



Scheduling: 962-7900
 Fax To: (833)965-0104

Last Name:		First Name:		MI:
Birthdate:		SS #:		
Phone Number (Home):		(Work):		
Appointment Time:		Appointment Date:		Check in time in Admissions:

PHYSICIAN ORDER FOR OUTPATIENT MRI IMAGING

DIAGNOSIS/SYMPTOMS		CONTACT NUMBER FOR CRITICAL RESULT		FORM COMPLETED BY (PRINT NAME)	
LAB ORDERS: BUN CREATININE				<input type="checkbox"/> Page when results are available Fax results to:	
DATE/TIME	ORDERING PHYSICIAN'S NAME	ICD-9 Code	Order may be modified at the discretion of the Radiologist. <input type="checkbox"/> Please notify physician if order is modified.		
PHYSICIAN'S SIGNATURE					

Please circle exam and symptoms relating to exam.

MRI HEAD

Without contrast	
Head	<input type="checkbox"/> Headache <input type="checkbox"/> Extremity weakness <input type="checkbox"/> Stroke, TIA <input type="checkbox"/> Vision changes <input type="checkbox"/> History of cancer
With & without contrast	
Orbits	Soft tissue neck
Other:	

With & without contrast	
Head	<input type="checkbox"/> Headache <input type="checkbox"/> Stroke, TIA <input type="checkbox"/> History of cancer <input type="checkbox"/> Extremity weakness <input type="checkbox"/> Vision changes <input type="checkbox"/> Seizures
IAC	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Facial spasm <input type="checkbox"/> Hearing loss <input type="checkbox"/> Trigeminal neuralgia <input type="checkbox"/> Tumor
Pituitary	<input type="checkbox"/> Pituitary mass <input type="checkbox"/> Cavernous sinus mass

MRI BODY

Without contrast	
Chest	<input type="checkbox"/> Mass <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Gross <input type="checkbox"/> Aortic aneurism
Abdomen	<input type="checkbox"/> Liver lesion/ Pathology <input type="checkbox"/> Kidney Lesion/ Pathology <input type="checkbox"/> Adrenal lesion <input type="checkbox"/> Pancreatic lesion <input type="checkbox"/> Mass <input type="checkbox"/> Liver lesion/ Pathology (Consider Eovist/Check with Radiologist)
Soft tissue Pelvis	<input type="checkbox"/> Fibroids, uterine pathology <input type="checkbox"/> Mass <input type="checkbox"/> Prostate Cancer
MRA	<input type="checkbox"/> Renal <input type="checkbox"/> Aorta
Other:	

With & without contrast	
Chest	<input type="checkbox"/> Mass <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Gross aorta dissection <input type="checkbox"/> Aortic aneurism
Abdomen	<input type="checkbox"/> Liver lesion/ Pathology <input type="checkbox"/> Kidney Lesion/ Pathology <input type="checkbox"/> Adrenal lesion <input type="checkbox"/> Pancreatic lesion <input type="checkbox"/> Mass <input type="checkbox"/> Liver lesion/ Pathology (Consider Eovist/Check with Radiologist)
Soft tissue Pelvis	<input type="checkbox"/> Fibroids, uterine pathology <input type="checkbox"/> Mass <input type="checkbox"/> Prostate Cancer
MRCP without	<input type="checkbox"/> Elevated liver enzymes with biliary dilation <input type="checkbox"/> Stones in Common Bile Duct

Select body part & specify symptom related to joint.

MRI JOINT

RIGHT	LEFT	Arthrogram	Other:
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Knee	<input type="checkbox"/> Pain: Severity: 1 2 3 4 5 6 7 8 9 10	
<input type="checkbox"/> Elbow	<input type="checkbox"/> Ankle	Duration: <input style="width: 100px;" type="text"/>	
<input type="checkbox"/> Wrist	<input type="checkbox"/> Foot	<input type="checkbox"/> Clicking	<input type="checkbox"/> Cuff pathology
<input type="checkbox"/> Hand	<input type="checkbox"/> Hip	<input type="checkbox"/> Pain with movement	<input type="checkbox"/> Meniscus tear
<input type="checkbox"/> Forearm	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Previous fracture	<input type="checkbox"/> Swelling
<input type="checkbox"/> Humerus	<input type="checkbox"/> Femur	<input type="checkbox"/> Neuro symptoms/ numbness	<input type="checkbox"/> Infection
	<input type="checkbox"/> Tib/fib		<input type="checkbox"/> Mass/ Palpable mass
History of surgery: Yes No		Date of surgery:	
Pertinent Medical History:			

Note: The following are indications for acute MRI Imaging.

MRI SPINE

With & without contrast	Without contrast
Cervical Spine	Cervical Spine
<input type="checkbox"/> History of cancer with spine pain.	<input type="checkbox"/> Trauma (rule out compression fracture)
Thoracic Spine	Thoracic Spine
<input type="checkbox"/> Fever with localized spine pain.	<input type="checkbox"/> Spinal stenosis symptoms.
<input type="checkbox"/> History of neck or back surgery - new symptom	<input type="checkbox"/> Low back pain with radiculopathy >1 mo
Lumbar Spine	Lumbar Spine
	<input type="checkbox"/> Low back pain (nonspecific) >2 months, failing conservative treatment
	<input type="checkbox"/> Cauda Equina symptoms or motor symptoms.

Note: The following ICD-9 Code descriptions for Lumbar MRI require documentation of an accepted antecedent conservative therapy.

Lumbosacral spondylosis without myelopathy	Hypermobility of coccyx
Spondylosis of unspecified site without mention of myelopathy	Other disorder of the coccyx
Displacement of lumbar intervertebral disc without myelopathy	Sprain and strain of sacrospinatus
Degeneration of lumbar or lumbosacral intervertebral disc	Sprain and strain of sacrotuberous (ligament)
Degeneration of intervertebral disc, site unspecified	Lumbar sprain and strain
Other unspecified disc disorder of lumbar region	Sprain and strain of lumbosacral (joint) or (ligament)
Spinal stenosis of lumbar region	Sprain and strain of sacroiliac (ligament)
Other acquired deformity of back or spine	Unspecified backache
Nonallopathic lesion of lumbar region, not elsewhere classified	Lumbago
Unspecified site of sacroiliac region sprain and	Other specified sites of sacroiliac region sprain and strain
Disorders of sacrum	Unspecified disorder of coccyx
Sciatica	Nonallopathic lesion of sacral region, not elsewhere classified
Examples of accepted antecedent conservative therapy 60 days preceding MRI:	Examples of accepted antecedent conservative therapy >28 days and <60 days preceding the MRI
Therapeutic exercise, Aquatic therapy, Massage, Chiropractic manipulative treatment	Office or outpatient service, Office consultation, Home service, Preventative medicine services

Electronic forms are available at
WesleyMC.com

Wesley Scheduling
8:30-5:00 M-F
962-7900

Physicians with questions regarding procedure
may contact Radiologist:

Imaging Services
962-2900