

OVAL MRI

"One size fits all"



LABS

BUN Creatinine

6207 Cortez Road W.
Bradenton, FL 34210

Phone (941) 782-0490

Fax (941) 782-0496

www.bowesimagingcenter.com

Patient's Name: _____ Physician's Name: _____

D.O.B.: _____ Physician's Signature: _____

Indication: _____ CC: _____

Diagnosis: _____ Appointment On: _____

SAME DAY APPOINTMENTS

AVAILABLE EVENINGS & WEEKENDS

MRI - NEURO/BODY			
	Without	With/Without	Contrast at RAD Discretion
VEN BOLD	<input type="checkbox"/>		
DTI (Diffusion Tensor Imaging)	<input type="checkbox"/>		
BRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRV BRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IAC'S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PITUITARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORBITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERVICAL SPINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THORACIC SPINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LUMBAR SPINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NECK (SOFT TISSUE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAST MRI R L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PELVIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TMJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MRI - MUSCULOSKELETAL			
	Without	With/Without	Contrast at RAD Discretion
SHOULDER R L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELBOW R L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRIST R L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAND R L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP R L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNEE R L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANKLE R L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOT R L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MRA - ANGIOGRAPHY	
	Without / With/Without
CIRCLE OF WILLIS	<input type="checkbox"/>
CAROTID ARTERIES	<input type="checkbox"/>
AORTA	
THORACIC	<input type="checkbox"/>
ABDOMINAL	<input type="checkbox"/>
RENAL ARTERIES	<input type="checkbox"/>
LOWER EXTREMITY-RUNOFF R L	<input type="checkbox"/>
UPPER EXTREMITIES R L	<input type="checkbox"/>

DEXA	
<input type="checkbox"/> BONE DENSITY	<input type="checkbox"/> OTHER: _____

X-RAY			
CHEST PA & LAT	<input type="checkbox"/>	SHOULDER	<input type="checkbox"/> R L
ABDOMEN, KUB	<input type="checkbox"/>	ELBOW	<input type="checkbox"/> R L
ABDOMINAL SERIES	<input type="checkbox"/>	WRIST	<input type="checkbox"/> R L
PELVIS	<input type="checkbox"/>	HAND	<input type="checkbox"/> R L
C-SPINE	<input type="checkbox"/>	HIP	<input type="checkbox"/> R L
T-SPINE	<input type="checkbox"/>	KNEE	<input type="checkbox"/> R L
L-SPINE	<input type="checkbox"/>	ANKLE	<input type="checkbox"/> R L
		FOOT	<input type="checkbox"/> R L

CT		
<input type="checkbox"/> Without	<input type="checkbox"/> With/Without	<input type="checkbox"/> Contrast at Radiologist Discretion
HEAD <input type="checkbox"/> Oral Contrast		
<input type="checkbox"/> HEAD	<input type="checkbox"/> SINUS	<input type="checkbox"/> TMJ
<input type="checkbox"/> MANDIBLE	<input type="checkbox"/> ORBITS	<input type="checkbox"/> NECK (SOFT TISSUE)
<input type="checkbox"/> TEMPORAL BONE	<input type="checkbox"/> OTHER _____	
SPINE		
<input type="checkbox"/> CERVICAL	<input type="checkbox"/> THORACIC	<input type="checkbox"/> SACRUM/COCCYX
<input type="checkbox"/> LUMBAR	<input type="checkbox"/> OTHER _____	
MUSCULOSKELETAL		
<input type="checkbox"/> ANKLE: R L	<input type="checkbox"/> KNEE: R L	<input type="checkbox"/> HIP: R L
<input type="checkbox"/> ELBOW: R L	<input type="checkbox"/> SHOULDER: R L	<input type="checkbox"/> OTHER _____
BODY		
<input type="checkbox"/> CHEST	<input type="checkbox"/> RENAL COLIC	<input type="checkbox"/> UROGRAM
<input type="checkbox"/> LOW DOSE CT CHEST	<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> PELVIS
CTA		
<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> PULMONARY ARTERIES	<input type="checkbox"/> THORAX
<input type="checkbox"/> CAROTID	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> CT CALCIUM SCORE		
SERVICE NOT COVERED BY INSURANCE:		

ULTRASOUND		
<input type="checkbox"/> CAROTIDS	<input type="checkbox"/> EXTREMITY	<input type="checkbox"/> PELVIC
<input type="checkbox"/> RENAL DOPPLER	<input type="checkbox"/> ABDOMINAL	<input type="checkbox"/> BREAST
<input type="checkbox"/> RENAL ULTRASOUND	<input type="checkbox"/> AAA	
<input type="checkbox"/> VENOUS: LEG: R L BILAT	ARM: R L BILAT	
<input type="checkbox"/> ARTERIAL: LEG: R L BILAT	ARM: R L BILAT	

3-D DIGITAL MAMMOGRAPHY	
<input type="checkbox"/> (3-D) SCREENING	
<input type="checkbox"/> (3-D) DIAGNOSTIC BILATERAL	US IF NEC <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> (3-D) DIAGNOSTIC UNILATERAL <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	US IF NEC <input type="checkbox"/> Y <input type="checkbox"/> N
ADDITIONAL VIEWS:	

