



**AMERICAN HEALTH IMAGING  
OF DALLAS**

712 N. Washington Ave, Suite 102  
Dallas, TX 75246  
(214) 515-0016 Fax (214) 515-0026

APPOINTMENT DATE  
5/17/13  
9 AM / PM

Patient Full Name: Robert A. Plock DOB: 07/26/1968  
Home #: 214 275 4195 Cell/Work #: 214 799 7775  
E-Mail: robplack@gmail.com Last 4 digits of SSN: 3292  
Insurance Company: UMR Insurance Phone #: 877 233 1800  
Insureds' Name & DOB: Robert Plock 07/26/1968 ID #: 13280912  
Diagnosis: \_\_\_\_\_ Group/Claim #: 76-410892  
Special Instructions: \_\_\_\_\_

High Field MRI ☐

Open MRI ☐

No Preference ☐

**HEAD & NECK MRI**

**CONTRAST**

W/OUT WITH

- ☐ Brain  
☐ IAC's  
☐ Pituitary -Sella  
☐ Orbits  
☐ TMJ  
☐ Soft Tissue Neck

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MRA**

- ☐ Circle of Willis  
☐ Carotids / Vertebrals  
☐ Renal

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ORTHO MRI**

- ☐ Elbow L R  
☐ Hand L R  
☐ Wrist L R  
☐ Shoulder L R  
☐ Knee L R  
☐ Ankle L R  
☐ Foot L R  
☐ Hip L R

**CONTRAST**

W/OUT WITH

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER MRI**

- ☐ \_\_\_\_\_

**BODY MRI**

- ☐ Abdomen  
☐ Pelvis  
☐ Brachial Plexus

**CONTRAST**

W/OUT WITH

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPINE MRI**

- ☐ Cervical  
☐ Thoracic/Dorsal  
☐ Lumbar

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BREAST MRI**

- ☐ Implant  
☐ Mass

☐ Routine ☐ Follow Up

\_\_\_\_\_  
\_\_\_\_\_

**MRI ARTHROGRAPHY**

- ☐ Wrist  
☐ Shoulder

L R  
L R

- ☐ Elbow  
☐ Knee

L R  
L R

- ☐ Other \_\_\_\_\_

**CT Scans**

**CT SCANS**

**CONTRAST**

W/OUT WITH

- ☐ Brain  
☐ Sinuses  
☐ Sinus Stealth  
☐ IAC's  
☐ Pituitary  
☐ Orbits  
☐ Abdomen  
☐ Pelvis  
☐ Abdomen / Pelvis - Kidney Stone  
☐ Facial Bones  
☐ Enterography

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CT SCANS**

**CONTRAST**

W/OUT WITH

- ☐ CTA Pulmonary  
☐ CTA Abdomen / Pelvis (AAA)  
☐ Cervical Spine  
☐ Thoracic Spine  
☐ Lumbar Spine  
☐ Chest  
☐ Soft Tissue Neck  
☐ Extremities \_\_\_\_\_ R L

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Other \_\_\_\_\_

**QUESTIONS FOR PATIENTS**

- Is Patient Pregnant: ☐ Yes, Months \_\_\_\_\_ ☒ No  
Does Patient have history of Kidney trouble disease: ☐ Yes ☒ No  
Does Patient have history of Asthma: ☐ Yes ☒ No Has the Patient had previous back surgery: ☐ Yes; Levels \_\_\_\_\_ ☒ No  
Does the Patient have a pacemaker, aneurysm clips, surgical clips, metallic implants, foreign objects or metal in eyes: ☐ Yes ☒ No  
Does the patient have any special needs: ☐ Blind ☐ Wheelchair ☐ Language \_\_\_\_\_  
Is the Patient claustrophobic: ☒ Yes ☐ No  
• Is the Patient allergic to Iodine (x-ray contrast): ☐ Yes ☐ No  
• Has the Patient had a prior contrast reaction: ☐ Yes ☐ No Don't Know / N/A

Referring Doctor: Andrew E. Park Doctor's Signature: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax Report To: \_\_\_\_\_ Contact: \_\_\_\_\_

**FREE PARKING ~ EVENING AND SATURDAY HOURS AVAILABLE**