



Diagnostic Imaging and Pain Management

Scheduling:

Excel: 314-984-8827

Fax: 314-984-0736

Your appointment is: Month _____ Day _____ Year _____ Time _____

***This form must be faxed in advance, or presented at time of service
to enable us to perform your exam as scheduled.***

For directions and phone numbers, see reverse side.

PLEASE PRINT

Last Name _____

First _____

Date of Birth _____

Weight _____ Pregnant? ☐ Yes ☐ No

Phone # (Home) _____

Phone # (Work) _____

SS# _____

Today's Date _____

Diagnosis / Symptoms:

Special Exam Instructions:

Authorization # _____

Physician's Printed Name _____

Physician's Signature / Date _____

Copy of Report to _____

MRI

- ☐ IV Contrast:
☐ w/ ☐ w/o ☐ w/wo
- ☐ Brain
☐ IACs
☐ Orbits
☐ MRA Brain
☐ Neck - soft tissue
☐ MRA - Carotid
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Abdomen ATTN: _____
☐ MRA - Renal
☐ MRA - Mesenteric
☐ MRCP
☐ Pelvis
☐ Shoulder L / R
☐ Shoulder MR-Arthro L / R
☐ Knee L / R
☐ Knee MR-Arthro L / R
☐ Foot L / R
☐ Hip L / R
☐ Ankle L / R

PAIN MANAGEMENT

- ☐ Epidural steroid injection
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Nerve root/Transtoraminial
Area _____
☐ Trigger point
Area _____
☐ Joint injection
Area _____

WOMEN'S HEALTH

- ☐ DEXA
☐ Mammography
☐ Screening
☐ Diagnostic -
☐ Biopsy if required

**ROUTINE
RADIOGRAPHS/
FLOUROSCOPY**

- ☐ Sinus
☐ Chest PA/LAT
☐ Abdomen (KUB)
☐ Acute abdominal series
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Pelvis L / R
☐ Hip L / R
☐ Shoulder L / R
☐ Elbow L / R
☐ Humerus L / R
☐ Forearm L / R
☐ Hand L / R
☐ Femur L / R
☐ Knee L / R
☐ Leg L / R
☐ Ankle L / R
☐ Foot L / R
☐ Barium swallow
☐ UGI
☐ Small bowel series
☐ Barium enema
☐ AC Barium enema
☐ IVP

ULTRASOUND

- ☐ Carotid
☐ Abdomen (includes
gallbladder, liver, spleen,
pancreas)
☐ RUQ (liver, pancreas,
gallbladder)
☐ Kidneys/Renal
☐ Aorta
☐ Bladder post void
☐ Pelvis +/- or EV
☐ Scrotum
☐ Breast
☐ Thyroid
☐ Venous Doppler

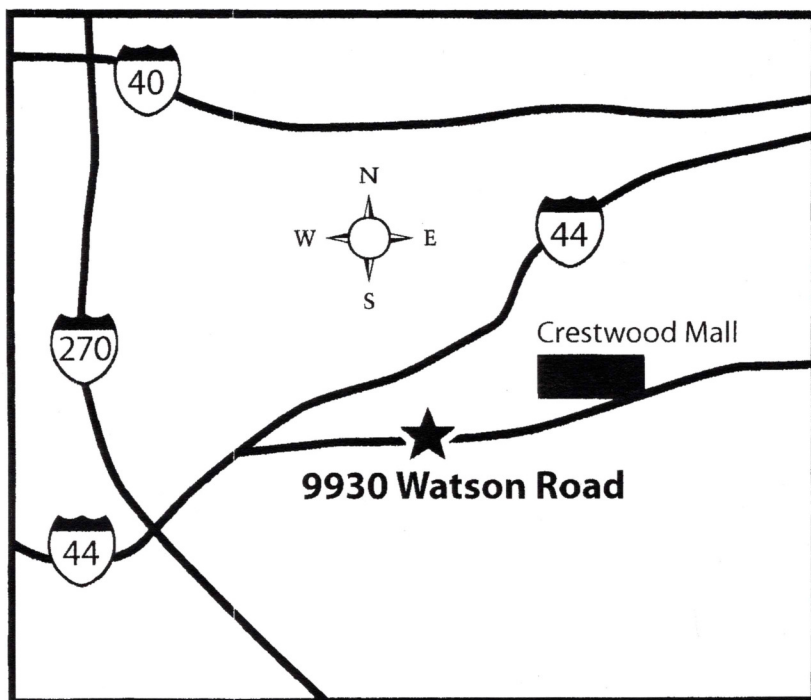
CT SCAN

- ☐ IV Contrast:
☐ w/ ☐ w/o ☐ w/wo
- ☐ Brain
☐ IACs
☐ Orbits
☐ Sinus
☐ Neck - soft tissue
☐ Chest
☐ CTA - Heart
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Abdomen ATTN: _____
☐ Pelvis

SPECIAL PROCEDURES

- ☐ Myelogram
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Vertebroplasty
Level _____
☐ Discogram
Levels _____
Levels _____
Levels _____

OTHER



Excel Imaging

9930 Watson Road

St. Louis, MO 63126

(314) 984-8827 Fax (314) 984-0736

Driving Directions:

I-270 or Lindbergh to Watson Road.
East on Watson Road (2 miles from
I-270 or 3/4 miles from Lindbergh)
to Sturdy, the first stoplight east of
Lindbergh.

Excel Imaging is on the southeast
corner of Watson and Sturdy. Turn
right on Sturdy to parking in the
rear of the building.