STAT FAX to: _____

Report Only Films with Patient CD with Patient

STAT CALL to: _____

Films & Report to Office by: _____



- Golden Rule
- Great West
- Gulf Coast Discount Medical
- Hartford Life
- Healthease
- Humana
- Integrated Health Plan
- Interplan Health
- Manatee Choice Health Network
- Medicare / Railroad Medicare
- MedLink Healthcare Network
- Preferred Medical HMO
- Principal Life
- Preferred Care Partners
- Progressive Medical
- Secure Horizons
- Self Insured Plans (Not Self Insured Benefits)
- Senior Care
- Staywell
- TNR (Not Network Resources)
- Tricare/Champ VA
- Unicare
- United HealthCare
- Web TPA (not SMH Gulfcoast provider)
- Wellcare

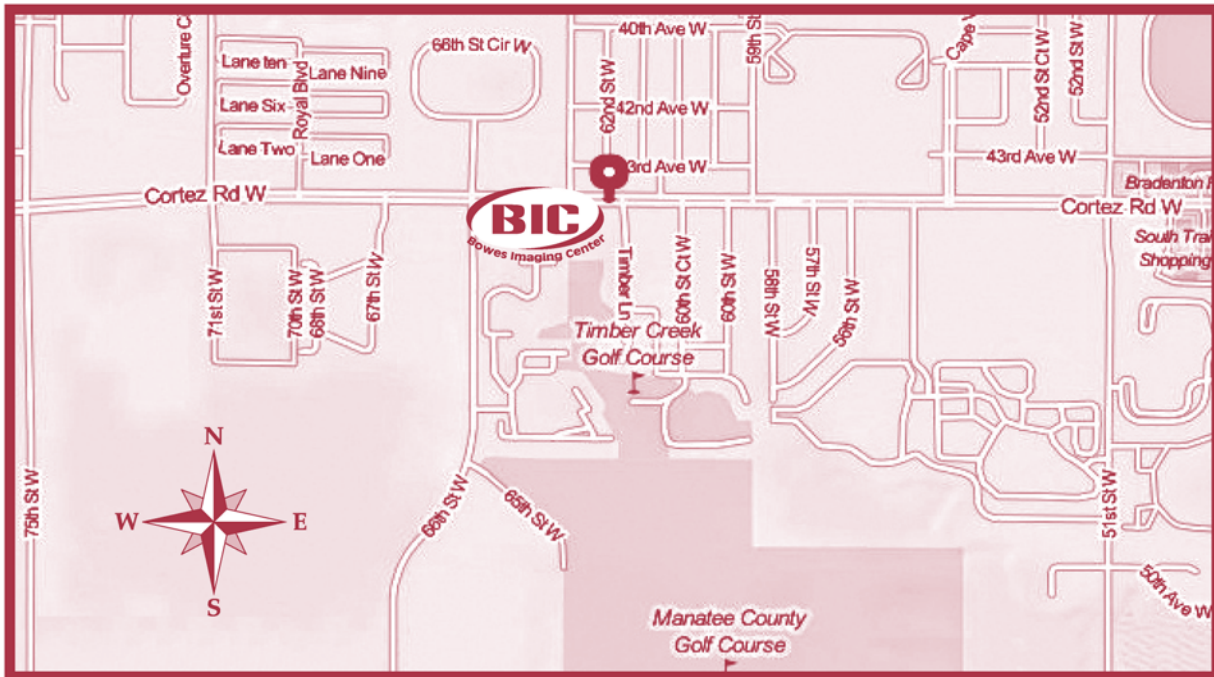
Some of Our Accepted Insurance Plans:
If not listed, please call to verify

- Advantage Care/ Metcare of Florida
- Aetna
- Ameriben
- Ancillary Care Services
- Assurant
- Avmed
- Beechstreet
- Blue Cross Blue Shield

- CareMark
- CIGNA
- Conserve Care
- Core Source/Multiplan
- Coventry Health/First Health
- Definity Health
- Empire (both BCBS and United Health Care)
- Evercare
- Evolutions (NOT SMH Gulf Coast Provider)
- Freedom Health Care/Optimum
- GEHA
- Genex/Independent Review Service
- GHI

We accept ALL Auto & Personal Injury insurance plans

We accept ALL worker's comp plans as long as we are in their auth/review network



- From US Hwy 41/Tamiami Trail:**
- Head North on US Hwy 41/Tamiami Trail
 - Turn at Cortez Rd W
 - Turn left into 6207 Cortez Rd.

- From I-75:**
- Take exit 217B to merge onto SR-70 toward Bradenton
 - Continue on SR-70/53rd Ave W
 - Turn right at 66th St W
 - Turn right at Cortez Rd W
 - Turn right into 6207 Cortez Rd.

- From SR-64/Manatee Ave:**
- Take SR-64/Manatee Ave. west towards Bradenton
 - Continue on SR-64/Manatee Ave.
 - Turn left at 51st St W
 - Turn right at Cortez Rd W
 - Turn left into 6207 Cortez Rd.