DOCs II

HIGH FIELD "OPEN" MRI

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APPOINTMENT INFORMATION

App't Date: _____

Time: _____ AM PM

Physician's Request

Patient's Name _____

Clinical History/DX _____

MRI

HEAD

- ☐ Brain
- ☐ Brain Stem
- ☐ I.A.C.'s
- ☐ Orbits
- ☐ Pituitary
- ☐ Sinuses
- ☐ TMJs

SPINE

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine

MRA

- ☐ Intracranial (Brain)
- ☐ Neck (Carotid)

EXTREMITIES

☐ Knee	☐ L	☐ R	☐ B
☐ Shoulder	☐ L	☐ R	☐ B
☐ Hip	☐ L	☐ R	☐ B

- ☐ Other Joint _____
- ☐ Other Extremity _____

CONTRAST ☐ Yes ☐ No

OTHER

- ☐ Neck (Soft Tissue)
- ☐ Abdomen (Specify Organ)
- ☐ Breast MRI
- ☐ Pelvis
- ☐ MRCP
- ☐ Kinematic Study
- ☐ MRV

Other _____

DIAGNOSTIC ULTRASOUND

ABDOMEN

- ☐ Abdominal Ultrasound Complete
- ☐ Abdominal Ultrasound Limited (Specify Organ) _____
- ☐ Aorta Ultrasound
- ☐ Renal Ultrasound
- ☐ Other _____

OB/GYN

- ☐ Pelvic Ultrasound and Transvaginal if necessary
- ☐ Pregnancy Ultrasound (1st Trimester) and Transvaginal if necessary
- ☐ OB Ultrasound Complete (2nd & 3rd Trimester)
- ☐ OB Ultrasound F/U
- ☐ Other _____

VASCULAR

- ☐ Carotid Ultrasound
- ☐ Bilateral lower extremity arterial duplex (includes ABI)
- ☐ Lower extremity venous duplex Bilateral ☐ Left ☐ Right
- ☐ Other _____
- ☐ Echocardiogram

OTHER

- ☐ Breast Ultrasound ☐ Left ☐ Right
- ☐ Thyroid Ultrasound
- ☐ Testicular Ultrasound
- ☐ Other _____

XRAY

Examination Requested:

_____

_____

_____

_____

_____

_____

NPI# _____ Physician's Signature _____

EXAM PREPARATION- ALL EXAMINATIONS (VERY IMPORTANT)

Should you be pregnant or have any dietary needs (ie. diabetic and/or necessary medications) please inform our office when you are scheduling your appointment.

1) **MRI:**
Patients with pacemakers, defibrillators, intracranial metal clips, heart valves, or any type of prostatic devices must inform our scheduler when scheduling their appointment. In the event you have such hardware, a CT exam maybe the correct alternative examination.

2) **ULTRASOUND:**
Abdominal Ultrasound: No eating or drinking after midnight, unless you have special dietary or medication needs.
Pelvic Ultrasound: 32 oz. water 1 hour prior to study.
1st Trimester: 32 oz. water 1 hour prior to ultrasound.
OB 2nd, 3rd Trimester: 20 oz. clear fluid 1 hour prior to ultrasound.
Renal Ultrasound: Patient should be well hydrated.
Arteral or Venous- No preparation is needed.

3) *Insurance companies require a referral and a pre-authorization number for diagnostice testing. It is a requirement by your insurance company to have your services pre-authorized especially MRI and Ultrasound studies. This authorization process can delay your examination from being as timely as possible. Thank you for your cooperation in advance. This is required by your insurance carrier, not by DOCs.*