

OUTPATIENT MRI ORDER FORM

PATIENT NAME:		DATE OF BIRTH:	BEST CONTACT NUMBER:	
REASON FOR EXAM and ICD-10 CODE(S):			INSURANCE PROVIDER:	AUTHORIZATION NUMBER:
PHYSICIAN OFFICE #:	PHYSICIAN SIGNATURE:	PHYSICIAN NAME PRINTED:		DATE:

MRI Head & Neck				MRI Upper & Lower Extremity			
Please Check Exam and Contrast Preference	without	with	w/o + with	Please Check Exam and Contrast Preference	without	with	w/o + with
<input type="checkbox"/> MRI Brain	<input type="checkbox"/> 70551	<input type="checkbox"/> 70552	<input type="checkbox"/> 70553	<input type="checkbox"/> MRI Shoulder <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73221	<input type="checkbox"/> 73222	<input type="checkbox"/> 73223
<input type="checkbox"/> MRI Brain Seizure Protocol	<input type="checkbox"/> 70551	<input type="checkbox"/> 70552	<input type="checkbox"/> 70553	<input type="checkbox"/> MRI Humerus <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73718	<input type="checkbox"/> 73719	<input type="checkbox"/> 73720
<input type="checkbox"/> MRI/MRA Brain for Stroke	<input type="checkbox"/> 70551, 70544 (without)			<input type="checkbox"/> MRI Elbow <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73221	<input type="checkbox"/> 73222	<input type="checkbox"/> 73223
<input type="checkbox"/> MRI Posterior Fossa	<input type="checkbox"/> 70551	<input type="checkbox"/> 70552	<input type="checkbox"/> 70553	<input type="checkbox"/> MRI Forearm <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73718	<input type="checkbox"/> 73719	<input type="checkbox"/> 73720
<input type="checkbox"/> MRI Pituitary	<input type="checkbox"/> 70551	<input type="checkbox"/> 70552	<input type="checkbox"/> 70553	<input type="checkbox"/> MRI Wrist <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73221	<input type="checkbox"/> 73222	<input type="checkbox"/> 73223
<input type="checkbox"/> MRI IAC(s)	<input type="checkbox"/> 70551	<input type="checkbox"/> 70552	<input type="checkbox"/> 70553	<input type="checkbox"/> MRI Hand <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73218	<input type="checkbox"/> 73219	<input type="checkbox"/> 73220
<input type="checkbox"/> MRI Brain/Orbits	<input type="checkbox"/> 70553, 70543 (without + with)			<input type="checkbox"/> MRI Thumb <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73218	<input type="checkbox"/> 73219	<input type="checkbox"/> 73220
<input type="checkbox"/> MRI Soft Tissue Neck	<input type="checkbox"/> 70540	<input type="checkbox"/> 70542	<input type="checkbox"/> 70543	<input type="checkbox"/> MRI Hip <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73721	<input type="checkbox"/> 73722	<input type="checkbox"/> 73723
MRA/MRV Head & Neck				<input type="checkbox"/> MRI Femur <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73718	<input type="checkbox"/> 73719	<input type="checkbox"/> 73720
<input type="checkbox"/> MRA Brain	<input type="checkbox"/> 70544			<input type="checkbox"/> MRI Knee <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73721	<input type="checkbox"/> 73722	<input type="checkbox"/> 73723
<input type="checkbox"/> MRV Brain	<input type="checkbox"/> 70544			<input type="checkbox"/> MRI Tibia/Fibula <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73718	<input type="checkbox"/> 73719	<input type="checkbox"/> 73720
<input type="checkbox"/> MRA Carotids	<input type="checkbox"/> 70547		<input type="checkbox"/> 70549	<input type="checkbox"/> MRI Ankle <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73721	<input type="checkbox"/> 73722	<input type="checkbox"/> 73723
MRI Spine				<input type="checkbox"/> MRI Foot <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73718	<input type="checkbox"/> 73719	<input type="checkbox"/> 73720
<input type="checkbox"/> MRI Cervical Spine	<input type="checkbox"/> 72141	<input type="checkbox"/> 72142	<input type="checkbox"/> 72156	MRA Extremity			
<input type="checkbox"/> MRI Thoracic Spine	<input type="checkbox"/> 72146	<input type="checkbox"/> 72147	<input type="checkbox"/> 72157	<input type="checkbox"/> MRA Run-Off (bilateral extremities)	<input type="checkbox"/> 74185, 72198, 73725 (without + with)		
<input type="checkbox"/> MRI Lumbar Spine	<input type="checkbox"/> 72148	<input type="checkbox"/> 72149	<input type="checkbox"/> 72158	MRI Arthrogram			
<input type="checkbox"/> MRI Sacrum/Coccyx	<input type="checkbox"/> 72195	<input type="checkbox"/> 72196	<input type="checkbox"/> 72197	<input type="checkbox"/> MRI Shoulder with Arthrogram	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73222, 23350 (INJ)	
<input type="checkbox"/> MRI Spinal Survey	<input type="checkbox"/> 72141-52, 72146-52, 72148-52			<input type="checkbox"/> MRI Hip with Arthrogram	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73722, 27093 (INJ)	
<input type="checkbox"/> MRI Knee with Arthrogram	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73722, 27370 (INJ)		Labs/Blood Work			

MRI/MRA Chest				Special Instructions			
<input type="checkbox"/> MRI Chest	<input type="checkbox"/> 71550	<input type="checkbox"/> 71551	<input type="checkbox"/> 71552	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>			
<input type="checkbox"/> MRI Brachial Plexus	<input type="checkbox"/> 73218						
<input type="checkbox"/> MRA Thoracic Aorta			<input type="checkbox"/> 71555				
MRI Abdomen & Pelvis							
<input type="checkbox"/> MRI Abdomen	<input type="checkbox"/> 74181	<input type="checkbox"/> 74182	<input type="checkbox"/> 74183				
<input type="checkbox"/> MRI Abdomen & Pelvis	<input type="checkbox"/> 74183, 72197 (without + with)						
<input type="checkbox"/> MRI Adrenal	<input type="checkbox"/> 74181						
<input type="checkbox"/> MRI MRCP	<input type="checkbox"/> 74181						
<input type="checkbox"/> MRI Pelvis	<input type="checkbox"/> 72195	<input type="checkbox"/> 72196	<input type="checkbox"/> 72197				
MRA/MRV Abdomen & Pelvis							
<input type="checkbox"/> MRA Abdomen	<input type="checkbox"/> 74185		<input type="checkbox"/> 72195				
<input type="checkbox"/> MRA Pelvis (Iliac vessels)	<input type="checkbox"/> 72198		<input type="checkbox"/> 72198				
<input type="checkbox"/> MRV Pelvis	<input type="checkbox"/> 72198						

Low risk patients give: gadobenate (Multihance®) 0.1 mmol/kg (0.2 mL/kg) intravenous injection

High risk patients give: gadoteridol (ProHance®) 0.1 mmol/kg (0.2 mL/kg) intravenous injection

