

**PATIENT APPOINTMENT REQUEST & PRE-REGISTRATION FORM**

(PLEASE BE SURE TO PRINT A COPY FOR YOUR RECORDS)

**PATIENT INFORMATION**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Gender:  Male  Female

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Best time to contact? \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Referring Physician Phone#: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

► At which of the Midtown Imaging facilities listed below would you like to schedule an Appointment?

Abacoa  Jupiter  Lake Worth

Palm Beach Gardens  Wellington  West Palm Beach

► Which of the imaging services listed below would you like to schedule an Appointment?

Mammography  X-Ray  Bone Density/DEXA

CT  MRI  Nuclear Study

PET Scan  Ultrasound  \*Other

\*Specify Other: \_\_\_\_\_

**ABACOA**

601 University Blvd, Ste. 101  
Jupiter, FL 33458

**JUPITER**

345 Jupiter Lakes Blvd.  
Jupiter, FL 33458

**LAKE WORTH**

3713 S. Congress Avenue  
Lake Worth, FL 33461

**PALM BEACH GARDENS**

2529 Burns Road  
Palm Beach Gardens, FL 33410

**WELLINGTON**

440 N. State Road 7  
Royal Palm Beach, FL 33411

**WEST PALM BEACH**

5405 Okeechobee Blvd.  
West Palm Beach, FL 33417

**Scheduling Phone: 561.697.3001 – Option “1” ■ Scheduling Fax: 561.697.3284**