smartscan MEDICAL IMAGING LLC

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MRI ORDER FORM

☐ Eau Claire ☐ Weston ☐ Middleton

Last Name: _____ First Name: _____ DOB: _____

Phone: ☐ Cell ☐ Home _____ Height: _____ Weight: _____ ☐ Male ☐ Female

Insurance Co Name: _____ ID: _____ Group #: _____

Pre-Authorization #: _____ Check All That Apply: ☐ Chronic Pain ☐ Acute Pain ☐ Injury

Diagnosis and Symptoms: _____

_____

☐ Contrast as indicated by Radiologist ☐ STAT Exam

Head & Neck ☐ WO Contrast ☐ W/WO Contrast

☐ MRI Brain ☐ MRI Brain/IACs ☐ MRI Pituitary ☐ MRI Orbits ☐ MRI Soft Tissue Neck/Face ☐ MRI TMJ

☐ MRI Brain - Dementia/Alzheimer's Baseline (Pre DMT) W/Quantitative Volumetric Imaging (NeuroQuant)

☐ MRI Brain - Dementia/Alzheimer's ARIA Surveillance (On DMT) W/Quantititive Volumetric Imaging (NeuroQuant)

☐ MRI Brain - Multiple Sclerosis (MS), Seizures, or Traumatic Brain Injury (TBI) W/Quantitative Volumetric Imaging (NeuroQuant)

☐ MRA Head ☐ MRA Neck ☐ MRV Head

Body ☐ WO Contrast ☐ W/WO Contrast

☐MRI Abdomen ☐ Liver ☐Pancreas ☐Kidney ☐Adrenal ☐MRCP
☐MRA Abdomen ☐ Aorta ☐ Renal ☐Mesenteric/Celiac/SMA
☐MRI Pelvis ☐ Bony Pelvis ☐ Soft Tissue Pelvis ☐ Prostate with Quantitative Volumetric Analysis
☐MRI Chest

Musculoskeletal ☐ WO Contrast ☐ W/WO Contrast

☐ Right ☐Left ☐ Bilateral

☐ Shoulder ☐ Elbow ☐ Wrist
☐ Humerus ☐ Radius/Ulna ☐ Hand
☐ Hip ☐ Knee ☐ Ankle
☐ Femur ☐ Tibia/Fibula ☐ Foot

Spine ☐ WO Contrast ☐ W/WO Contrast

☐ MRI Cervical Spine ☐ MRI Sacroiliac Joint
☐ MRI Thoracic Spine ☐ MRI Brachial Plexus
☐ MRI Lumbar Spine ☐ MRI Lumbosacral Plexus

Physician Printed Name: _____ NPI: _____ Date: _____

Signature: _____Phone: _____Fax: _____