CareFIRST IMAGING

❑ MAY REQUIRE SEDATION ❑ EMC ❑ STAT

Scheduling@Carefirstimaging.com
Fax: 239-201-2351

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

NORTH NAPLES ❑
10961 Bonita Beach Rd. SE, Bonita Springs, FL 34135
Phone: 239-494-4476

PATIENT NAME:_____ **DATE:**_____

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

DIAGNOSIS/ICD 10:_____ **ATTORNEY:**_____

INSURANCE:_____ **CLAIM#/ID#:**_____

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:**_____

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

MRI 3T FT MYERS ONLY

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 ❑ L ❑ R
- ❑ Knee ❑ L ❑ R
- ❑ Ankle ❑ L ❑ R
- ❑ Foot ❑ L ❑ R
- ❑ Shoulder ❑ L ❑ R
- ❑ Elbow ❑ L ❑ R
- ❑ Wrist ❑ L ❑ R
- ❑ Hand ❑ Finger ❑ L ❑ R
- ❑ Other: _____

UPRIGHT / OPEN MRI

IV Contrast: __w/o __ w/ + w/o

- ❑ 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)
- ❑ Renal Arteries
- ❑ Pelvis / Iliac
- ❑ MRV Head/Brain
- ❑ Neck
- ❑ Other: _____

XRAY

- ❑ Chest (2 views)
- ❑ Spine
- ❑ Neck ❑ 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.
4. If Sedation is needed
   - Patient needs to have their own driver.
   - Patient must arrive 1 hour prior to appointment.

ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

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RXSWFL 6/25

SCAN FOR GPS DIRECTIONS TO THE FACILITIES

CAPE CORAL	* FORT MYERS	NORTH NAPLES
(239) 214-9003	(239) 236-3041	(239) 494-4476

*** 3T Now Available**

CareFIRST IMAGING

TRAUMATIC BRAIN INJURY (TBI) QUESTIONNAIRE

CLINICAL INDICATIONS

(Must Be Completed)

- ❑ Loss of consciousness at time of injury (Perdidia 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 alcaminar)
- ❑ Seizures (Convulsiones)
- ❑ Dizziness (Mareo)
- ❑ Nausea (Nauseas)

BEHAVIORAL CHANGES

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

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

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