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# HOMESTEAD DIAGNOSTIC CENTER, INC.

650 N.E. 22nd Terr. Suite 100 • Homestead, FL 33033

Phone: 305-246-5600 • Fax: 305-246-1320

STAT  
 DIGITAL CD

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BILL:**       DOCTOR/CLINIC       MEDICARE       MEDICAID       INSURANCE

**RADIOLOGY:**       Chest ( PA & Lat )       Ribs       Skull       Facial Bones       Para Nasal Sinuses  
 Spine ( C / T / L )       KUB       Abdomen       Upper GI       Scoliosis Series  
 Extremities  
 Upper \_\_\_\_\_  
 Lower \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**ULTRASOUND:**  
 Liver       Gallbladder       Biliary Tree       Spleen       Bladder       Fetal Evaluation  
 EGA       Fetal Follow Up       Biophysical Profile       Aorta       Pancreas       Renal ( Bilateral )  
 Pelvis       Carotids Doppler       Thyroid ( Bilateral )       Testicle       Breast       Prostate  
 Transvaginal  
 Abdominal Complete  
 Other \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**VASCULAR:**       Upper Arterial       Lower Arterial       Lower Venous       Upper Venous

**CARDIOLOGY:**       Echocardiogram 2D-M-Mode       Color Flow  
 Electrocardiogram       Holter Monitor 24 Hr.

**Diagnosis:** \_\_\_\_\_

**CT SCAN:**       WITH CONTRAST       WITHOUT CONTRAST  
 Mastoid       Para Nasal Sinus       Internal Auditory Canal       Pituitary Gland       Orbital  
 Brain       Neck       Chest       Abdomen       Spine ( C / T / L )       Pelvis  
 Other \_\_\_\_\_

**BONE DENSITY:**       Lower       Upper

**Diagnosis:** \_\_\_\_\_

**MRI SCAN:**       WITH CONTRAST       WITHOUT CONTRAST  
 Brain       Spine ( C / T / L )       Upper Extr. \_\_\_\_\_       Lower Extr. \_\_\_\_\_  
 MRA       Neck       Liver       Abdomen       Pelvic  
 TMJ       Other \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**OPEN MRI SCAN:**       WITH CONTRAST       WITHOUT CONTRAST  
 Brain       Spine ( C / T / L )       Upper Extr. \_\_\_\_\_       Lower Extr. \_\_\_\_\_  
 MRA       Neck       Liver       Abdomen       Pelvic  
 TMJ       Other \_\_\_\_\_

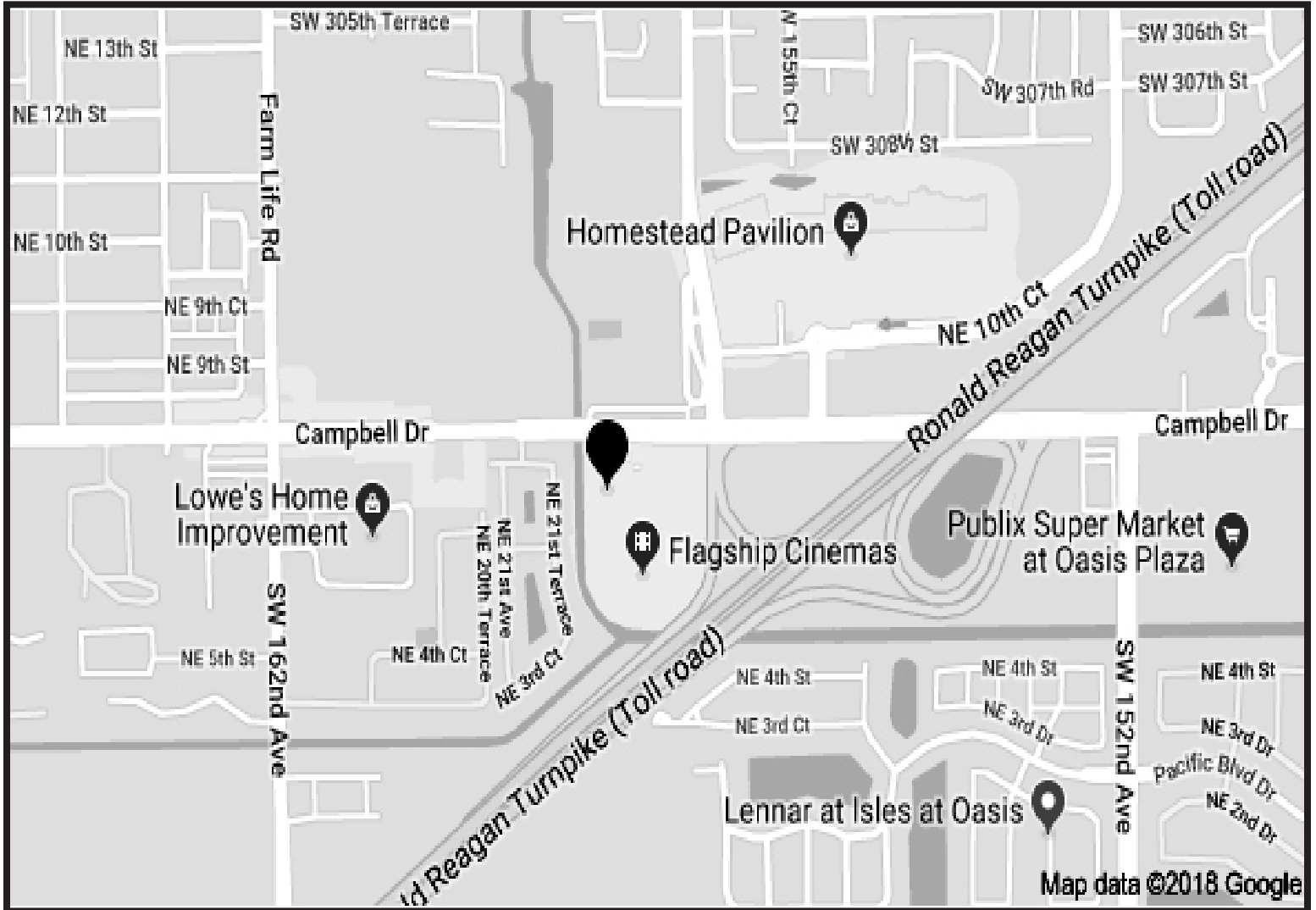
**Diagnosis:** \_\_\_\_\_

**DIGITAL MAMMOGRAPHY**       Bilateral       Unilateral ( R / L )       Spot Compression ( R / L )

**Diagnosis:** \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Notes: \_\_\_\_\_

# MAP TO OUR CENTER



**650 N.E. 22nd Terr. • Suite 100**  
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