



PUTNAM RADIOLOGY GROUP

John S. Shahan, MD • Mark F. Patlovich, MD • Preston R. Lotz, MD • Andrés R. Acosta, MD

Name: _____ Male Female
 Mailing Address: _____
 City, St. Zip: _____ Dr. Name _____
 Home Phone: _____ Work Phone: _____ Dr. Phone: _____
 SSN #: _____ D.O.B.: _____ Fax #: _____

Your Appointment

Date: _____ Time: _____
 Location:
 6121 St. Johns Ave.
 Palatka, Florida 32177
 Tele: (386) 326-0077
 Fax: (386) 326-0188

INSURANCE
 RELATIONSHIP TO INSURED SELF SPOUSE DEPENDENT SSS (IF NOT SELF) _____
 Insurance Co. Name _____ Auth.# _____ Group # _____
 Address: _____ Member ID # _____
 City, St, Zip: _____ Employer Name & ID # _____

PREVIOUS X-RAYS OF THIS TYPE?
 No Yes, when & where _____
PHONE REPORT: Yes
PHONE & HOLD REPORT: Yes
SEND FILM VIA PATIENT: Yes
WET READ: Yes
 COPY TO: _____
 _____, MD

PATIENT AUTHORIZATION
 I authorize Doctors Imaging Group to release to my insurance carrier any information needed for this or any related claim and consent to the services ordered. I permit a copy of this authorization to be used in place of the original. I also request payment of medical benefits to the party who accepts assignments below:
 X _____
 I hereby request that my medical records, particularly pertinent x-ray films and reports, be released to the Putnam Radiology Group.
 X _____

REFERRING PHYSICIAN

NEXT APPT. DATE: _____

MRI	CT <input type="checkbox"/> Contrast prep1	OTHER			
70336 TMJ	704 Head	77080 Dexa Bone Density			
70553 Brain wo/w	704 Orbit, Stella, Ear	ULTRASOUND			
70540 Orbit, Face & Neck	704 Maxillofacial/sinus w/ reformat(s)				
70544 MR angiogram Head	704 Soft Tissue, Neck prep 1		76700 Abdominal prep 3		
70549 MR angiogram Neck	712 Chest, Thorax prep 1		76770 Aorta		
71550 Chest	721 Spine, Cervical w/ reformat(s)		76645 Breast		
71555 MR angiogram, Chest	721 Spine, Lumbar w/ reformat(s)		76770 Renal only ultrasound		
721 Spine, Cervical <input type="checkbox"/> Contrast	721 Pelvis prep 2		76830 and 76856 prep 4 Transvaginal and Pelvic		
721 Spine, Thoracic <input type="checkbox"/> Contrast	732 Upper Extremity w/ reformat(s)		76870 Scrotum		
721 Spine Lumbar <input type="checkbox"/> Contrast	737 Lower Extremity w/ reformat(s)		76880 Extremity, non-vascular		
72195 Pelvis	741 Abdomen prep 1		76942 U/S guidance cyst, any location		
72198 MR angiogram, Pelvis	70496 CT Angiogram Head	76999 Unlisted U/S procedure			
73218 Upper Extremity	70498 CT Angiogram Neck	76536 Thyroid			
73221 Upper Extremity, Jt.	71275 CT Angiogram Chest	60100 Thyroid Biopsy			
73225 MR angiogram, Upper Extremity	72191 CT Angiogram Pelvis	VASCULAR STUDIES			
73718 Lower Extremity	73206 CT Angiogram Upper Extremity		93880 Carotid Doppler		
73721 Lower Extremity, Jt.	73706 CT Angiogram Lower Extremity		93925 Arterial Duplex		
73725 MR angiogram, Lower Extremity	74175 CT Angiogram Abdomen		93970 Venous, Duplex, bilateral		
74181 Abdomen	75635 CT Angiogram Aorta with Runoff		93971 Venous, Duplex, unilateral or ltd.		
74185 MR angiogram, Abdomen	Other		MAMMOGRAPHY		
<input type="checkbox"/> MRA Runoff	SPINAL INJECTIONS Fl. Guided spinal tap (for CSF)			77053/7608 Galactogram, sgl/mtp/duct prep 5	
77058 Breast MRI prep 5 w/reconstruction, uni				64470 Injection, Facets, CT	G0206/77051 Mammography uni w/CAD prep 5
77059 Breast MRI prep 5 w/reconstruction, bi				62282 Injection, epidural, lumbar	G0204/77051 Mammography bi w/CAD prep 5
<input type="checkbox"/> MRCP prep1				64483 Nerve root block, L/T	G0202/77052 Mammography Screen w/CAD prep 5
ARTHROGRAPHY		Dx History & Notes			
				73040 Shoulder, 23350	
				73115 Wrist, 24246	
				73085 Elbow, 24220	
				73615 Ankle, 27648	
			72525 Hip, 27093		
	73580 Knee, 27370				
	<input type="checkbox"/> WITH MRI				
	<input type="checkbox"/> WITH CT				

