

MRI ORDER FORM

| | | | | |
|---------------------------------------|------------|--|-------------------------------------|-------------|
| LAST NAME | | TODAYS DATE | *** ICD-10 INFO REQUIRED *** | |
| 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 | | |
| PHYSICIAN TELEPHONE NUMBER | | | | |
| PHYSICIAN SIGNATURE *** (REQUIRED) | | <input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT (Need results w/in 24 hrs) <input type="checkbox"/> STAT (Need results immediately) | | |
| | | PRE-AUTH REQUIRED: Y <input type="checkbox"/> N <input type="checkbox"/> PRE-AUTH # | | |

| ☑ | EXAM | CPT | ☑ | EXAM | CPT | ☑ | 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 DYE | 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 (MRCP 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 | MRA/MRV | | |
| <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 | OTHER EXAMS REQUESTED | | |
| <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 | ** FOR MR ARTHROGRAM ORDERING PLEASE SEE FLUOROSCOPY ORDER FORM | | |
| <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



558 (05/17)

MRI ORDER FORM

