NATIONAL IMAGING SPECIALISTS

PINELLAS PARK **TAMPA**
FAX: (727) 471-2197 **FAX: (813) 264-7161**

APPOINTMENT REQUEST

Patient First Name: _____

Patient Last Name: _____

Patient Telephone: _____

Referring Physician: _____

Referring Physician Telephone: _____

Location: ☐ Pinellas Park ☐ Tampa

	Date	Time
1st Choice Day/Time:	_____	
2nd Choice Day/Time:	_____	
3rd Choice Day/Time:	_____	

You will be contacted shortly.

We are able to accommodate most requests although certain scans require 24 hours advance notice.

CONFIDENTIAL PATIENT INFORMATION – FAX ONLY