



4701-C Oleander Drive,
Myrtle Beach, SC 29577

Phone: (843) 692-0040
Fax: (843) 692-0046
www.ClermontRadiology.com

Patient Name: _____

Patient Phone: _____ DOB: _____

Diagnosis: _____

Report only CD Portal

Open MRI			
Cervical	Shoulder	L	R
Thoracic	Elbow	L	R
Lumbar	Wrist	L	R
Creatinine Test	Hand	L	R
Brain	Hip	L	R
Brain/Pituitary	Knee	L	R
Brain/IAC's	Ankle	L	R
Brain/Orbits	Foot	L	R
Other	_____		

Contrast
Non-Contrast
With Contrast
Contrast at Radiologists' Discretion

XRAY							
C-Spine	Bone Age Study	L	R	Ribs	L	R	
T-Spine	Abdomen/KUB	L	R	Hip	L	R	
L-Spine	Shoulder	L	R	Femur	L	R	
Chest PA & LAT	Humerus	L	R	Knee	L	R	
Pelvis	Elbow	L	R	Tib/Fib	L	R	
Skull	Forearm	L	R	Ankle	L	R	
Sinus	Wrist	L	R	Foot	L	R	
Orbits	Hand	L	R	Other	_____		

AUTHORIZATIONS	
Authorization #: _____	We are happy to obtain these for you!
Expiration Date: _____	
Effective Term: _____	

Physician Name: _____ Physician Phone: _____

Physician Signature: _____ Date: _____

Report Fax Number: _____

Insurance Carrier: _____ Policy #: _____

Authorization #: _____ Referring Physician Fax #: _____

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 your 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
Myrtle Beach location
via Google!**

