



1120 W. Evans Street
Florence, SC 29501

Phone: (843) 292-0082
Fax: (843) 773-2125
www.ClermontRadiology.com

Patient Name: _____

Patient Phone: _____ DOB: _____

Diagnosis: _____

Report only CD Portal

MRI				Contrast	
Cervical	Shoulder	L	R	Non-Contrast With Contrast Contrast at Radiologists' Discretion	
Thoracic	Elbow	L	R		
Lumbar	Wrist	L	R		
Creatinine Test	Hand	L	R		
Brain	Hip	L	R	MRA	
Brain/Pituitary	Knee	L	R		
Brain/IAC's	Ankle	L	R	Head Neck Other _____	
Brain/Orbits	Foot	L	R		
Other _____					
Ultrasound					
Carotid Study (NICS)	Thoracic Outlet Syndrome			Renal	
Transcranial Doppler (TCD)	Groin Scan			Thyroid	
Arterial Study	Allen Test			Testicle	
Graft Scan	Vein Mapping			Pelvic	
ABI's	Abdominal			Other _____	
Venous Study (vein scan)	RUQ; GB				
AUTHORIZATION					
Authorization #: _____			We are happy to obtain these for you!		
Expiration Date: _____					
Effective Term: _____					

Physician Name: _____ Physician Phone: _____

Physician Signature: _____ Date: _____

Referring Physician Fax #: _____

Insurance Carrier: _____ Policy #: _____

Please Fax Front and back of Patient's Insurance Card with Order.



Most insurances accepted!

Financial arrangements available!

Outstanding Services

Scans are scheduled within 24-48 hours with evening & weekend hours!
Results in 24-48 hours / Same-day reads upon request.

Patient Instructions

If you must reschedule or cancel you appointment, please give at least 24 hours notice.

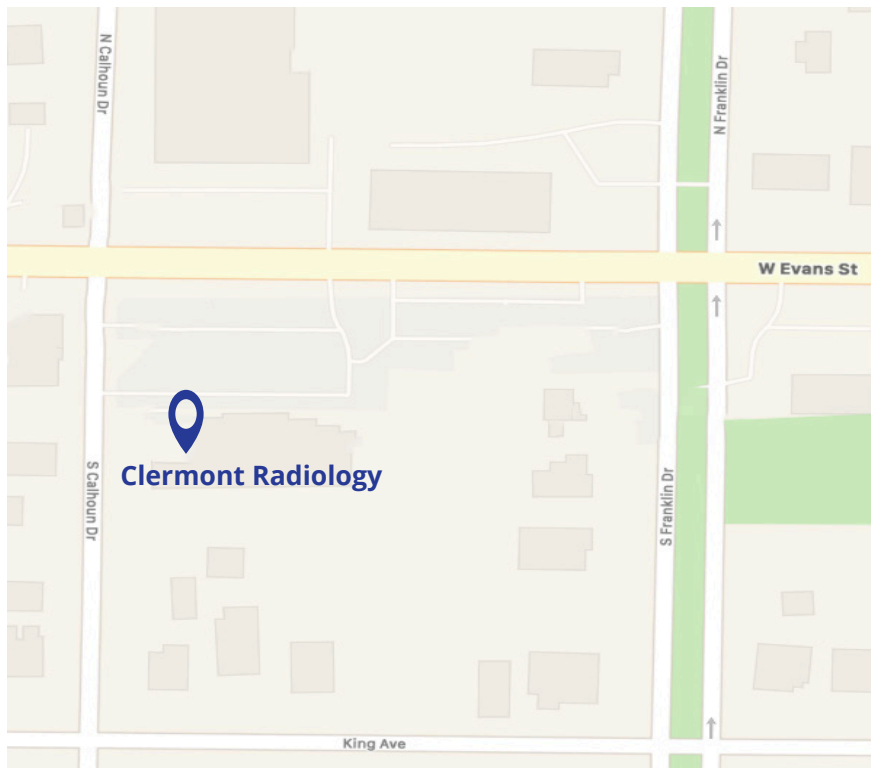
Please arrive 15 minutes prior to your exam.

Wear comfortable clothing without metal, if possible.

Bring any previous relevant images and reports.

We cannot perform an MRI if you have a pacemaker, defibrillator, and/or metal fragments in the eye.

Please inform our staff prior to your appointment of any possible contraindications for your exam.



**Scan our code on your
smart phone camera
to get directions to
our Florence
location via Google!**

