o contrast**

CHEST Specify _____

LOWER EXTREMITY
 L R Bilateral
 Hip Knee Ankle Foot
 LOWER EXTREMITY other than joint
 Specify _____

MR ANGIOGRAM
 Specify _____

MRCP

NECK **w/ and w/o contrast**

PELVIS **w/ and w/o contrast**

PELVIS **w/o contrast**

PROSTATE **w/ and w/o contrast**

TMJ

SPINE
 Cervical Thoracic Lumbar
 w/ and w/o contrast

UPPER EXTREMITY
 L R Bilateral
 Shoulder Elbow Wrist Hand
 UPPER EXTREMITY other than joint
 Specify _____
 CREATININE LAB WORK IF NEEDED
 NO CONTRAST

Ultrasound

AAA SCREENING

ABDOMEN COMPLETE

AORTA DUPLEX

ARTERIAL DOPPLER
 Upper Lower L R Bilateral

ABI

Arterial Graft

BIOPHYSICAL PROFILE

CAROTID

ECHOCARDIOGRAM

GALLBLADDER

OBSTETRIC

PELVIS US TA & TV W/DOPPLER

RENAL

RENAL W/DOPPLER

TESTICULAR W/DOPPLER

THYROID

VENOUS DOPPLER
 Upper Lower
 L R Bilateral

VENOUS DOPPLER EVALUATION OF VARICOSITIES/REFLUX

CT

ABDOMEN
 w/o contrast **w/contrast**

ABDOMEN/PELVIS
 w/o contrast **w/contrast**

ANGIOGRAPHY
 ABDOMEN CTA
 Abdominal Aorta
 Aorto-iliac runoff
 CEREBROVASCULAR CTA
 Head/Neck Head Neck

CHEST CTA
 Coronary Pulmonary
 Thoracic aorta

BRAIN/HEAD
 w/o contrast or
 w/ and w/o contrast

CARDIAC CALCIUM SCORING

CARDIAC CTA SCREENING

CHEST
 Routine with contrast
 CTA for Pulmonary Embolism
 High Resolution Lung

EXTREMITIES
 Specify _____

FACIAL BONES

JOINT

LUNG SCREENING

NECK **w/contrast**

ORBITS **w/contrast**

PELVIS
 w/o contrast **w/contrast**

SINUSES - *Image Guided Surgery*
 BrainLab Stryker Fusion

SPINE
 Cervical Thoracic Lumbar

TEMPORAL BONES

UROGRAM

UROLITHIASIS (*Kidney Stones*)
 CREATININE LAB WORK IF NEEDED
 NO CONTRAST

Special Procedures

ARTHROGRAM
 Specify _____
 MRI or CT to follow

DISCOGRAM (*Includes Post Discogram CT*)
 Lumbar
 LEVELS _____

EPIDURAL STEROID INJECTION
 LEVELS _____
 Intralaminar
 _____ X3 _____ X2 _____ X1

FACET BLOCK (*Medial Branch Block*)
 Thoracic Lumbar
 L R Bilateral
 LEVELS _____

FACET INJECTION
 Cervical Lumbar
 L R Bilateral
 LEVELS _____

JOINT INJECTION
 Specify _____

LUMBAR PUNCTURE
 Opening pressure only
 Opening Pressure with labs: _____

LUMBAR SYMPATHETIC BLOCK

MYELOGRAM
 (*Includes Pre-procedure X-rays (3V) and Post Myelogram CT*)
 Cervical Thoracic Lumbar

NERVE ROOT BLOCK
 Cervical Thoracic Lumbar
 LEVELS _____

OCCIPITAL NERVE ROOT BLOCK
 L R Bilateral

PIRIFORMIS INJECTION
 L R Bilateral

SI JOINT
 L R Bilateral

TRIGGER POINT
 Specify _____

OTHER: _____

Women's Imaging

3D MAMMOGRAPHY

BIOPHYSICAL PROFILE (BPP)

BONE DENSITY (DEXA)

DIGITAL MAMMOGRAPHY
 Breast US if clinically indicated
 Diagnostic L R Bilateral
 Screening

OBSTETRIC US

PELVIS MRI **w/ and w/o contrast**

PELVIS US TA & TV WITH DOPPLER

OTHER: _____

Plain Films

ABD SERIES incl CXR

ANKLE 3V
 L R Bilateral

BONE DENSITY (DEXA)
 AP Spine & Dual Femur
 Total Body BMD
 Total Body BMD & Tissue Composition

