

REQUEST FOR MRI SERVICES

THE IMAGING CENTER

Scheduling 970-282-2912 • Main: 970-282-2900 • Fax 970-282-9800

STAT CALL Phone # _____

STAT FAX Fax # _____

Patient Name _____ Birth Date _____

Check-In Time _____ Appointment Time _____ Date _____ Referring Physician _____

Diagnosis or pertinent history, REQUIRED _____	ICD-10 diagnosis code(s), REQUIRED _____
Signs and symptom(s), REQUIRED _____	Referring Physician's Signature: _____
	No Rubber Stamps

MRI* Requires Appointments For All Exams

Do not allow radiologist to determine, without notifying treating physician/practitioner, the parameters of diagnostic test including the use or non-use of contrast media.

NEUROLOGICAL

Brain (with and without contrast unless specified)

- Routine (Headache)
- Stroke, TIA
- Infection
- Multiple Sclerosis (Dysesthesias, blurred vision)
- Generalized Seizures
- Temporal Lobe Seizures
- Pituitary Gland
- Trauma
- Cranial Nerves:
 - Orbits (Cranial nerve 2)
 - Cranial nerve 3-5 (Cavernous sinus)
 - Cranial nerve 7-8 (IAC, Bell's palsy, Acoustic neuroma)
- Primary Brain Tumor, Metastases or Primary Malignancy (Stereotactic Radiation Protocol)
- Limited Stereotactic Brain (For Radiation Planning)

Neck (with and w/o contrast)

- Soft Tissue Upper Neck Emphasis
(Oropharynx, nasopharynx, tongue, sinus, salivary gland)
- Soft Tissue Lower Neck Emphasis
(Lymphadenopathy, thyroid, larynx, supraclavicular)

Spine

- Cervical Spine
 - * Pain, radiculopathy recommended w/o contrast
 - * Infection, mass, neoplasm, multiple sclerosis, myelitis recommended with and w/o contrast
- Thoracic Spine
 - * Pain, radiculopathy recommended w/o contrast
 - * Infection, mass, neoplasm, multiple sclerosis, myelitis recommended with and w/o contrast
- Lumbar Spine
 - * Pain, radiculopathy recommended w/o contrast
 - * Infection, mass, neoplasm, myelitis, prior lumbar surgery recommended with and w/o contrast

Brachial Plexus (with or without contrast)

Brachial Plexus Neuropathy: L R

*Based on clinical indications, order as one of the following:

- MRI Upper Extremity with and w/o contrast
- MRI Chest with and w/o contrast

Head and Neck Cancer:

(Order as: MRI Neck with and w/o contrast)

Apical Lung Cancer:

(Order as: MRI Chest with and w/o contrast)

MUSCULOSKELETAL

Knee

- Routine (Pain, meniscus, ligament) (w/o contrast) L R
- Acute Trauma (w/o contrast) L R
- Osteochondral Lesion (Loose body) (w/o contrast) L R
- Infection/Osteomyelitis (with and w/o contrast) L R
- Soft Tissue Mass/Bone Lesion (with and w/o contrast) L R

Shoulder

- Routine (Pain, rotator cuff tear) (w/o contrast) L R
- Arthrogram (Labral tear) L R
- Infection/Osteomyelitis (with and w/o contrast) L R
- Soft Tissue Mass/Bone Lesion (with and w/o contrast) L R

Hip, Bony Pelvis, SI Joint

- Routine (Pain, injury) (w/o contrast) L R
- AVN (w/o contrast) L R
- Fracture (w/o contrast) L R
- Loose Body (w/o contrast) L R
- Infection/Osteomyelitis (with and w/o contrast) L R
- Soft Tissue Mass/Bone Lesion/Metastases (with and w/o contrast) L R
- Arthrogram L R
- SI Joint (Infection, arthritis, sacral plexus) (with and w/o contrast) L R
- Sacral Fracture (Insufficiency) (w/o contrast)

MUSCULOSKELETAL continued

Wrist

- Routine (*Pain, Instability, Carpal Tunnel*) (w/o contrast) L R
- Arthrogram (*Ligament tear, TFCC tear*) L R
- Fracture (*Scaphoid*) (w/o contrast) L R
- Delayed Union of Scaphoid fx (w/o contrast) L R
- AVN (*Avascular Necrosis*) (with and w/o contrast) L R
- Infection/Osteomyelitis (with and w/o contrast) L R
- Soft Tissue Mass/Bone Lesion (with and w/o contrast) L R

