

Specializing in Radiology and Medical Imaging Since 1908

www.hillandthomas.com

**Drs. Hill & Thomas Ashtabula**  
Open MRI  
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., #103  
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: \_\_\_\_\_

Patient Phone # \_\_\_\_\_ Appointment Time: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Patient History/Diagnosis/Symptoms: \_\_\_\_\_

**MRI**

- Brain
- Sella Turcica
- Posterior Fossa/IAC
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Upper Abdomen ATTENTION \_\_\_\_\_
- 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**

**MRI Breast - Bilateral**  
(Only available at Eastside and Westside locations)

**MR Arthrogram**  
(Only available at Eastside and Westside locations)  
Joint \_\_\_\_\_

	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**

(Only available at Eastside and Westside locations)  
 Body part to be X-rayed \_\_\_\_\_

**CT** (Only available at Westside location)

Contrast if necessary

**Head**

- Sinuses
- Brain
- Facial
- Orbital
- Mastoids/IACs
- Other \_\_\_\_\_

**Abdomen/Pelvis**

- Abdomen
- Pelvis
- Abdomen/Pelvis Kidney Stone
- Kidney
- Liver
- Pancreas
- Spleen
- Adrenals
- Other \_\_\_\_\_

**Spine**

- Cervical \_\_\_\_\_
- Thoracic \_\_\_\_\_
- Lumbar \_\_\_\_\_

**Levels**

**Chest**

- Chest
- Chest High Resolution
- Chest Pulmonary Nodule
- Chest Pulmonary Embolism
- Other \_\_\_\_\_

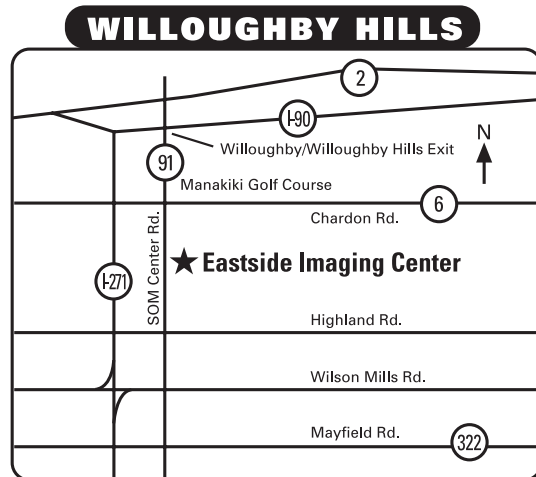
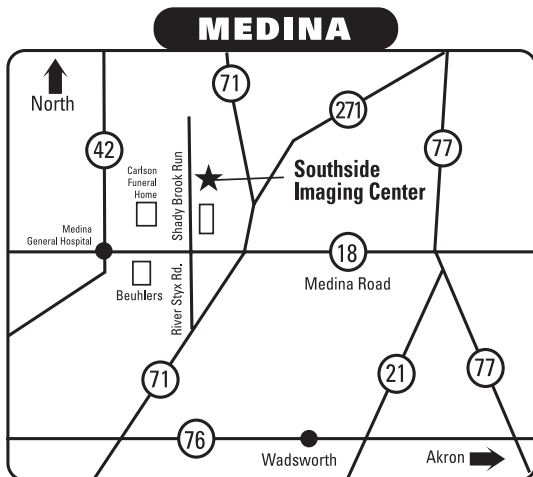
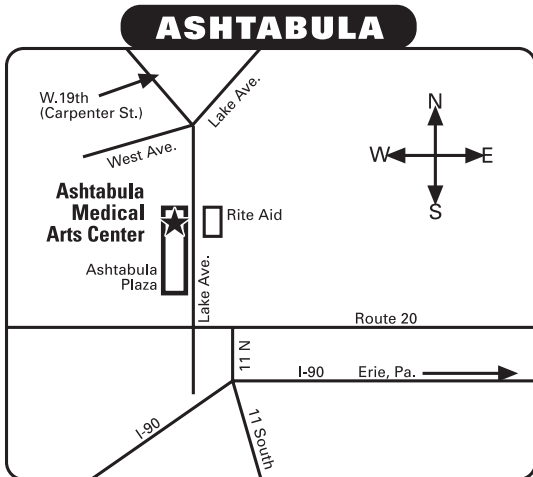
**Extremity**

- Upper Extremity \_\_\_\_\_
- Lower Extremity \_\_\_\_\_
- Hips/Pelvis \_\_\_\_\_
- Shoulders \_\_\_\_\_
- Other \_\_\_\_\_

**Specify**

Referring Physician Signature \_\_\_\_\_

Referring Physician Name (Please Print) \_\_\_\_\_



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