

For MRI:

Please send the following information. Be very precise and specific. If we input the info you give us and its wrong you will be required to pay for an additional MRI(s). So double check your information and make sure you send everything we are asking for here in this checklist.

- Full name of patient
- State of MRI examination
- Hospital or Clinic Name conducting MRI - if we can't provide the exact Hospital we will provide an alternative for you
- The specific condition you need to be listed (its important that you be specific here so do the research if you have to)
- Date of examination
- Any other important information that you want included in the report