

PATIENT NAME _____ **PH#** _____ **D.O.B.** _____

REFERRING PROVIDER _____ **PH#** _____ **TODAY'S DATE** _____

SYMPTOMS/DIAGNOSIS _____ **CONTRAST ALLERGIES** Yes or No

APPT DATE _____ **APPT TIME** _____ **AUTH #** _____

MRI

- Cervical (spine)
- Thoracic (spine)
- Lumbar (spine)
- Pelvis
- TMJ
- Brain
- Brain \bar{c} IACs (w/+ w/o IV Contrast)
- Orbits/Face/Neck (w/+ w/o IV Contrast)
- Hip R L
- Knee R L
- Ankle R L
- Foot R L
- Shoulder R L
- Elbow R L
- Wrist R L
- Hand/Finger R L
- Other _____

IV Contrast

w/o

w/+ w/o

**See creatinine requirements on back.*

ULTRASOUND

- Abdomen
- Gallbladder (RUQ)
- Renal
- Aorta
- Carotid Doppler
- Pelvic (Transvaginal if needed)
- Transvaginal
- Scrotal
- Thyroid/Soft Tissue Neck
- Echocardiogram
- Venous Doppler
 - R L Bilateral
 - Upper Lower
- Arterial \bar{c} ABI
 - Upper Lower
- Other _____

MRA

- Circle of Willis
- Carotid (neck) (w/+ w/o IV Contrast)

Based upon this patient's diagnosis, I have requested the above procedure(s). I hereby feel the tests are medically necessary.

Physician Notes / Other Procedures

Provider Signature _____

PATIENT INSTRUCTIONS

- Please arrive 15 minutes prior to your exam.
- Bring any previous studies that relate to your exam.
- **Must** bring prescription from your physician.

FOLLOW INSTRUCTIONS FOR EXAMS INDICATED, UNLESS PHYSICIAN HAS PROVIDED ADDITIONAL INFORMATION.

SPECIAL EXAM INSTRUCTIONS

MRI

- We cannot perform MRI if you have a pacemaker, aneurysm clips or metal fragments in the eye. (If you have an MRI SAFE pacemaker, notify staff upon scheduling.)
- Notify technologist if you have cochlear (ear) implants.
- Wear comfortable clothing. Inform your physician if you are claustrophobic.
- Creatinine required if patient is 65 years or older or diabetic.

CREATININE REQUIREMENTS FOR MRI CONTRAST INJECTION

Age 65 & Above

DIABETIC within 1 month | NON-DIABETIC within 4 months

Age 64 & Below

DIABETIC within 1 month | NON-DIABETIC not required

*Patients with **RENAL INSUFFICIENCY** requires recent (1 month) creatinine results.*

ULTRASOUND STUDY

ABDOMEN, AORTA, KIDNEY, LIVER, PANCREAS, GALLBLADDER

- Fat-free meal night before exam.
- Do not eat or drink after midnight prior to exam.



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