Elbow

- Routine (*Pain, epicondylitis*) (w/o contrast) L R
- Fracture (*Acute injury*) (w/o contrast) L R
- Osteochondral Lesion (*Loose body*) (w/o contrast) L R
- Infection/Osteomyelitis (with and w/o contrast) L R
- Soft Tissue Mass/Bone Lesion (with and w/o contrast) L R
- Ulnar Nerve Entrapment (with and w/o contrast) L R
- Arthrogram L R

Ankle

- Routine (*Pain, tendon, ligament*) (w/o contrast) L R
- Osteochondral Lesion (*Talar dome*) (w/o contrast) L R
- Achilles Tendon (w/o contrast) L R
- Infection/Osteomyelitis (with and w/o contrast) L R
- Soft Tissue Mass/Bone Lesion (with and w/o contrast) L R
- Tarsal Coalition (w/o contrast) L R

Hand

- Routine (*Pain, injury, fracture*) (w/o contrast) L R
- Collateral Ligament (*Stener lesion*) (w/o contrast) L R
- Flexor/Extensor Tendon (w/o contrast) L R
- Infection/Osteomyelitis (with and w/o contrast) L R
- Soft Tissue Mass/Bone Lesion (with and w/o contrast) L R

Foot

- Routine (*Pain, stress fracture*) (w/o contrast) L R
- Infection/Osteomyelitis (with and w/o contrast) L R
- Collateral Ligament (w/o contrast) L R
- Soft Tissue Mass/ Bone Lesion (with and w/o contrast) L R

Long Bone Upper Extremity

- Site _____ L R
- Infection/Osteomyelitis (with and w/o contrast) L R
- Soft Tissue Mass/Bone Lesion (with and w/o contrast) L R
- Injury or Pain (w/o contrast) L R

Long Bone Lower Extremity

- Site _____ L R
- Infection/Osteomyelitis (with and w/o contrast) L R
- Soft Tissue Mass/Bone Lesion (with and w/o contrast) L R
- Injury or Pain (w/o contrast) L R

ABDOMEN AND PELVIS (Not bony pelvis)

Abdomen

- Liver (*Mass, elevated LFT's, hepatitis*) (with and w/o contrast)
- MRCP (*Biliary, pancreas*) (with and w/o contrast)
- Kidneys (*Renal mass not renal artery stenosis*) (with and w/o contrast)
- Adrenal Glands (w/o contrast)
- Routine (*Pain, metastatic disease, poor renal fxn*) (with and w/o contrast)
- Abdominal Wall Mass (*Extra-abdominal*): Site: _____
- (with and w/o contrast)

BREAST

***Harmony location only**
(All breast MRI's require H&P's)
All exams are bilateral, check symptomatic side.

- Mass, Mammogram abnl, Palpable abnl, Cancer (with and w/o contrast) L R
- Implant Rupture (w/o contrast) L R
- MRI Guided Breast Biopsy (with and w/o contrast) L R

Pelvis (*Pelvic organs, not bony pelvis*) (with and w/o contrast)

- Pain, Intrapelvic Mass, Metastatic disease**
- Uterus/Cervix (*Fibroids, neoplasm, adenomyosis*)
- Ovary (*Mass*)
- Bladder (*Mass*)
- Pelvic Wall Mass (*Extra-pelvic*): Site: _____
- Pelvic Venogram (MRV)

MR ANGIOGRAMS (MRA)

Neurologic

- Carotid (with and w/o contrast)
- Circle of Willis (w/o contrast)
- AVM (with and w/o contrast)
- Dural Sinus Thrombosis (w/o contrast)

Abdomen (with and w/o contrast)

- Renal
- Mesenteric

Chest (with and w/o contrast)

- Pulmonary (PAPVR)

CHEST

(Radiologist to make recommendations for contrast necessity.)

Chest (with and w/o contrast)

- Chest Wall Mass (*Extra-thoracic*) Site: _____
- Brachial Plexus (Order on front of form)
- Thoracic Aorta MRA
- Thoracic Outlet Syndrome
- Pulmonary Artery MRA (PAPVR)

Aorta (with and w/o contrast)

(*Aneurysm, dissection, endograft*)

- Thoracic
- Abdominal
- Pelvic
- Endograft Planning

Upper Extremity (with and w/o contrast)

- L R

Lower Extremity (with and w/o contrast)

- L R

OTHER

Exam Requested _____

Patient Name: _____