

# MRI ORDER FORM

LAST NAME		TODAYS DATE	<b>*** ICD-10 INFO REQUIRED ***</b>	
FIRST NAME		DATE OF BIRTH	NARRATIVE SYMPTOM OR DIAGNOSIS	ICD-10 Code
PHONE	ALT. PHONE	1		
INSURANCE COMPANY		2		
POLICY #	GROUP #	3		
PHYSICIAN NAME		SPECIAL INSTRUCTIONS		
OFFICE TELEPHONE NUMBER		<input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT		
PHYSICIAN SIGNATURE *** (REQUIRED)		PRE-AUTH REQUIRED: Y <input type="checkbox"/> N <input type="checkbox"/> PRE-AUTH #		

<input checked="" type="checkbox"/>	EXAM	CPT	<input checked="" type="checkbox"/>	EXAM	CPT	<input checked="" type="checkbox"/>	EXAM	CPT
<input type="checkbox"/>	MRI ABDOMEN W/O & W DYE	74183	<input type="checkbox"/>	MRI FEMUR RIGHT W/O & W DYE	73720	<input type="checkbox"/>	MRI PELVIS W/O & W DYE (UTERUS PROTOCOL)	72197
<input type="checkbox"/>	MRI ABDOMEN W/O & W DYE (KIDNEY PROTOCOL)	74183	<input type="checkbox"/>	MRI FEMUR RIGHT W/O DYE	73718	<input type="checkbox"/>	MRI PELVIS W/O DYE	72195
<input type="checkbox"/>	MRI ABDOMEN W/O & W DYE (LIVER PROTOCOL)	74183	<input type="checkbox"/>	MRI FOOT LEFT W/O & W DYE	73720	<input type="checkbox"/>	MRI SHOULDER LEFT W/O & W DYE	73223
<input type="checkbox"/>	MRI ABDOMEN W/O & W DYE (MRCP PROTOCOL)	74183	<input type="checkbox"/>	MRI FOOT LEFT W/O DYE	73718	<input type="checkbox"/>	MRI SHOULDER LEFT W/O DYE	73221
<input type="checkbox"/>	MRI ABDOMEN W/O & W DYE (MRCP PROTOCOL)	76377	<input type="checkbox"/>	MRI FOOT RIGHT W/O & W DYE	73720	<input type="checkbox"/>	MRI SHOULDER RIGHT W/O & W DYE	73223
<input type="checkbox"/>	MRI ABDOMEN W/O DYE	74181	<input type="checkbox"/>	MRI FOOT RIGHT W/O DYE	73718	<input type="checkbox"/>	MRI SHOULDER RIGHT W/O DYE	73221
<input type="checkbox"/>	MRI ABDOMEN W/O DYE (ADRENAL PROTOCOL)	74181	<input type="checkbox"/>	MRI FOREARM LEFT W/O & W DYE	73220	<input type="checkbox"/>	MRI SOFT TISSUE NECK W/O & W DYE	70543
<input type="checkbox"/>	MRI ABDOMEN W/O DYE (ADRENAL PROTOCOL)	76377	<input type="checkbox"/>	MRI FOREARM LEFT W/O DYE	73218	<input type="checkbox"/>	MRI SOFT TISSUE NECK W/O DYE	70540
<input type="checkbox"/>	MRI ABDOMEN W/O DYE (MRCP PROTOCOL)	74181	<input type="checkbox"/>	MRI FOREARM RIGHT W/O & W DYE	73220	<input type="checkbox"/>	MRI THORACIC SPINE W/O & W DYE	72157
<input type="checkbox"/>	MRI ANKLE LEFT W/O & W DYE	73723	<input type="checkbox"/>	MRI FOREARM RIGHT W/O DYE	73218	<input type="checkbox"/>	MRI THORACIC SPINE W/O DYE	72146
<input type="checkbox"/>	MRI ANKLE LEFT W/O DYE	73721	<input type="checkbox"/>	MRI HAND LEFT W/O & W DYE	73220	<input type="checkbox"/>	MRI TIBIA FIBULA LEFT W/O & W DYE	73720
<input type="checkbox"/>	MRI ANKLE RIGHT W/O & W DYE	73723	<input type="checkbox"/>	MRI HAND LEFT W/O DYE	73218	<input type="checkbox"/>	MRI TIBIA FIBULA LEFT W/O DYE	73718
<input type="checkbox"/>	MRI ANKLE RIGHT W/O DYE	73721	<input type="checkbox"/>	MRI HAND RIGHT W/O & W DYE	73220	<input type="checkbox"/>	MRI TIBIA FIBULA RIGHT W/O & W DYE	73720
