

Imaging Order Form

To better facilitate scheduling of your patient and precertification, please include a demographic face sheet and copy of their insurance card, along with the order and office note.

Patient Name: _____ Date of Birth: _____
 Phone Number: _____ Pre-Cert Yes/No #: _____
 Insurance Provider: _____ Phone: _____ Fax: _____
 Ordering Physician's Name: _____
 Physician's Address: _____ Contact Name: _____
 Diagnosis: _____ ICD Codes: _____
 NPI: _____ Tax ID: _____

MRI

Head & Neck

- Brain w/o 70551
- Brain w/o & w contrast 70553
 - LAC w/o & w
 - Pituitary w/o & w
- Orbit w/o & w contrast 70543
- Soft Tissue Neck w/o 70540
- Soft Tissue Neck w/o & w 70543
- Temporomandibular Joint 703336

Spine & Chest

- Cervical w/o 72141
- Cervical w/o & w contrast 72156
- Thoracic w/o 72146
- Thoracic w/o & w contrast 72157
- Lumbar w/o 72148
- Lumbar w/o & w contrast 72158
- Chest w/o 71550
- Chest w/o & w contrast 71552

Abdomen & Pelvis

- Abdomen w/o 74181
 - MRCP w/o
- Abdomen w/o & w 74183
- Abd. & Pelvis w/o & w 74183 & 72197
- Pelvis w/o 72195
- Pelvis w/o & w contrast 72197

Upper Extremity Non-Joint

- Humerus Forearm Hand
- _ R _ L
- w/o 73218 w/o & w 73220

Lower Extremity Non-Joint

- Thigh Calf Foot
- _ R _ L
- w/o 73718 w/o & w 73220

Upper Extremity Joint

- Shoulder Elbow Wrist
- _ R _ L
- w/o 73221 w/o & w 73223

Lower Extremity Joint

- Hip Knee Ankle
- _ R _ L
- w/o 73721 w/o & w 73723

MRI Screening Questions

Contact MRI staff if any of the answers are yes, MRI may be contraindicated. (270) 926-4100, ext. 5000

- Cardiac Pacemaker, ICD
- Neurostimulator or other implanted system
- Cochlear ear implant
- Aneurism clip (Manufacturer and model type needed)
- Hx-Injury to eye by metal fragment? *If yes, an orbit X-ray may be required prior to the MRI.*
- Electronic or magnetically activated implant
- Implanted drug infusion device
- Pregnant
- Weight over 350 lbs (The magnet bore is 60cm wide)

Physician's Signature _____ Date: _____