MOBILE OPEN MRI & IMAGING

❑ STAT

6576 Airport Blvd.
Mobile, AL 36608

Scheduling: 251.460.4112
Fax: 251.460.4590

Tax ID#: 62-1664765
NPI#: 1548228323

CareFIRST IMAGING

PATIENT NAME: _____ **DATE:** _____

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

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

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

Physician Notes / Other Procedures: _____

_____

INSURANCE / INFO / ATTORNEY: _____

DATE OF INJURY: _____

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)
❑ Abdomen (Trauma Only)
❑ Pelvis(Trauma Only) ❑ Bony
❑ TMJ

❑ Brain ❑ Trauma SWI/DTI
❑ 3D Volumetric Analysis
❑ IACs
❑ PIT
❑ 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.*

MRA

IV Contrast: ___ w/o ___w/ + w/o

❑ Circle of Willis
❑ Carotid (neck) (❑ w/o ❑ w/+ w/o)
❑ Thoracic Aorta (chest)
❑ Renal Arteries c MRI
❑ MRV Head/Brain
❑ Other: _____

CTA ANGIOGRAPHY

❑ AAA *(w/ IV Contrast)*
❑ PE Protocol *(w/ IV Contrast)*
❑ Thoracic AA *(w/ IV Contrast)*
❑ Circle of Willis/Head *(w/ IV Contrast)*
❑ Carotid *(w IV Contrast)*

CT

IV Contrast: ___ w/o ___w/ ___w/ + w/o
___ Oral Contrast

❑ Brain
❑ Sinuses
❑ Soft Tissue Neck
❑ Chest
- ❑ Low Dose (CT for lung cancer screening)
- ❑ High Res

❑ Abdomen (Only)
- ❑ 3 Phase Liver

❑ Abdomen/Pelvis
- ❑ Renal Stone Protocol ❑ CT IVP

❑ Pelvis (Only)
❑ Cervical
❑ Thoracic
❑ Lumbar
❑ Urogram

Perform 3-D/Multiplane Reconstructions (If necessary)
❑ Yes ❑ No

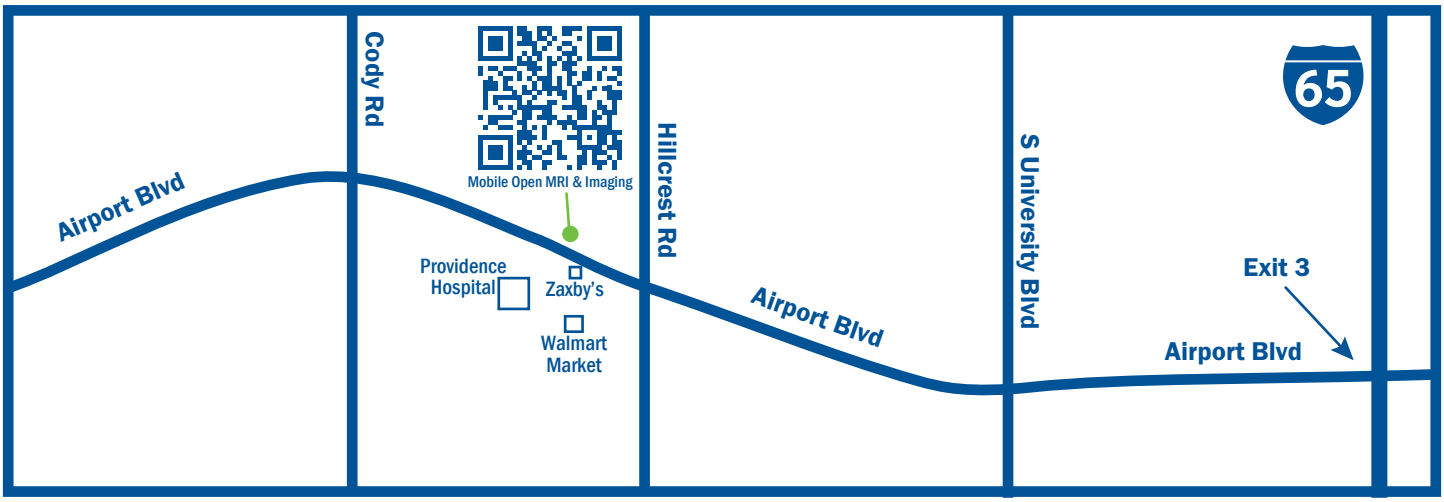
❑ Extremity/Joint _____
❑ Other: _____

ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

Center Information

Mobile Open MRI & Imaging

6576 Airport Boulevard
Mobile, AL 36608
Phone: 251.460.4112 • **Fax:** 251.450.4590



CT (Computed Tomography)

CT Scans of the Abdomen or Pelvis: No solid food from midnight the night before. Drinking of clear liquids is encouraged. If your test is scheduled later in the day, please contact the office for different instructions.

- Drink one (1) full bottle of contrast at bedtime the night before.
- Drink half (1/2) a bottle of contrast 1 hour prior to exam.
- Drink half (1/2) of the remaining bottle on the CT table just before the test.
- Take routine medications as usual.

Any CT exams: Clear liquids only for four (4) hours prior to exam.

MRI (Magnetic Resonance Imaging)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

For Brain and Neck imaging please do not wear: Glitter, Face or Eye Makeup, Magnetic Eyelashes.

Let us know if you have:

- Metallic fragments in your eyes or previous injury to the eye involving a metal object
- Any type of implanted device
- Any type of surgery within the past 8 weeks
- A history of cancer (personal)
- A pacemaker / defibrillator / stimulator
- An aneurysm clip / coil / shunt
- Any metallic / electronic implant
- Pain pump / Insulin pump / Insulin mont / Glucose mont
- Have History of Kidney Disorder

Let us know if you are:

- Allergic to CT or MRI contrast
- Pregnant/nursing
- In need of special assistance