

**Aurai Medical Clinics, LLC**

www.auriaclinics.com

**Mozhgan Zafar, MD**

**Ali Araghi, MD.**

**Tammy Rivers, F-NP (C)**

**Internal Medicine**

**Pulmonary & Sleep Medicine**

**Family Nurse Practitioner**

**Recipient:**

**Fax #**

Patient Name:

DOB

Contact number:

Diagnosis:

Imaging studies:

Chest X-Ray (PA/LAT)

Chest CT without IV contrast

chest CT with IV contrast

Chest HRCT w/o IV Contrast in prone position

Full inspiration/Expiration chest CT w/o IV Contrast

Low dose chest CT for lung cancer screening

Other radiologic studies:

Full PFT with six minute walk ( document the walked distance in meter)

Order for Medical Supply

Device:

Specifications:

Indications:

Please Fax the report back to 678-750-0580 or email it to [info@auriaclinics.com](mailto:info@auriaclinics.com)