



Minnesota
Medical Imaging, LLC

PATIENT SCHEDULING FORM

Appt Date _____

Appt Time _____

Patient Name _____

Home Phone _____

Date of Birth _____

Work Phone _____

Insurance Provider _____

Policy # _____

Doctor _____ Ph # _____

Office Verification _____

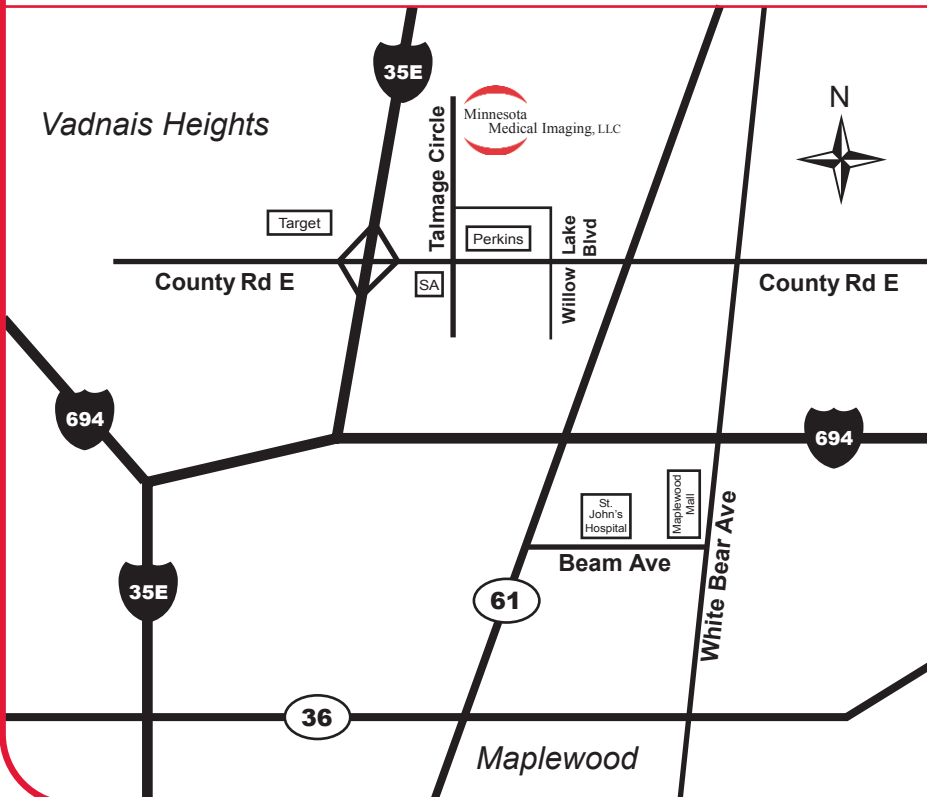
Symptoms/Comment _____ signature

TYPE OF MRI (High-Field Short Bore MRI 1.5T)

- Brain
- Abdomen
- Lumbar Spine
- Wrist R L
- Tib/Fib R L
- Shoulder R L
- Soft Tissue Neck
- Thoracic Spine
- Cervical Spine
- Elbow R L
- Knee R L
- Ankle/Foot R L
- Pelvis
- MR Arthrogram
- MRA _____
(MR angiography)
- Other _____

TYPE OF CT (16-Slice High Speed CT)

- Chest/Thorax
- Brain
- Cervical Spine
- Extremity _____
- Abdomen
- Neck Soft Tissue
- Thoracic Spine
- CTA _____
(CT Angiography)
- Pelvis
- Sinus
- Lumbar Spine



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