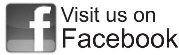

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HOMESTEAD DIAGNOSTIC CENTER, INC.

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:____________________ 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

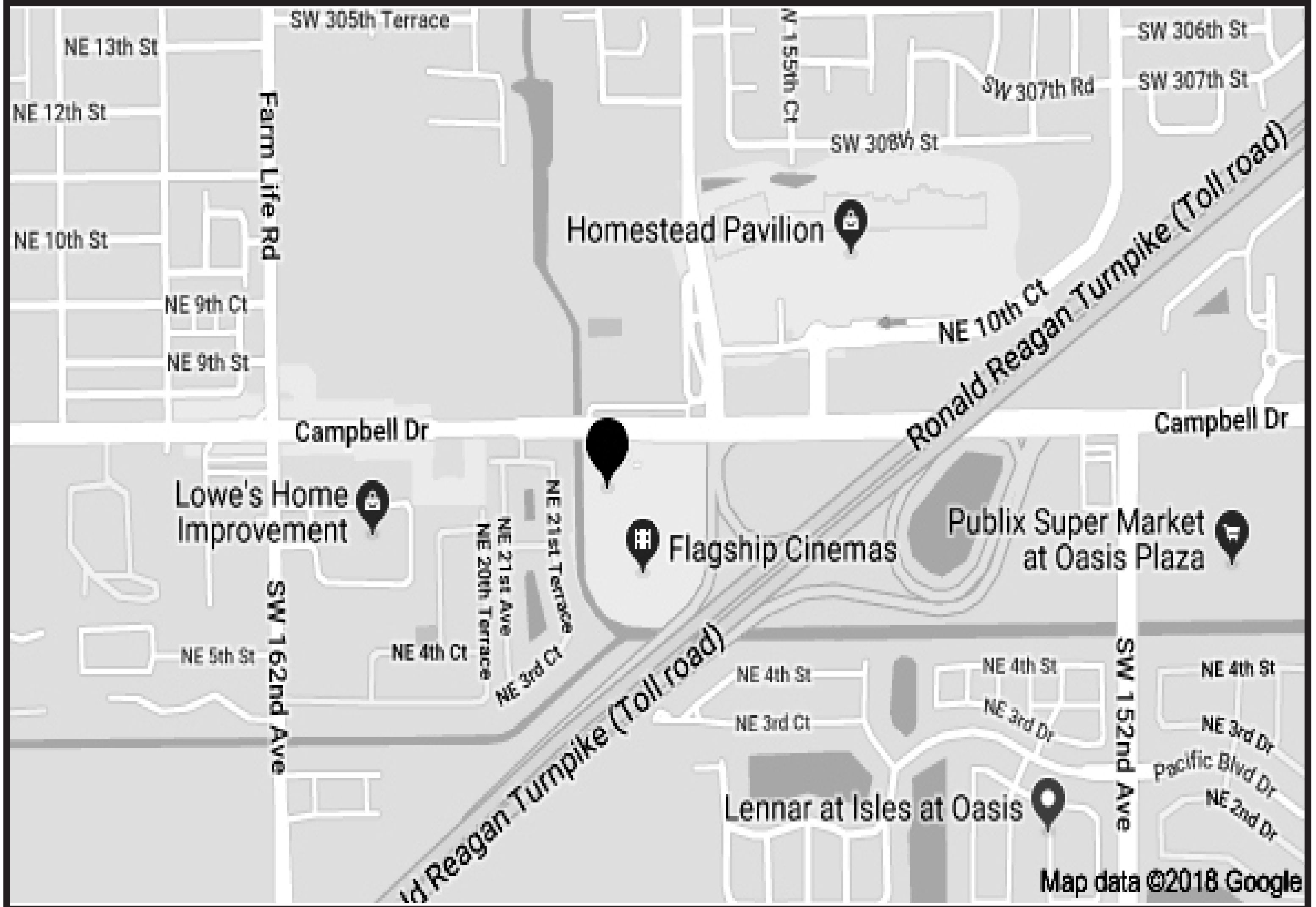
❒ Bilateral ❒ Unilateral (R / L) ❒ Spot Compression (R / L)

Diagnosis:

Physician's Signature:____________________ **Notes:**____________________

PLEASE FOLLOW INSTRUCTIONS GIVEN BY PHYSICIAN OR CALL OUR OFFICE

MAP TO OUR CENTER



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