<input type="checkbox"/>	MRI BRAIN W/O & W DYE	70553	<input type="checkbox"/>	MRI HAND RIGHT W/O DYE	73218	<input type="checkbox"/>	MRI TIBIA FIBULA RIGHT W/O DYE	73718
<input type="checkbox"/>	MRI BRAIN W/O & W DYE (IAC PROTOCOL)	70553	<input type="checkbox"/>	MRI HIP LEFT W/O & W DYE	73723	<input type="checkbox"/>	MRI WRIST LEFT W/O & W DYE	73223
<input type="checkbox"/>	MRI BRAIN W/O & W DYE (PITUITARY PROTOCOL)	70553	<input type="checkbox"/>	MRI HIP LEFT W/O DYE	73721	<input type="checkbox"/>	MRI WRIST LEFT W/O DYE	73221
<input type="checkbox"/>	MRI BRAIN W/O DYE	70551	<input type="checkbox"/>	MRI HIP RIGHT W/O & W DYE	73723	<input type="checkbox"/>	MRI WRIST RIGHT W/O & W DYE	73223
<input type="checkbox"/>	MRI BREAST BILATERAL W/O & W DYE	C8908	<input type="checkbox"/>	MRI HIP RIGHT W/O DYE	73721	<input type="checkbox"/>	MRI WRIST RIGHT W/O DYE	73221
<input type="checkbox"/>	MRI BREAST BILATERAL W/O DYE	C8907	<input type="checkbox"/>	MRI HUMERUS LEFT W/O & W DYE	73220	<b>MRA/MRV</b>		
<input type="checkbox"/>	MRI BREAST UNILATERAL W/O & W DYE	C8905	<input type="checkbox"/>	MRI HUMERUS LEFT W/O DYE	73218	<input type="checkbox"/>	MRA ABDOMEN W DYE	74185
<input type="checkbox"/>	MRI BREAST UNILATERAL W/O DYE	C8904	<input type="checkbox"/>	MRI HUMERUS RIGHT W/O & W DYE	73220	<input type="checkbox"/>	MRA HEAD W/O DYE	70544
<input type="checkbox"/>	MRI CERVICAL SPINE W/O & W DYE	72156	<input type="checkbox"/>	MRI HUMERUS RIGHT W/O DYE	73218	<input type="checkbox"/>	MRV HEAD W/O DYE	70544
<input type="checkbox"/>	MRI CERVICAL SPINE W/O DYE	72141	<input type="checkbox"/>	MRI KNEE LEFT W/O & W DYE	73723	<input type="checkbox"/>	MRA NECK W/O & W DYE	70549
<input type="checkbox"/>	MRI CHEST W/O & W DYE	71552	<input type="checkbox"/>	MRI KNEE LEFT W/O DYE	73721	<input type="checkbox"/>	MRA NECK W/O DYE	70547
<input type="checkbox"/>	MRI CHEST W/O DYE	71550	<input type="checkbox"/>	MRI KNEE RIGHT W/O & W DYE	73723	<b>OTHER EXAMS REQUESTED</b>		
<input type="checkbox"/>	MRI ELBOW LEFT W/O & W DYE	73223	<input type="checkbox"/>	MRI KNEE RIGHT W/O DYE	73721	<input type="checkbox"/>		
<input type="checkbox"/>	MRI ELBOW LEFT W/O DYE	73221	<input type="checkbox"/>	MRI LUMBAR SPINE W/O & W DYE	72158	<input type="checkbox"/>		
<input type="checkbox"/>	MRI ELBOW RIGHT W/O & W DYE	73223	<input type="checkbox"/>	MRI LUMBAR SPINE W/O DYE	72148	<input type="checkbox"/>		
<input type="checkbox"/>	MRI ELBOW RIGHT W/O DYE	73221	<input type="checkbox"/>	MRI ORBITS W/O & W DYE	70543	<input type="checkbox"/>		
<input type="checkbox"/>	MRI FEMUR LEFT W/O & W DYE	73720	<input type="checkbox"/>	MRI ORBITS W/O DYE	70540	<b>** FOR MR ARTHROGRAM ORDERING PLEASE SEE FLUOROSCOPY ORDER FORM</b>		
<input type="checkbox"/>	MRI FEMUR LEFT W/O DYE	73718	<input type="checkbox"/>	MRI PELVIS W/O & W DYE	72197			

Fax this order to: (928) 532-1411      Scheduling Phone: (928) 537-6554      Radiology Dept Phone: (928) 537-6338

