

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

PITUARY/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

Abdomen

Pelvis Bony

Other: _____

3D Reconstruction/Modeling: PT education, treatment, planning, compliance, initiation/CPT 76376, only if+ study.

Available for the Spine, Knee, and Shoulder.

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

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.

XRAY

Chest (2 views)

Spine Cervical Thoracic

C-Spine Flex/Ext

Flex/Ext

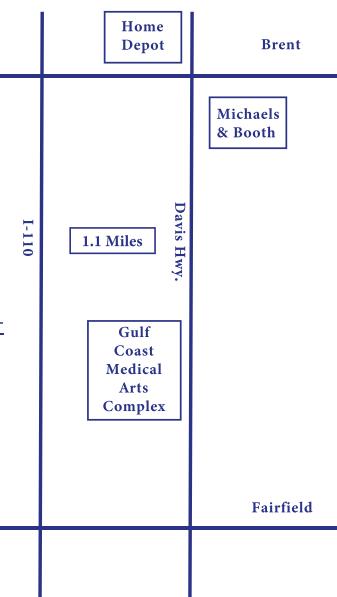
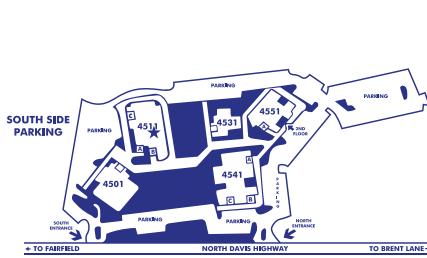
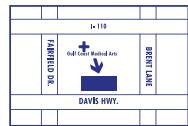
Lumbar

L-Spine Flex/Ext

Davis Series

Other: _____

IV Contrast:



Directions

Located in the Gulf Coast Medical Arts Complex between Brent Lane and Fairfield on Davis Highway. Enter either of the two entrances and make a left.

Park on the south side of complex. Follow the archways to MRI facility—Suite 4511 B.