SEE OTHER SIDE FOR MORE EXAMS AND INSTRUCTIONS



PUTNAM RADIOLOGY GROUP

Name: _____ Appointment Date: _____ Time: _____

Referring Physician: _____ MD Dx History & Notes: _____

GENERAL RADIOLOGY	
HEAD	ABDOMEN
70110 Mandible	74000 ABD 1 View
70150 Facial Bones	74020 ABD Series
70160 Nasal Bones	74400 IVP
70200 Orbits	
70220 Sinuses Complete	
70260 Skull Series	
70330 TM Joints	
70360 Neck Soft Tissue	
THORAX	
71010 Chest, 1 view	
71020 Chest, 2 views	
71021 Chest, lordotic	
71035 Chest, decubitus L R	
71100 Ribs, unilateral L R	
71101 Ribs, Uni w/PA chest L R	
71110 Ribs, bilateral	
71120 Sternum	
SPINE & PELVIS	
72052 Cervical Spine, complete incl. Obliques & flex/ext.	
72050 Cervical Spine, incl. Obl.	
72040 Cervical Spine, AP & LAT	
72069 Thoracolumbar, Scoliosis Series	
72072 Thoracic Spine, AP & LAT	
72114 Lumbar Spine, complete incl. Obl. And bending	
72110 Lumbar Spine, incl. Obl.	
72100 Lumbar Spine, AP & LAT	
72170 Pelvis AP	
72202 SI Joints, > 3 views	
72220 Sacrum & Coccyx min, 2 views	
UPPER EXTREMITY	
73000 Clavicle, Complete L R	
73010 Scapula, complete L R	
73030 Shoulder, complete L R	
73050 AC Joints L R	
73060 Humerus L R	
73080 Elbow, complete L R	
73090 Forearm, AP & LAT L R	
73110 Wrist, complete L R	
73130 Hand, min 3 views L R	
73140 Fingers, min 2 views L R	
LOWER EXTREMITY	
73510 Hip, complete L R	
73520 Hip, bilateral	
73550 Femur, AP & LAT L R	
73564 Knee, complete L R	
73590 Tibia & Fibula, AP/LAT L R	
73610 Ankle, complete L R	
73630 Foot, complete L R	
73650 Calcaneous, min 2 views L R	
73660 Toes, min 2 views L R	

Nuclear Medicine and Vascular and Interventional Procedures are available at our Gainesville locations

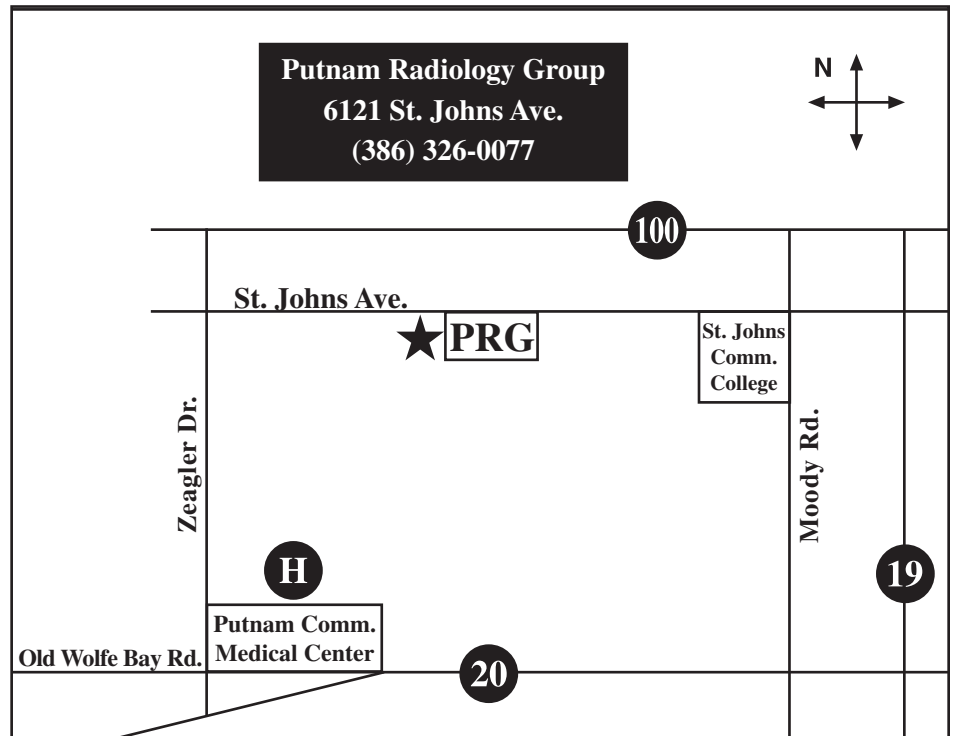
PATIENT INSTRUCTIONS

Please call our office if you have any allergies, previous contrast reactions or questions.

- | | |
|--|--|
| Prep #1: Nothing to eat or drink 4 hours before examination. | Prep #5: A. Wash under arm and breasts the day of the exam.

B. Do NOT use deodorants, perfumes, powders, ointments or anything in the underarm area or on the breasts until exam is complete.

C. A two-piece outfit is suggested for your convenience. |
| Prep #2: Use prep provided by Putnam Radiology Group. Pick up at least 2 days in advance. | |
| Prep #3: Nothing to eat or drink after midnight | |
| Prep #4: Drink 32 ounces of any non-carbonated fluid 1 hour before appointment. DO NOT URINATE. | |



SEE OTHER SIDE FOR MORE EXAMS