

STAND-UP MRI OF ARIZONA LLC - TUCSON

623-815-8500 Fax 623-815-7773

MRI Orders



APPOINTMENT

DATE:

TIME:

If you must reschedule or cancel your appointment, please give at least 24 hours notice.

Patient Name: _____
First M.I. Last

D.O.B. _____ Date of Referral: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Brain

- ☐ Routine ☐ w/ IAC's ☐ w/ Pituitary ☐ w/ Orbits ☐ TBI ☐ Contrast
☐ MRA Circle of Willis (Head) ☐ MRA Carotids (Neck)

Spine

- ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Sacrum ☐ Contrast

MSK Lower

- Circle R or L ☐ Foot R / L ☐ Ankle R / L ☐ Knee R / L ☐ Hips (Bilateral only) ☐ Contrast

MSK Upper

- Circle R or L ☐ Shoulder R / L ☐ Wrist R / L ☐ Hand R / L ☐ Elbow R / L ☐ Contrast

Other:

- ☐ Soft Tissue Neck ☐ Abdomen ☐ Pelvis ☐ Contrast **Notes:** _____

X-Ray Orders

SPINES

	3vw	5vw	Flex	Ext
C	☐	☐	☐	☐
T	☐	☐		
L	☐	☐	☐	☐

Notes _____

- | | | | | | |
|-----------------------------------|-------------------------|--------------------------|--|------------------------------|-------------------------------|
| ☐ Shoulder | ☐ R | ☐ OL | ☐ Sternum | | |
| ☐ Elbow | ☐ R | ☐ OL | ☐ Ribs | ☐ R | ☐ OL |
| ☐ Wrist | ☐ R | ☐ OL | ☐ Chest | ☐ 1 view | ☐ 2 views |
| ☐ Hand | ☐ R | ☐ OL | ☐ Abdomen | ☐ KUB | ☐ 2 views |
| ☐ Knee | ☐ R | ☐ OL | ☐ Pelvis AP | | |
| ☐ Ankle | ☐ R | ☐ OL | ☐ Hip (w/ Pelvis) | ☐ R | ☐ L |
| ☐ Foot | ☐ R | ☐ OL | ☐ Other | _____ | _____ |

Liens Accepted

Attorney: _____ DOI: _____ DX: _____ ICD-10: _____

Insurance: _____ Insurance Phone #: _____ Policy #: _____ Auth. #: _____
(if required)

STAT ☐ Yes ☐ No Report Only ☐ Yes ☐ No DVD ☐ Yes ☐ No Phone: _____

Physician's Name: _____ Physician's Signature: χ _____ Fax: _____