POM MRI & RADIOLOGY CENTERS

ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

ACCREDITED FACILITY IAC INTERSOCIETAL ACCREDITATION COMMISSION · MRI ·

POM IS "Peace of Mind"

Type of Insurance: (circle)

PIP L.O.P. W/C Health Ins. Medicare Self-Pay

Primary Insurance Name: _____

Date of Accident: _____ Claim # _____

ID/Policy #: _____

Group #: _____ Authorization #: _____

Attorney Name: _____ Phone: _____

Special Requests: ❒ **CD needed** ❒ **Transportation**

Diagnosis: _____

APPOINTMENT:

Date: _____ Time: _____

Last Name: _____ First Name: _____

Date of Birth: _____ Soc. Sec. #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Tel: _____ Work/Cell: _____

Ref. Doctor's Name: _____

Ref. Doctor's Signature: _____ Date: _____

Phone: _____ Fax: _____

Address: _____

❒ **STAT** **Dr. Requests Call to (_____)** _____

Fax Prelim to (_____) _____

IMPORTANT: PLEASE CHOOSE IV CONTRAST OPTION BY CIRCLING THE APPROPRIATE CPT CODE

CT — PLANTATION-COOPER CITY	w/o IV	w/ IV	w/ & w/o IV
☐ Head	70450	70460	70470
☐ Sinuses: Complete	70486	n/a	n/a
☐ Orbits__ w/ 3D (+76376) ☐ IAC ☐ Temporal Bones ☐ Mastoids	70480	70481	70482
☐ Max/Facial Bones __ w/ 3D (+76376) ☐ Jaw/TMJ __ w/ 3D (+76376)	70486	70487	n/a
☐ Soft Tissue Neck	70490	70491	70492
☐ Spine: Cervical __ w/ 3D (+76376)	72125	72126	n/a
☐ Spine: Thoracic __ w/ 3D (+76376)	72128	72129	n/a
☐ Spine: Lumbar __ w/ 3D (+76376)	72131	72132	n/a
☐ Chest	71250	71260	71270
☐ Abdomen Only	74150	74160	74170
☐ Pelvis Only __ w/ 3D Bony only (+76376)	72192	72193	72194
☐ Abdomen & Pelvis: ___ yes oral contrast ___ no oral contrast	74176	74177	74178
☐ CT Urogram	n/a	n/a	74178
☐ Stone Protocol (no oral, no IV contrast)	74176	n/a	n/a
☐ Upper Extremity: (R / L _____) __ w/ 3D (+76376)	73200	73201	n/a
☐ Lower Extremity: (R / L _____) __ w/ 3D (+76376)	73700	73701	n/a
☐ Other:			

CTA — COOPER CITY	w/o IV	w/ IV	w/ & w/o IV
☐ Head/Brain	n/a	n/a	70496
☐ Neck/Carotid	n/a	n/a	70498
☐ Chest ___ PE study (w/ IV only 71275) ___ Chest Aorta	n/a	n/a	71275
☐ Abdomen	n/a	n/a	74175
☐ Runoff (bilateral lower extremity)	n/a	75635	n/a
☐ Other:			

MRI — FT. LAUD-CORAL SPRINGS-PLANTATION-COOPER CITY	w/o IV	w/ IV	w/ & w/o IV
☐ Brain ☐ IAC	70551	n/a	70553
☐ Orbit ☐ Face ☐ Sinus ☐ Neck	70540	n/a	70543
☐ Pituitary	n/a	n/a	70553
☐ Spine: Cervical	72141	n/a	72156
☐ Spine: Thoracic	72146	n/a	72157
☐ Spine: Lumbar	72148	n/a	72158
☐ Chest	71550	n/a	71552
☐ Breast MRI w/ & w/o Contrast ☐ Breast MRI w/o (implant rupture only)	77059	n/a	77059
☐ Abdomen: ☐ Kidney ☐ Adrenal ☐ MRCP	74181	n/a	74183
☐ Brach.Plex. R / L ☐ Humerus R / L ☐ Forearm R / L ☐ Hand R / L	73218	n/a	73220
☐ Shoulder R / L ☐ Elbow R / L ☐ Wrist R / L	73221	n/a	73223
☐ Pelvis	72195	n/a	72197
☐ Hip R / L ☐ Knee R / L ☐ Ankle/Mid/Hindfoot R / L	73721	n/a	73723
☐ Femur R / L ☐ Tib/Fib R / L ☐ Mid/Foreft R / L ☐ Foreft/Toes R / L	73718	n/a	73720
☐ Other:			

