Clinic or Physician Name _____

Clinic or Physician Address _____ Fax report to: _____

Referring Doctor / Phone #: Office: _____ Cell: _____

PHYSICIAN SIGNATURE (Required by insurance companies:) X _____

RADIOLGY REFERRAL TO: THE FLINN CLINIC

GEORGE S. FLINN, JR., M.D.
NANCY ELLIS, M.D.
901-516-8970

Date Referral written: _____ Referral/Precert Authorization # _____

Patient Name: _____ D.O.B. _____

Fax Report to: _____

History/Special Instructions: Diagnosis codes _____

SEE BACK OF FORM FOR LOCATIONS, MAPS AND PHONE NUMBERS

ULTRASOUND
• All Locations •

- ☐ **Obstetric**
- ☐ OB with Fetal Echo
- ☐ OB with Bio Phys / AFI
- ☐ **PELVIC / Transvaginal if needed**
- ☐ Tansvaginal / pelvic if needed
- ☐ Transvaginal Scan
- ☐ **ABDOMEN / DUPLEX including Kidneys (Retroperitoneum)**
- ☐ **ECHOCARDIOGRAM**
- ☐ Venous / Doppler ☐ Legs ☐ Arms
- ☐ **CAROTID / Duplex Attn:_**
- ☐ Arterial Doppler ☐ Legs ☐ Arms (Duplex including Aorta & IVC)
- ☐ SOFT TISSUE (muscle tear, hematoma, etc)
- ☐ Attn: _____
- ☐ BREAST ULTRASOUND
- ☐ HERINA STUDY
- ☐ Testicular
- ☐ Abdomenal
- ☐ Retropentorial
- ☐ Thyroid
- ☐ Rotator Cuff
- ☐ Temporal Arterial Study
- ☐ **HYSTEROSALPINGOGRAM / PELVIC (East and South only)**
- ☐ Pelvic Only
- ☐ Special _____

☐ BONE DENSITY SCREENING
• Germantown •

X - RAY
• Germantown, East, South •

- ☐ CHEST
- ☐ KUB
- ☐ PELVIS
- ☐ C-SPINE
- ☐ T-SPINE
- ☐ L-SPINE
- ☐ SKULL
- ☐ SINUSES
- ☐ SHOULDER R L
- ☐ HUMERUS R L
- ☐ ELBOW R L
- ☐ FOREARM 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
- ☐ SPECIAL _____
- ☐ UPPER GI Series - Patient to be NPO
- ☐ Small Bowel Series

MAMMOGRAPHY
• Germantown, South, Southaven, Central •

- ☐ SCREENING (US IF NEEDED)
- ☐ DIAGNOSTIC (US IF NEEDED)
- ☐ DIAGNOSTIC W/OUT BREAST ULTRASOUND
- ☐ SPOT MAGNIFICATION VIEWS
- ☐ BREAST ULTRASOUND ONLY

CT • PRE CERT REQUIRED
• South, Wolf River •

Pre Cert/Diagnosis/Codes#_____

Interventional Consultation
All IV Contrast Exams need Labs (Creat & BUN)

- ☐ HEAD
- ☐ CHEST
- ☐ ABDOMEN
- ☐ SINUS/FACIAL
- ☐ SPECIAL _____
- ☐ PELVIC
- ☐ C-SPINE
- ☐ T-SPINE
- ☐ L-SPINE
- ☐ WITH CONTRAST
- ☐ WITHOUT CONTRAST

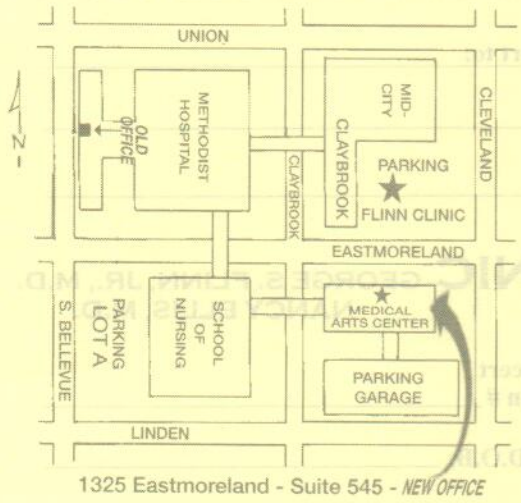
PROCEDURES

- ☐ Paracentesis (Albumin if needed)
- ☐ Thoracentesis
- ☐ Core Biopsy
- ☐ Needle Aspiration
- ☐ Needle Wire Localization (For Surgery)
- ☐ Galactogram
- ☐ Sono-Hysterogram
- ☐ HSG/Post Essure study
- ☐ Hysterosalpingogram

*ALL PELVIC EXAMS & EARLY OB EXAMS (less than 12 weeks) REQUIRES A FULL BLADDER. AT LEAST 2 (8) OZ GLASSES OF WATER PRIOR TO YOUR EXAM

Please Be Sure to bring your Insurance Card and Picture ID to your Appointment

"NEW CENTRAL LOCATION"