CHEST 1V

CHEST PA & LAT

ELBOW 3V
 L R Bilateral

FACIAL BONES

FEMUR
 L R Bilateral

FINGER 1 2 3 4 5
 L R Bilateral

FOOT 3V
 L R Bilateral

FOREARM 2V
 L R Bilateral

HAND 3V
 L R Bilateral

HEEL

HIP 2V
 L R Bilateral

HUMERUS 2V
 L R Bilateral

KNEE 2V
 L R Bilateral

KUB

NASAL BONES

ORBITS

PELVIS

RIBS W/CXR
 L R Bilateral

SACRUM COCCYX

SCOLIOSIS SERIES

SHOULDER 3V
 L R Bilateral

SI JOINTS
 L R Bilateral

SINUSES

SKULL

SPINE
 Cervical
 3V 5V Flex/ext
 Thoracic
 3V
 Lumbar
 3V 5V Flex/ext

TIBIA/FIBULA 2V
 L R Bilateral

TOE 1 2 3 4 5
 L R Bilateral

WRIST 4V
 L R Bilateral

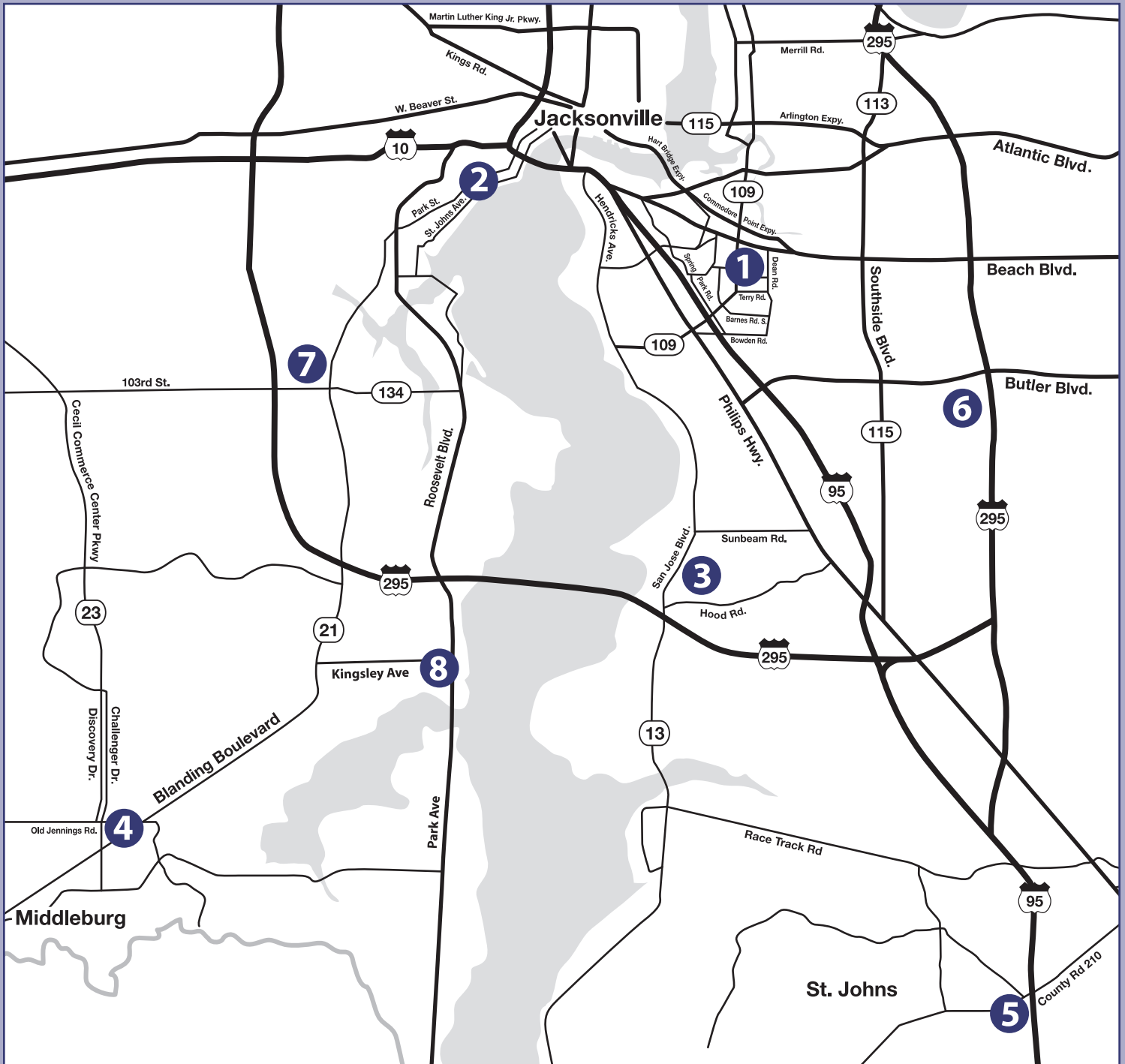
Special Instructions

Send CD with Patient



OPTIMAL IMAGING

St. Vincent's HealthCare



<p>1 SOUTHSIDE 6138 Kennerly Road Suite 101 Jacksonville, FL 32216 904.733.7770 (P) 904.733.7778 (F) Tax ID# 59-0624449</p>	<p>2 RIVERSIDE 2345 Forbes Street Jacksonville, FL 32204 904.381.9994 (P) 904.389.6866 (F) Tax ID# 59-0624449</p>	<p>3 MANDARIN 10503 San Jose Boulevard Suite 100 Jacksonville, FL 32257 904.450.6680 (P) 904.450.6694 (F) Tax ID# 59-0624449</p>	<p>4 MIDDLEBURG 1786 Blanding Boulevard Suite 11 Middleburg, FL 32068 904.450.6940 (P) 904.291.3268 (F) Tax ID# 46-1523194</p>
<p>5 ST. JOHNS COUNTY 2001 CR 210 Suite 100 St. Johns, FL 32259 904.450.6270 (P) 904.450.6279 (F) Tax ID# 59-0624449</p>	<p>6 TOWN CENTER 6699 Gate Parkway Suite C Jacksonville, FL 32256 904.450.8180 (P) 904.450.8806 (F) Tax ID# 59-0624449</p>	<p>7 WESTSIDE 6488 103rd Street Suite C Jacksonville, FL 32210 904.450.6980 (P) 904.450.8829 (F) Tax ID# 59-0624449</p>	<p>8 ORANGE PARK 2300 Park Avenue Suite 104 Orange Park, FL 32073 904.215.2580 (P) 904.215.2589 (F) Tax ID# 59-0624449</p>