MRA — FT. LAUD-CORAL SPRINGS-PLANTATION-COOPER CITY	w/o IV	w/ IV	w/ & w/o IV
☐ Head: ☐ Arterial ☐ Venous	70544	n/a	70546
☐ Neck	70547	n/a	70549
☐ Chest: ☐ Aorta	n/a	n/a	71555
☐ Abdomen: ☐ Aorta ☐ Renal ☐ Mesenteric ☐ Venous	n/a	n/a	74185
☐ Runoff	n/a	n/a	74185 73725
☐ Other:			

BONE DENSITY — FT. LAUD-PLANTATION-COOPER CITY

☐ Bone Densitometry/DEXA

MAMMOGRAPHY — FT. LAUD-PLANTATION-COOPER CITY

☐ Screening Digital Mammo __ w/ Tomo __ Bilateral __ Right __ Left

☐ Diagnostic Digital Mammo __ w/ Tomo __ Bilateral __ Right __ Left

☐ Other:

ULTRASOUND — FT. LAUD-PLANTATION-COOPER CITY

☐ Carotid ☐ Thyroid ☐ Soft Tissue _____ (Body Part) ☐ Scrotum

☐ Retro CMP. __ (renal/aorta) __ (renal/bladder) ☐ Retro LTD. __ (renal) __ (aorta)

☐ Breast: __ Bilateral __ Right __ Left

☐ Abdomen: __ Complete __ Limited: __ RUQ Organ_____

☐ Pelvic / Transabdominal ☐ Pelvic / Transvaginal ☐ OB: __1st TRI __ 2nd TRI

☐ Venous: __ Bilateral __ Right __ Left __ Upper __ Lower

☐ Arterial: __ Bilateral __ Right __ Left __ Upper __ Lower __ w/ABI

☐ Echocardiogram *Cooper Only:* ☐ BIOPSY: __ Breast __ Thyroid

☐ Other:

XRAY — PLANTATION-COOPER CITY

☐ CXR: PA & LAT ☐ Bone Age Study ☐ Abdomen/KUB

☐ Spine: Cervical ☐ Spine: Thoracic ☐ Spine: Lumbar

☐ Skull ☐ Sinus ☐ Ribs ☐ Pelvis

☐ Shoulder R / L ☐ Elbow R / L ☐ Wrist R / L ☐ Hand R / L

☐ Hip R / L ☐ Femur R / L ☐ Knee R / L ☐ Tib/Fib R / L

☐ Ankle R / L ☐ Foot R / L ☐ Other:

CENTRAL SCHEDULING
954.900.2020
Fax: 954.343.1855

❒ **COOPER CITY**
1.5T MRI, CT, XRAY, U/S
MAMMO, DEXA, BIOPSY
11011 Sheridan Street, Suite 101
Cooper City, FL 33026

❒ **CORAL SPRINGS / MARGATE**
3T ULTRA HIGH FIELD MRI
2800 N. State Road 7, Suite 103
Margate, FL 33063

❒ **FORT LAUDERDALE**
1.5T WIDE OPEN MRI
U/S, 3D MAMMO, DEXA
4331 N. Federal Highway, Suite 200
Fort Lauderdale, FL 33308

❒ **PLANTATION**
1.5T MRI, OPEN MRI, CT
XRAY, U/S, MAMMO, DEXA
4373 West Sunrise Boulevard
Plantation, FL 33313

