



Capitol Imaging Centers Locations

Please select the appropriate location below.

- **Ascension Open MRI**
2622 S Ruby Ave Gonzales,
LA 70737
Office: (225) 450-6125
Fax: (225) 450-6327
- **Baton Rouge Imaging**
8044 Summa Ave
Baton Rouge, LA 70809
Office: (225) 761-7278
Fax: (225) 767-8121
- **Bluebonnet Imaging**
4570 Bluebonnet Blvd
Baton Rouge, LA 70809
Office: (225) 298-3223
Fax: (225) 298-5474
- **Central Imaging Center**
11424 Sullivan Rd
Baton Rouge, LA 70818
Office: (225) 261-7401
Fax: (225) 261-3561
- **North Shore MRI**
19300 North 4th St., Suite-B
Covington, LA 70433
Office: (985) 871-6655
Fax: (985) 871-5050
- **Northwest Imaging**
1460 E Bert Kouns Industrial Loop # 708
Shreveport, LA 71105
Office: (318) 425-1001
Fax: (318) 425-5001
- **Open Sided MRI**
One Galleria Boulevard
Suite 715
Metairie, LA 70001
Office: (504) 837-6736
Fax: (504) 837- 0835



Appointment Date: _____

Appointment Time: _____

Capitol Imaging Centers Order Form

Date Ordered/Faxed: _____

Patient Name: _____ D.O.B. _____ SS#: _____

Home Phone: _____ Work Phone: _____ Cell #: _____

Patient Insurance: _____ Policy #: _____ Group Number: _____

Physician Name Printed: _____ Physician Signature: _____

Physician Phone: _____ Physician Fax: _____

Office Contact Person: _____ NPI#: _____ UPIN#: _____

Diagnosis: _____ DX/ICD-9 Code: _____

Previous Comparison Study: Yes No Facility Name: _____

MRI

CONTRAST

Without W/WO

BUN/CREAT needed on all contrast studies if 60 or older

STUDY

- Head/brain
 - Pituitary IACs Orbits
- Soft Tissue Neck
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Pelvis
- Knee: Left Right
- Shoulder Left Right
- MRA Head Neck Renal
- MRV Head
- Other (specify) _____

Special Instructions

CT

CONTRAST

Without With W/WO

BUN/CREAT needed on all contrast studies if 60 or older

STUDY

- Head/brain
- Temporal Bones
- Orbits/Facial Bones
- Sinuses
- Soft Tissue Neck
- Chest
- Abdomen
- Pelvis
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Other (specify) _____

Special Instructions

XRy

- Orbits (MRI Clearance)
- Skull
- Sinuses
- Chest
- Spine C T L
- Ribs
- Shoulder Left Right
- Forearm Left Right
- Elbow Left Right
- Wrist Left Right
- Hand Left Right
- Finger (Specify) _____
- Abdomen (KUB)
- Pelvis
- Sacrum/coccyx
- Hip Left Right
- Knee Left Right
- Lower Leg Left Right
- Ankle Left Right
- Foot Left Right
- Toes (specify) _____
- Other (specify) _____

- Call Report Give Copy of CD to Patient CD Fax