

CareFIRST IMAGING



CAPE CORAL
 1203 SE 8th Ave, Cape Coral, FL 33990
 Phone: 239-214-9003
 FORT MYERS
 4984 Royal Gulf Circle, Ft. Myers, FL 33966
 Phone: 239-236-3041
 BONITA SPRINGS
 10961 Bonita Beach Rd. SE, Bonita Springs, FL 34135
 All 3 locations Toll Free: 833-682-7818
 All 3 locations Fax: 888-978-5541

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
 Neck Cervical Thoracic Lumbar
 C-Spine Flex/Ext L-Spine Flex/Ext
 Flex/Ext
 Davis Series
 Other: _____

MRI INSTRUCTIONS

- 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
- Wear loose fitting clothes without any metal
- Your exam can take 15 minutes to 1 hour to complete.

SCAN FOR GPS DIRECTIONS TO THE FACILITIES

FORT MYERS
(239) 236-3041



CAPE CORAL
(239) 214-9003



BONITA SPRINGS
(833) 682-7818



CareFirst: NPI-1952763971
Tax ID#: 811981130

CareFIRST IMAGING

TRAUMATIC BRAIN INJURY (TBI) ORDER FORM



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PATIENT NAME: _____ DATE: _____

PHONE: _____ D.O.B.: _____

DATE OF INJURY: _____

MRI BRAIN (DTI/SWI) CONTRAST Y N

INSURANCE/ATTORNEY: _____ CLAIM #: _____

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: _____

CLINICAL INDICATIONS

(Must Be Completed)

- Loss of consciousness at time of injury (Perdida del conocimiento en el momento de la lesion)
- Altered consciousness/Disorientation at the time of injury (Conocimiento alterado/desorientacion en el momento de la lesion)
- Post-Traumatic amnesia (less than 24-hours) (Amnesia postraumatica (en menos de 24 horas))

COGNITIVE SYMPTOMS

- Attention difficulties (Dificultades de atencion)
- Concentration problems (Problemas de concentracion)
- Orientation problems (Problemas de orientacion)
- Memory problems (Problemas de memoria)

PHYSICAL SYMPTOMS

- Headaches (Dolores de cabeza)
- Fatigue (Fatiga)
- Blurred Vision (Vision borrosa)
- Insomnia (Insomnio)
- Uneven gait (Problema al caminar)
- Seizures (Convulsiones)
- Dizziness (Mareo)
- Nausea (Nauseas)

BEHAVIORAL CHANGES

- Irritability (Irritabilidad)
- Sleep disturbances (Perdida del sueno)
- Problems related to employment, marriage relationships, home management or school management (Problemas en el trabajo, con el matrimonio, en la casa, or en la escuela)
- Problems with emotional control (Problemas al controlar las emociones)
- Depression (Depresion)
- Anxiety (Ansiedad)
- Loss of initiative (Perdida de iniciativa)

Other Symptoms/Notes (Otros Sintomas/Notas): _____



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**If you checked Yes for one or more, you may have a
Traumatic Brain Injury that would be demonstrable on DTI/SWI.**