Check Location:

❑ **Bentonville**
1703 Phyllis St., Suite 101
(just off I-540, West on Hwy. 102 at exit 86)

❑ **Fayetteville**
237 Millsap Rd., Suite 3
(across from Tyson, down from WRMC)

Name:____ Date:__________________

Exam:____

Diagnosis:____

Appointment: Day:________________________Date:______________ Time:____________

MRI Exam:

☐ With Contrast ☐ Without Contrast

BRAIN:	MRA:	SPINE:	EXTREMITIES/ JOINTS:	ABDOMEN/ CHEST:
☐ Routine	☐ Brain	☐ Cervical	☐ Hip	☐ Pelvis
☐ Pituitary	☐ Carotid	☐ Thoracic	☐ Knee	☐ Other
☐ IAC (with brain)		☐ Lumbar	☐ Shoulder	
☐ IAC's (only)			☐ TMJ (Uni/Bi)	
☐ Sinus			☐ Other	

X-Ray: (BENTONVILLE Only)

☐ Chest	☐ Pelvis	☐ Cervical	☐ Lumbar	☐ Upper Extremity
☐ Abdomen	☐ Skull	☐ Thoracic		☐ Lower Extremity

Sonograms: (BENTONVILLE Only)

☐ Pelvis (GYN) ☐ Bladder
☐ Prostate ☐ Obstetrical Scanning

Do not urinate for 2 hours prior to the exam. Drink at least 40 ounces of water 1 hour prior to the exam.

☐ Pancreas ☐ Complete Abdominal
☐ Gallbladder ☐ Aorta
☐ Biliary Tree

☐ Thyroid ☐ Spleen ☐ Extremities
☐ Scrotum ☐ Kidneys ☐ Breast

NO SPECIAL PREPARATION REQUIRED.

Cardiology: (BENTONVILLE Only)

☐ Color Flow Echocardiogram

NO SPECIAL PREPARATION REQUIRED.

Vascular: (BENTONVILLE Only)

☐ Color Flow Carotid Duplex ☐ Transcranial
☐ Peripheral Venous Duplex Extremities
☐ Peripheral Arterial Duplex Extremities
* Segmental Dopplers Not Available

NO SPECIAL PREPARATION REQUIRED.

Physician's Name: ______________________________Telephone:__________________

Physician's Signature____