



**Drs. Hill & Thomas
Ashtabula**

Open MRI & CT
Ashtabula Medical Arts Center
2131 Lake Ave.
440-998-2222
888-236-XRAY
FAX 440-998-2238
Tax ID# 34-0926955

**Eastside Imaging Center
Willoughby Hills**

High Field MRI, X-Ray
2785 SOM Center Rd.
440-944-8887
800-743-1984
FAX 440-585-3040
Tax ID# 34-1505223

**Westside Imaging Center
Brook Park**

High Field MRI, CT & X-Ray
5260 Smith Rd.
216-267-8080
FAX 216-267-0050
Tax ID# 34-1493613

**Southside Imaging Center
Medina**

Open MRI
3443 Medina Rd., #175
330-723-6600
800-332-8454
FAX 330-725-6671
Tax ID# 34-0926955

**Please reference
Tax I.D.# when calling in
authorization/referral.**

**Please call 24 hours in
advance if you are unable
to keep your appointment.**

Patient Name: _____ Date: _____

Appointment Time: _____ Appointment Date: _____

Patient History/Diagnosis/Symptoms: _____

MRI

- Brain
- Sella Turcica
- Posterior Fossa/IAC
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Upper Abdomen
- Pelvis
- Shoulder (Left Right Both)
- Knee (Left Right Both)
- Extremity _____
- Chest
- Prostate
- MRA (Carotid)
- MRA (Intracranial)
- TMJ
- Other _____

w & w/o contrast **w/o contrast**

	Yes	No
Claustrophobia	<input type="checkbox"/>	<input type="checkbox"/>
Brain Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker/ICD	<input type="checkbox"/>	<input type="checkbox"/>
Ear Implant	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm Clips	<input type="checkbox"/>	<input type="checkbox"/>
Metallic Implants	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Clips	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Implants	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>
Metal in Eyes	<input type="checkbox"/>	<input type="checkbox"/>

X-Ray

- Body part to be X-Rayed _____
- _____
- _____

CT

(Only available at Westside and Ashtabula locations)

Head

- Sinuses
- Brain
- Facial
- Orbital
- Mastoids/IACs
- Other _____

Abdomen/Pelvis

- Abdomen
- Pelvis
- Abdomen/Pelvis Kidney Stone
- Kidney
- Liver
- Pancreas
- Spleen
- Adrenals
- Other _____

Spine

Levels

- C-Spine _____
- T-Spine _____
- L-Spine _____

Chest

- Chest
- Chest High Resolution
- Chest Pulmonary Nodule
- Chest Pulmonary Embolism
- Other _____

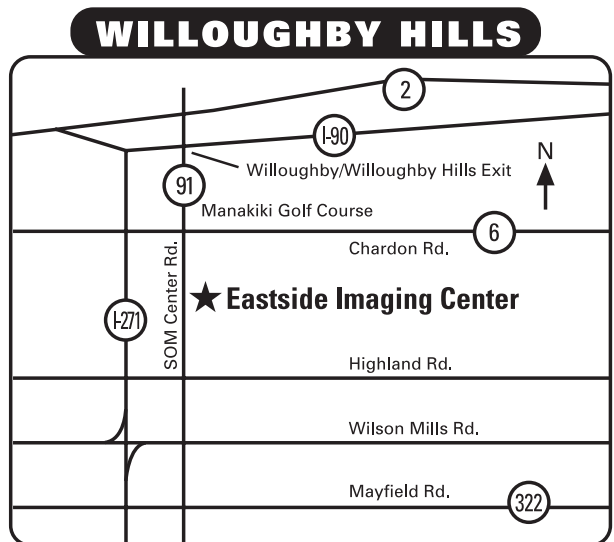
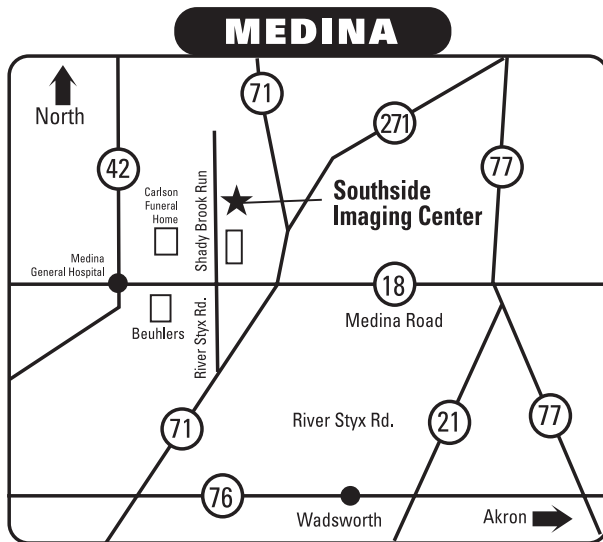
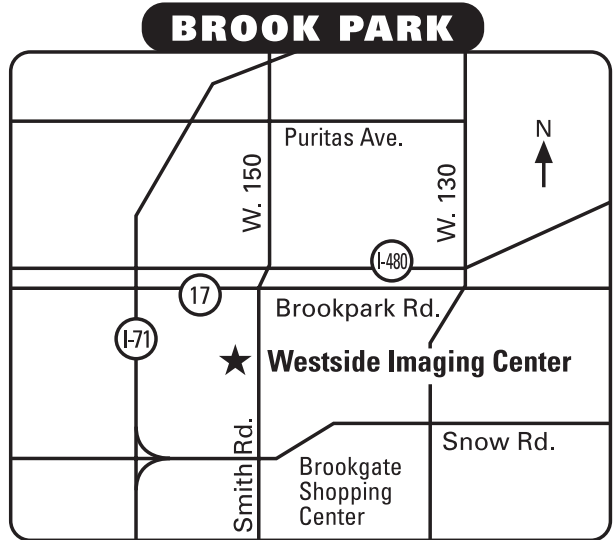
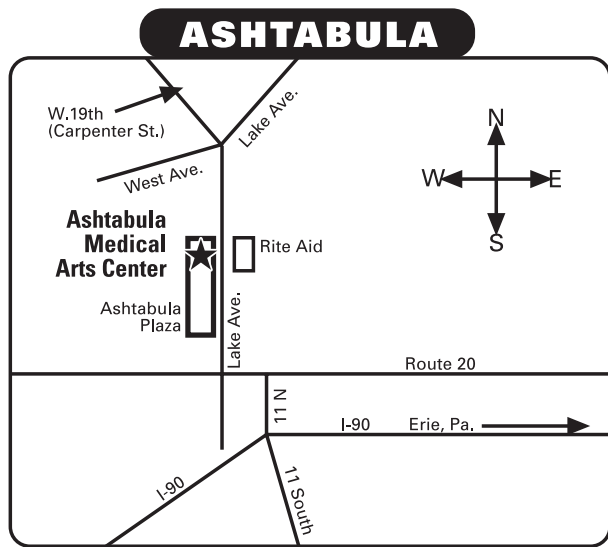
Extremity

Specify

- Upper Extremity _____
- Lower Extremity _____
- Hips/Pelvis _____
- Shoulders _____
- Other _____

Referring Physician Signature _____

Referring Physician Name (Please Print) _____



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Specialists In MRI