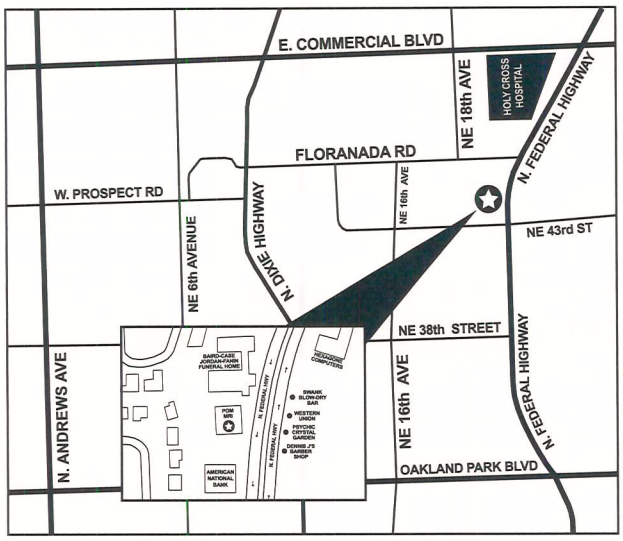
www.pommri.com

LOCATIONS AND MAPS

POM MRI
& RADIOLOGY CENTERS

FORT LAUDERDALE

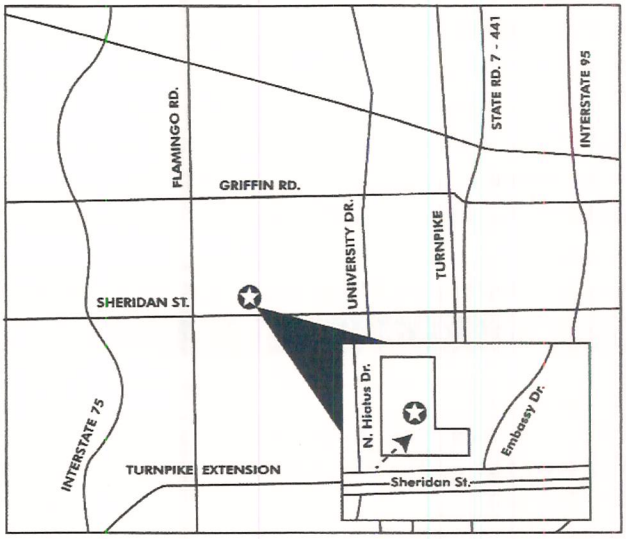
1.5T Wide Open MRI
Dexa, Ultrasound, 3D Mammography



4331 N. Federal Highway, Suite 200
Fort Lauderdale, FL 33308
NPI 1164676722

COOPER CITY

1.5T MRI, CT, X-ray, Dexa, Ultrasound,
Mammography, US Guided Biopsy



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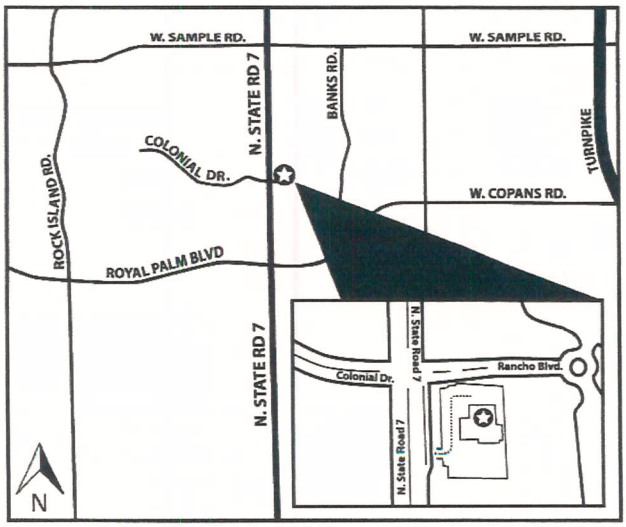
CORAL SPRINGS / MARGATE

3T Ultra High Field



2800 N. State Road 7, Suite 103
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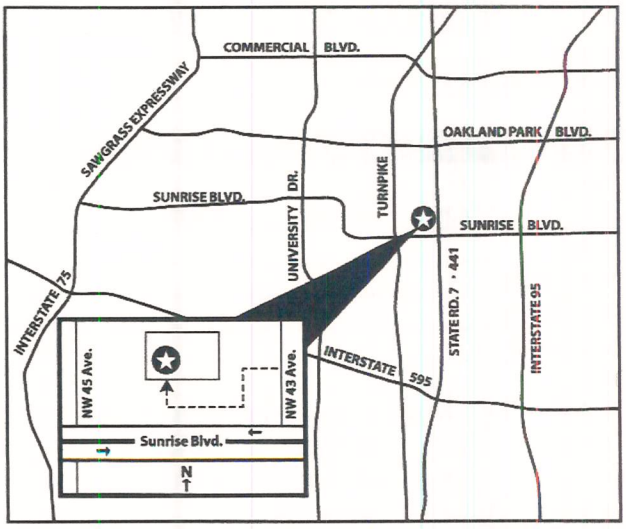
NPI 1851747471

PLANTATION

1.5T MRI, Open MRI, CT, Xray Dexa,
Ultrasound, Mammography



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