

- FORT MYERS**
4984 Royal Gulf Cir., Fort Myers, FL 33966
Phone: 239-236-3041
Fax: 888-978-5541
- CAPE CORAL**
1203 SE 8th Ave, Cape Coral, FL 33990
Phone: 239-214-9003
Fax: 888-978-5541

STAT

PATIENT NAME: _____ **DATE:** _____

PHONE: _____ **D.O.B.:** _____

DIAGNOSIS/ICD 10: _____ **AUTH:** _____

IF CONTRASTED: BUN: _____ **CREATININE:** _____ **EGFR:** _____ **DATE LABS WERE PERFORMED:** _____

Physician Notes / Other Procedures: _____

Based upon this patient's diagnosis, I have requested the below procedure(s). I hereby feel the tests are medically necessary.

PHYSICIAN: _____ **PHYSICIAN SIGNATURE:** _____

OFFICE PHONE: _____ **OFFICE FAX:** _____ **AFTER HOURS:** _____

MRI

- IV Contrast:** _____ w/o _____ w/ + w/o
- Cervical (spine)
 - Alar Protocol (whiplash injury protocol)
 - Flex/Ext
 - Thoracic (spine)
 - Lumbar (spine)
 - Brain
 - Trauma SWI/DTI
 - 3D Volumetric Analysis
 - IACs/Brain Protocol
 - PITUITARY/Brain Protocol
 - Orbits
 - Face
 - Neck
 - Hip
 - R L
 - Knee
 - R L
 - Ankle
 - R L
 - Foot
 - R L
 - Shoulder
 - R L
 - Elbow
 - R L
 - Wrist
 - R L
 - Hand Finger
 - R L
 - Other: _____
 - 3D Reconstruction/Modeling:** *PT education, treatment, planning, compliance, initiation/ CPT 76376, only if+ study. Available for the Spine, Knee, and Shoulder.*

UPRIGHT / OPEN MRI

- IV Contrast:** _____ w/o _____ w/ + w/o
- Brain
 - Cervical (spine)
 - Alar Protocol
 - Flex/Ext
 - T-Spine
 - L-Spine
- MRA**
- IV Contrast:** _____ w/o _____ w/ + w/o
- Circle of Willis
 - Carotid (neck) (w/o w/ + w/o)
 - Thoracic Aorta (chest)
 - Abdomen (w/ + w/o IV Contrast)
 - Renal Arteries
 - Pelvis / Iliac
 - MRV Head/Brain
 - Neck
 - Other: _____
 - 3D Reconstruction/Modeling:** *PT education, treatment, planning, compliance, initiation/ CPT 76376, only if+ study. Available for the Spine, Knee, and Shoulder.*

XRAY

- Chest (2 views)
- Spine
 - Cervical
 - Thoracic
 - Lumbar
 - C-Spine Flex/Ext
 - L-Spine Flex/Ext
 - Flex/Ext
- Davis Series
- Other: _____

MRI INSTRUCTIONS

1. Notify your Doctor if you have any of the following:
 - PACEMAKER/ICD
 - SURGERY IN THE PAST 6 WEEKS
 - HISTORY OF METAL WORK / WELDING
 If Yes: may need Orbit XRAYS
2. Wear loose fitting clothes without any metal
3. Your exam can take 15 minutes to 1 hour to complete.



CareFirst: NPI-1952763971
Tax ID#: 811981130

