



# MEDICAL IMAGING EXPRESS

361 Woodruff Road  
Greenville, SC 29607  
P: (864) 775-5004  
F: (864) 775-5012  
[WWW.MedImageExpress.com](http://WWW.MedImageExpress.com)

**OPEN MRI - ULTRASOUND - XRAY - SLEEP STUDIES**

Same Day Appointments Available • TRUE Open MRI • Weight Bearing MRI • Ultrasound • Digital X-Ray • Take Home Sleep Studies • Fast Scan Times  
Affordable Set Pricing

Patients Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patients Phone #: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

**PLEASE BRING THIS REFERRAL FORM TO YOUR APPOINTMENT**

Open MRI	Ultrasound	Digital X-Ray
<b>Please Indicate:</b> <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both  <input type="checkbox"/> C-Spine <input type="checkbox"/> Shoulder <input type="checkbox"/> Hip <input type="checkbox"/> T-Spine <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> L-Spine <input type="checkbox"/> Wrist <input type="checkbox"/> Foot <input type="checkbox"/> TMJ <input type="checkbox"/> Hand <input type="checkbox"/> Ankle <input type="checkbox"/> Supine & Weight Bearing <input type="checkbox"/> Other  <input type="checkbox"/> Special Instructions  	<b>Please Indicate:</b> <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both  <input type="checkbox"/> DVT-Ext Venous: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Carotid <input type="checkbox"/> Aorta <input type="checkbox"/> Abdomen: <input type="checkbox"/> Complete <input type="checkbox"/> RUQ <input type="checkbox"/> Single organ Please Specify: _____ <input type="checkbox"/> Thyroid <input type="checkbox"/> Renal <input type="checkbox"/> Breast <input type="checkbox"/> Pelvic: Transabdominal <input type="checkbox"/> Testicular / Scrotal <input type="checkbox"/> Other  <input type="checkbox"/> Special Instructions  	<b>Please Indicate:</b> <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both  <input type="checkbox"/> Abdomen <input type="checkbox"/> Nasal <input type="checkbox"/> Spine <input type="checkbox"/> Chest <input type="checkbox"/> Sinuses <input type="checkbox"/> Cervical <input type="checkbox"/> Facial Bones <input type="checkbox"/> Pelvis <input type="checkbox"/> Thoracic <input type="checkbox"/> Foot <input type="checkbox"/> Skull <input type="checkbox"/> Lumbar <input type="checkbox"/> Hand <input type="checkbox"/> Ribs <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Extremity & Joints  <input type="checkbox"/> Other  

Take home sleep study    One night    Two night   Special instruction \_\_\_\_\_

Physician's Name \_\_\_\_\_ Office: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Referring Office Has Faxed Office Notes to Medical Imaging Express (864) 775-5012

**\*Please Fax Office Notes and Demographics with Order\***



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OPEN MRI - ULTRASOUND - XRAY - SLEEP STUDIES

**(864) 775-5004**

## Your Appointment:

Date: \_\_\_\_\_

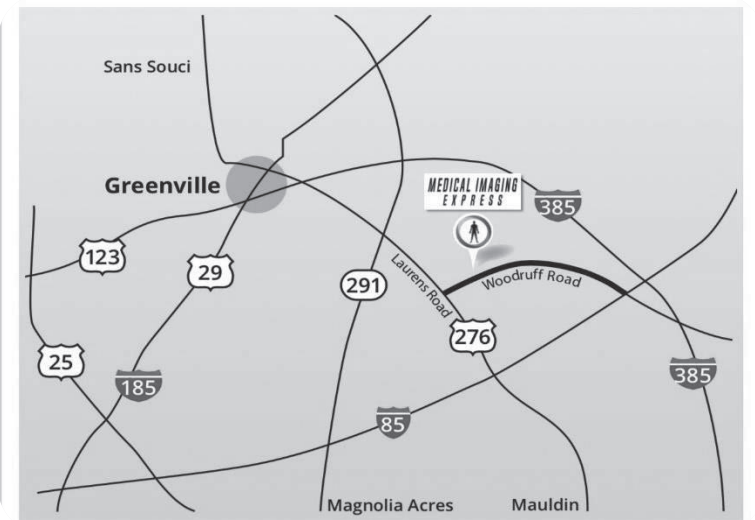
Time: \_\_\_\_\_

## MRI Preparation

- Go about your daily routine. There are no dietary restrictions and you may continue to take your prescribed medication(s).
- If you are having a leg exam, you can bring some shorts to wear. Please wear comfortable clothing that is free of zippers or metal buttons.
- You will be asked to remove your watch, credit cards, jewelry, keys, pocket knife, hearing aids, or any other metal objects before approaching the MRI. The magnet could affect the items of this type or the items could affect the magnet.

## Ultrasound Preparation

- Some studies may require fasting, but you may continue to take your prescribed medication(s).



*Conveniently located minutes from I-385 & I-85 off Laurens Road on Woodruff Road.*

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