

# Outpatient MRI Order Form

Please complete all fields.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Appt. Date/Time \_\_\_\_\_

Clinical Information/Symptoms \_\_\_\_\_

CPT Code (if applicable) \_\_\_\_\_ Diagnosis Code(s) \_\_\_\_\_

## Decision Support/AUC information\*

Score\* \_\_\_\_\_ Vendor\* \_\_\_\_\_ If not available, provide Exception Code\* \_\_\_\_\_

To connect with Stanson (AUC) website: <https://portal.stansonhealth.com/register/portal?code=ECUHealth>

### Brain-Neuro

- Brain without
- Brain with / without contrast
- Brain perfusion
- Orbits with / without contrast
- Internal auditory canal (limited without contrast)
- Internal auditory canal (full with contrast)
- Pituitary with / without contrast
- MRA extracranial (EC) / Carotid neck
- MRA intracranial (IC) / Circle-of-Willis
- MRV intracranial
- Full brain and head / Neck MRA
- Temporal bone / IAC

### Spine

- Cervical without contrast
- Cervical with / without contrast
- Thoracic without contrast
- Thoracic with / without contrast
- Lumbar without contrast
- Lumbar with / without contrast
- Total spine (complete) without
- Total spine with / without contrast

### Abdomen

- Abdomen and pelvis screening
- Renal mass  Renal artery
- Liver  Liver / Eovist
- Adrenal
- MRCP with 3D rendering

### ENT-Neuro

- Soft tissue neck
- Face / sinuses
- Skull base / nasopharynx
- Trigemial neuralgia
- Parotid / salivary glands

### Extremities / Ortho Imaging

- Indicate side:  R  L
- Upper extremities**
- Shoulder  Shoulder arthrogram
  - Elbow  Elbow arthrogram
  - Wrist  Wrist arthrogram
  - Hand
- Lower extremities**
- Hip unilateral  Hip bilateral
  - Hip arthrogram
  - Knee  Ankle  Foot
  - Pelvis – bone
  - Sacrum / SI joints
  - Other: \_\_\_\_\_

### Chest / Cardiac Imaging / Vascular

- Chest  Chest wall
- Thoracic aorta
- Abdominal aorta
- Brachial plexus
- Extremity MRA  
Specify \_\_\_\_\_
- MR venogram  
Specify \_\_\_\_\_

### Breast Imaging

- Breast unilateral:  R  L
- Breast bilateral

### Pelvis

- Female pelvis
- Uterine fibroid evaluation
- Prostate
- Rectal cancer staging
- Bony pelvis (AVN, fracture, etc.)
- Pelvis with / without contrast evaluate for osteomyelitis/Mets
- Pelvis to evaluate fistula
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Provider name: \_\_\_\_\_

Supervising MD (if applicable): \_\_\_\_\_

**For all procedures, please complete the following:**

Patient weight: \_\_\_\_\_

Authorization # (*primary insurance*): \_\_\_\_\_ Authorization date: \_\_\_\_\_

Authorization # (*secondary insurance*): \_\_\_\_\_ Authorization date: \_\_\_\_\_

Does the patient need sedation or anesthesia for this procedure?  Yes  No

## For females 12-55

Is the patient post-menopausal, had a hysterectomy, tubal ligation or partner has had a vasectomy?

YES  NO

Is there a chance of pregnancy?  YES  NO

If yes, date of LMP: \_\_\_\_\_

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## Additional questions

Does the patient have a contrast allergy?  YES  NO

Does the patient have a pacemaker, defibrillator, or neuro-stimulator?  YES  NO

Has the patient ever had brain surgery for Aneurysm clips/coils?  YES  NO

Has the patient ever had metal in their eyes before?  YES  NO

Can this patient ambulate?  YES  NO

Does the patient have a port?  YES  NO

*Please Note: additional information may need to be collected prior to scheduling*