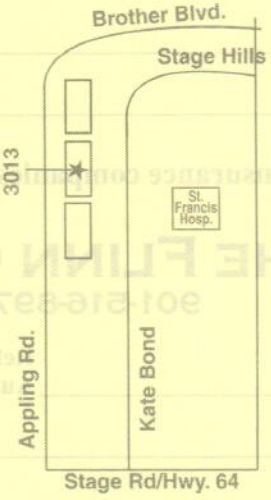


1325 Eastmoreland - Suite 545 - *NEW OFFICE*

☐ CENTRAL

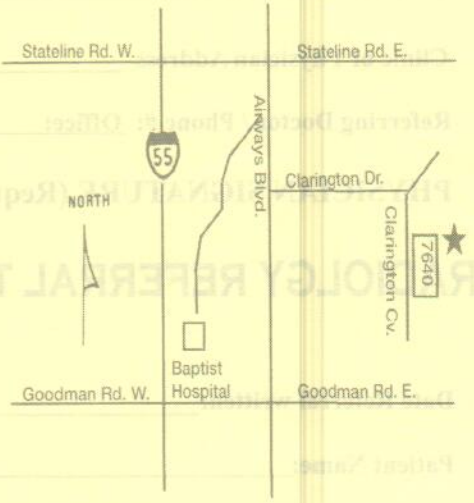
MEDICAL ARTS CENTER BUILDING
1325 EASTMORELAND - SUITE 545
Memphis, Tennessee 38104
Call 901-516-8970 to schedule exam
FAX 901-274-6600
or FAX 901-516-8973

"NEW NORTH LOCATION"



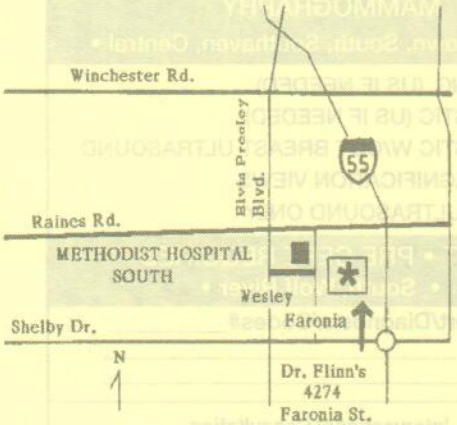
☐ NORTH

3013 KATE BOND RD.
Bartlett, Tennessee 38133
Call 901-372-1187 to schedule exam
FAX 901-372-1237



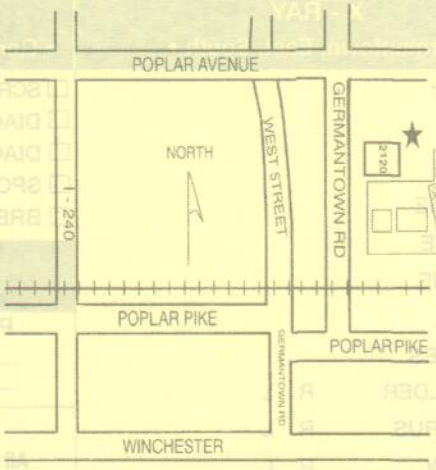
☐ SOUTHAVEN

7640 CLARINGTON COVE, SUITE A
Southaven, MS 38671
Call 662-349-3420
to schedule exam
FAX 662-349-3422



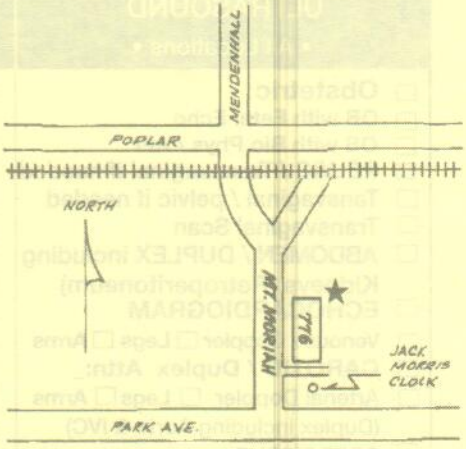
☐ SOUTH

4274 FARONIA (across the street from Methodist Hospital)
Memphis, Tennessee 38116
Call 901-346-3058 to schedule exam
FAX 901-345-3057



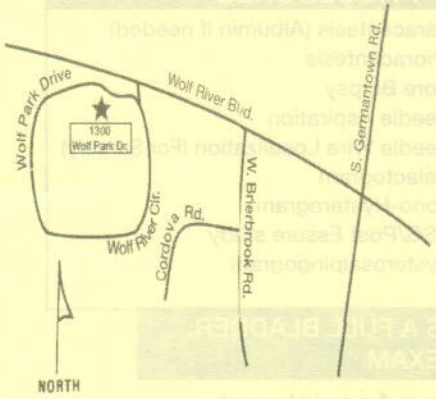
☐ GERMANTOWN

2120 GERMANTOWN ROAD
Germantown, Tennessee 38138
Call 901-755-5562
to schedule exam
FAX 901-755-5143



☐ EAST

776 MOUNT MORIAH
Memphis, Tennessee 38117
Call 901-685-7175
to schedule exam
FAX 901-685-7177



☐ **WOLF RIVER**

1300 WOLF PARK DRIVE
Germantown, Tennessee 38138
Call 901-756-5141
to schedule exam
FAX 901-260-9910