

# MAGNETIC RESONANCE IMAGING

PROVIDED BY ALLIANCE IMAGING AND ITS AFFILIATES AT



To schedule a patient please call: (866) 244-2938  
Fax this form to the Scheduling Dept. at (866) 674-7975

## REFERRING PHYSICIAN ORDER FORM (MRI/MRA PROCEDURE)

[1.] Patient Name FIRST NAME, LAST NAME (printed)		[2.] Date of Birth	[3.] Patient Telephone #
[4.] Referring Physician FIRST NAME, LAST NAME (printed)		[5.] Physician Telephone #	
[6.] Location of Service 3771 Katella Ave. • Suite 101 • Los Alamitos, CA 90720			
[7.] Insurance Prior Author. #	[8.] Name of Insurance Co.	[9.] Insurance Co. Phone #	
[10.] DIAGNOSTIC INFORMATION: <i>medical necessity for the procedure(s) requested</i> Please describe the patient's signs, symptoms, physical findings which you believe to indicate a need for the procedure(s) you are ordering below. Payers generally do not consider a "question," "suspect," or "rule out" diagnosis in and of itself to be acceptable as "diagnostic information."			
[11.] ICD-9 diagnosis code(s) (optional)		[12.] Suspected or Questioned Condition to Rule Out (optional)	
[13.] Special Instructions:			
[14.] MRI Procedure Ordered			
Temporomandibular Joint		Breast, bilateral	
Orbit, face, and neck		Cardiac	
Brain		Cardiac function, complete study	
Chest		Cardiac function, limited study	
Cervical spine		Cardiac, velocity flow mapping	
Thoracic spine		Bone marrow blood supply	
Lumbar spine			
Pelvis			
Upper extremity, other than joint ( HUMERUS / FOREARM / HAND — L / R )			
Upper extremity, joint ( WRIST / ELBOW / SHOULDER — L / R )			
Lower extremity, other than joint ( FEMUR / TIB/FIB / FOOT — L / R )			
Lower extremity, joint ( HIP / KNEE / ANKLE — L / R )			
Abdomen			
Breast, unilateral			
[15.] MRA Procedure Ordered			
MRA Head		MRA Upper extremity ( WRIST / ELBOW / SHOULDER — L / R )	
MRA Neck		MRA Lower extremity ( HIP / KNEE / ANKLE — L / R )	
MRA Chest		MRA Abdomen	
MRA Spinal canal		MRA External Carotid Unilateral	
MRA Pelvis		Coronal/Sag/Mult/Oblique/3-D and/or Holographic Reconstruction	
[16.] Other (please specify):			
<b>Notes:</b> 1. By signature below, the physician has made an independent medical necessity decision with regard to each procedure to be performed.* 2. Medicare generally does not cover routine screening procedures. If, at the time of service, the radiologist determines that a procedure not initially ordered by the referring physician is required, then the referring physician will be contacted for the additional order. A revised order form will be required at that time.			
[17.] Physician's Signature		[18.] UPIN#/NPI#	[19.] Date

PLEASE BRING THIS FORM WITH YOU ON THE DAY OF YOUR EXAM.

# ABOUT YOUR MRI EXAM:

Magnetic Resonance Imaging (MRI) uses a strong magnetic field and radio waves to produce pictures of internal body structures. MRI is a painless procedure that uses no X-rays or radiation. An MRI scanner produces cross-sectional images which allow physicians to see internal structures in great detail. Because of the magnetic field, patients with cardiac pacemaker, cerebral aneurysm clips, or ear implants may not be scanned.

**BEFORE THE EXAM.** Fasting is not required before your MRI exam. You may eat and drink as usual. If you are taking any medications, especially pain medication, take them as you normally would. You should wear comfortable clothing with no metal, or a gown will be provided for you to change into.

**THE EXAM.** A magnetic resonance examination is a simple and safe procedure. You will be asked to remove watches, jewelry, credit and ATM cards, coins and any other metallic objects from your possession. A technologist will explain the test to you, then ask you to lie down on a padded table. The table will slide forward, positioning the part of your body being scanned into the center of the magnet. The machine will make loud knocking noises during the imaging sequences. Ear plugs or headphones with music will be provided for your comfort.

Typical exam times range between 30 and 45 minutes, although some exams may take longer. The most important part of the exam for you is to lie very still. This is crucial because the scanner is very sensitive, and any movement during the sequences will blur the pictures, degrading the diagnostic quality of the examination.

Occasionally, a contrast agent is used. This is a substance that enhances the sensitivity of the images. This contrast may help the radiologist interpret the images from your exam under certain circumstances. If needed, this will be injected into a vein in your arm.

**AFTER THE EXAM.** Following the exam, you may leave. There are no after affects from MRI. The images are then processed for interpretation by the radiologist. The results are not immediately available. The radiologist will contact your physician to convey the information ascertained from the scan. Please call only your referring doctor for test results.

The following items may exclude you from having an MRI exam. Please contact the Imaging Center at (866) 244-2938 if any of these apply to you, or if you have any questions.

- Pacemaker
- History of metal fragments in eyes
- Pregnancy
- Unable to lie flat
- Claustrophobia
- Cerebral Aneurysm clips
- Artificial Heart Valves

• **Bring your I.D. cards or insurance forms.**

**An appointment time has been specially reserved for you.  
Please arrive 15 minutes prior to your scheduled appointment.**

	Yes	No
Previous CT/MRI:	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Pacemaker:	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Aneurysm Clips:	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Bodies:	<input type="checkbox"/>	<input type="checkbox"/>
Type & Locations: _____		
Special Instructions: _____		
_____		
_____		



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Your MRI Service Is Provided By:

**ALLIANCE IMAGING**  
A Division of Alliance HealthCare Services