

☐ 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
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: _____

XRAY

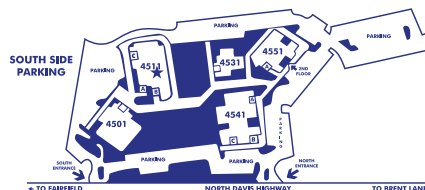
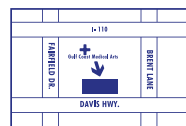
Chest (2 views)
Spine Cervical Thoracic Lumbar
C-Spine Flex/Ext L-Spine Flex/Ext
Flex/Ext
Davis Series
Other: _____

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.

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.

