

**Elk Grove
Diagnostic Imaging (E.D.I.) - MRI**



Please fax this form and insurance information to fax: **916.691.4402** or 1.866.673.2255

Report Information:

Routine STAT

IMAGE REQUEST: FILM CD NONE

PHYSICIAN ORDER FORM

Patient Pregnant: Yes No

Today's Date:			
Patient Name:		<input type="checkbox"/> M	<input type="checkbox"/> F
Home Phone:		Work Phone:	
Appointment Date:	Time:	DOB:	SSN:
Referring Physician:	Phone:	Auth #:	Phone:
Physician Address:			
Reason for Exam:		ICD-9 Code(s) (Required):	
CLINICAL INDICATIONS FOR VISIT:			
Was this due to an injury? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Injury: (Required) _____			
If so, what kind? <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Work Injury <input type="checkbox"/> Sports Injury <input type="checkbox"/> Other: _____			

PROCEDURE REQUESTED

MRI	ULTRASOUND	X-RAYS
<input type="checkbox"/> with contrast <input type="checkbox"/> Flexion / Extension <input type="checkbox"/> Weight-Bearing		
<input type="checkbox"/> Brain w/o	<input type="checkbox"/> OB-1st Trimester	<input type="checkbox"/> Sinus Series
<input type="checkbox"/> Cervical Spine w/o	<input type="checkbox"/> OB-2nd Trimester	<input type="checkbox"/> Chest (____ views)
<input type="checkbox"/> Lumbar Spine w/o	<input type="checkbox"/> OB-3rd Trimester	<input type="checkbox"/> Abdomen - KUB
<input type="checkbox"/> Thoracic Spine w/o	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Hip R <input type="checkbox"/> L <input type="checkbox"/>
<input type="checkbox"/> Sacral / Coccyx w/o	<input type="checkbox"/> Retroperitoneum (renal)	Spine
<input type="checkbox"/> Shoulder w/o R <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/> Pelvis - TA <input type="checkbox"/> TV	<input type="checkbox"/> Cervical (____ views)
<input type="checkbox"/> Knee w/o R <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/> Limited Pelvis (Bladder)	<input type="checkbox"/> Thoracic (____ views)
<input type="checkbox"/> Ankle w/o R <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Lumbar (____ views)
<input type="checkbox"/> Wrist w/o R <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/> Testicular	<input type="checkbox"/> Other spine _____
<input type="checkbox"/> Hip w/o R <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/> Carotid (vascular)	Extremity
<input type="checkbox"/> Pelvis w/o	<input type="checkbox"/> Aorta	<input type="checkbox"/> Upper extremity R <input type="checkbox"/> L <input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/> Venous Extremity R <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/> Lower extremity R <input type="checkbox"/> L <input type="checkbox"/>
MRA with contrast	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Neck w/o <input type="checkbox"/> w/ & w/o		
<input type="checkbox"/> Head w/o <input type="checkbox"/> w/ & w/o		
<input type="checkbox"/> Other:		

For patients that are having contrast, who have a history of diabetes, hypertension, renal failure or are over the age of 60, recent (within 6 wks) BUN & Creatinine are REQUIRED

Claustrophobic? <input type="checkbox"/> Yes <input type="checkbox"/> No • Bring insurance cards with you and a photo ID. • Co-payment or deductible is expected at the time of service. • Notify the technologist if you think you are pregnant or you are breast-feeding. • Bring any previous x-rays with you	Comments:
Physician's Signature (required):	

WHAT TO BRING

Please bring this form with you for your outpatient services. Also, if you plan to file for insurance benefits, be sure to bring your insurance card. Co-payment and deductible are due at the time of service.

Please arrive 15 minutes before your scheduled appointment time.

TEST PREPARATIONS

MRI and X-RAY Examinations

No special preparation is required for an MRI or an X-Ray. You may eat and drink as you normally would prior to this appointment. Please be sure to wear comfortable clothing for the appointment, as you will not be required to change. It is also important to remove all metal jewelry.

MRI

Please make sure to alert our staff IMMEDIATELY, if you have any of the following prior or current conditions. Not alerting our staff of these conditions could cause serious medical side effects of death. Your safety is our number one priority - please help us protect it! If you do not have any of these conditions listed below, then you are 100% ready to go with your MRI!

- Have you ever worked with metal either through a job or hobby?
- Do you have a pacemaker or neurostimulator?
- Do you have any shrapnel or bullet internally?
- Are you pregnant?
- Do you have any implants (IUD, drug infusion device, etc) ?
- Do you have foreign metal in your eyes?
- Do you have permanent eyeliner?

During an MRI

Our technician will be sure to keep you as comfortable as possible during your MRI. Once the tech has you settled, please lie still for the duration of the procedure. This is a painless method of diagnosis that can last anywhere from forty-five minutes or longer (depending on the number of studies). You will hear a slight knocking noise during your exam. When it is completed, the technician will alert you to go back to the dressing room and finished up with the front desk.

ULTRASOUND

The ultrasound process will take about an hour depending on what body part is being examined. The preparation also varies depending on what part of the body is being examined. Please refer to the following in order to appropriately prepare for your specific type of ultrasound.

Abdomen Ultrasound and Single Organ Ultrasound (Aorta, Kidneys, Renals, etc)

Patient must be NPO (without having water or food) for at least eight (8) hours prior to the appointment. If the patient has medication that must be taken, they can do so with clear juice, tea or water, but cannot have any type fo dairy.

Pelvic Ultrasound and Obstetric Ultrasound (under 26 weeks)

Patient must have a full bladder during the exam. Please drink at least thirty-two (32) ounces of water 45 minutes prior to your appointment.

There is no special preparation required for the following types of ultrasound:

Thyroid, Testicle, Carotid, Legs -- Venous, Miscellaneous (bump, mass, nodule, etc)

