



300 Prosperity Drive, Suite 105][Knoxville, Tennessee 37923
 Phone: (865) 692-9964][www.knoxvilleopenmri.com

PLEASE COMPLETE THIS FORM AND FAX TO: (865) 934-0944
 IF YOU HAVE ANY QUESTIONS, PLEASE CALL: (865) 692-9964

Today's Date: ___/___/___

Patient: _____ DOB: _____ SSN: _____

Phone: _____ Insurance: _____

Pre-certification/authorization #: _____

(PLEASE INCLUDE COPY OF PRE-CERTIFICATION/AUTHORIZATION WITH FAX)

Diagnosis Code (ICD-9): _____ Appointment Date/Time: _____

Referring Physician: _____ NPI #: _____

Contact Name: _____ Phone: _____ Fax results to: _____

Physician Signature: _____

MRI DETAILS:

Without Contrast

With and Without Contrast

* **IMPORTANT NOTE:** For MRI's with /without contrast, the following information is also required: For patients over 50 or with a history of diabetes, kidney problems or high blood pressure, creatinine levels are needed (within the previous 3-months)

BRAIN <input type="checkbox"/> Routine <input type="checkbox"/> IAC <input type="checkbox"/> Orbits <input type="checkbox"/> Brain (Attn: IAC's) <input type="checkbox"/> MRA Brain	NECK <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Carotids (injected) <input type="checkbox"/> MRA Carotids	SPINE <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic/Levels <input type="checkbox"/> Lumbar	NECK <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Carotids (injected) <input type="checkbox"/> MRA Carotids
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CHEST <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Aortic Arch	UPPER EXTREMITY <input type="checkbox"/> Shoulder RT or LFT <input type="checkbox"/> Elbow RT or LFT <input type="checkbox"/> Wrist RT or LFT <input type="checkbox"/> Hand RT or LFT	LOWER EXTREMITY <input type="checkbox"/> Knee RT or LFT <input type="checkbox"/> Ankle RT or LFT <input type="checkbox"/> Foot RT or LFT	ABDOMEN <input type="checkbox"/> Liver <input type="checkbox"/> Kidneys <input type="checkbox"/> Adrenals <input type="checkbox"/> Lumbar <input type="checkbox"/> Pancreas <input type="checkbox"/> MRCP
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★ **IMPORTANT NOTE:** *If there have been MRI's or other imaging done on the requested area(s) including x-rays, please have patient bring studies for comparison. If patient has worked around metal, with the possibility of having metal shavings in his/her eyes, x-rays may need to be done to verify that no metal is detected.*

CLOTHING: Patients should wear loose cotton clothing, ie: sweat pants, t-shirts or shorts. No metal pins, snaps, zippers. No jewelry or heavy make-up, ie: eye shadow or mascara.

PATIENT PREPARATIONS & INSTRUCTIONS

PREP FOR CONTRAST:

Over 50

Creatine Levels are needed for patients over the age of 50

Under 50

- Diabetic
- Kidney Problems
- High Blood Pressure



GENERAL PREP FOR MRI:

If there have been MRI's done on requested area, please bring the studies with you for comparison.

Wear cotton clothing (for example, sweat pants, tee shirts, shorts with no metal pins, snaps or zippers). Don't wear heavy make-up, such as eye shadow or mascara. Leave jewelry at home.

If you have worked around metal, with the possibility of having metal shavings in your eyes, please tell your doctor, as you may need to have X-rays done for verifying that metal is not detectable.

Should you have any questions regarding prep instructions, please call (865) 692-9964.

