

# DOCs

Diagnostic Outpatient Centers of Ocala, Inc.

Joint Commission  
on Accreditation of Healthcare Organization

352-401-DOCS (3627) • Fax 352-401-0444  
1030 SE 17th St. • Ocala, Florida 34471

### APPOINTMENT INFORMATION

App't. Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM PM

## Physician's Request

Patient's Name \_\_\_\_\_ Patient Phone # \_\_\_\_\_

Clinical History/DX \_\_\_\_\_ Authorization # \_\_\_\_\_ Auth. Exp. \_\_\_\_\_

### GE HIGH FIELD MRI

#### HEAD

- Brain
- I.A.C.'s
- Orbits
- Pituitary
- Sinuses
- Bilateral TMJ
- Soft Tissue Neck

#### UPPER EXTREMITIES

- Shoulder  L  R
- Arthrogram
- Elbow  L  R
- Wrist  L  R
- Arthrogram
- Hand  L  R
- Other \_\_\_\_\_

#### Body

- MRCP
- Chest
- Abdomen
- Attn: \_\_\_\_\_
- Pelvis

#### MRA

- MRA Head
- (Circle of Willis)
- MRA Carotids
- MRA Pelvis Lower Ext.

- MRA Abd.-Aorta
- MRA Thoracic-Aorta
- MRA Subclavian
- MRA Renal
- MRA Other

CONTRAST  Yes  No

MRV \_\_\_\_\_

Physicians Notes / Other Procedures \_\_\_\_\_

#### SPINE

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Myelo - Cervical
- Myelo - Thoracic
- Myelo - Lumbar

#### LOWER EXTREMITIES

- Pelvis
- Hip  L  R
- Knee  L  R
- Ankle  L  R
- Foot  L  R
- Other \_\_\_\_\_

NPI# \_\_\_\_\_ UPIN# \_\_\_\_\_

Physician's Signature \_\_\_\_\_

### EXAM PREPARATION

In most cases no special preparation is required for an MRI exam. You may eat normally and go about your daily routine. Continue to take any medication prescribed by you doctor unless otherwise directed.

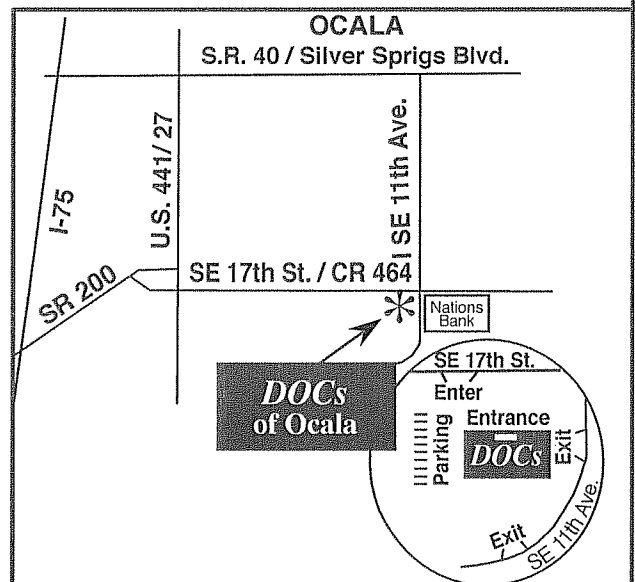
Because of the magnetic field, you will be asked to leave the following in a safe, lockable place outside the scan room:

- Hearing aides
- Credit Cards
- Other Metallic Objects
- Coins
- Jewelry
- Watches
- Keys
- Hair Pins
- Glasses

Because your MRI examination takes place in a magnetic field, it is important that you inform our technologist if you are, or may be, pregnant or if you have had any surgeries (brain, ear, eye(s), or other) where any of the following may have been used:

- Cardiac Pacemaker
- Brain Aneurysm Clips
- Permanent eyeliner
- Cochlear Implants
- Metal implants
- IVC Umbrella
- Lens Implants
- Implant Drug Infusion device
- Surgical Staples
- Neuro-stimulator
- Intrauterine device

Some insurance companies require a referral or pre-authorization number for diagnostic testing. It may be required by your insurance company to have your service pre-authorized. We will assist you in obtaining a referral / authorization number from your physician's office or insurance company prior to your exam. This is a necessary procedure that will allow us to receive payment for your services. Thank you for your cooperation in advance.



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