



**NORTH PUGET SOUND
MRI**

Request for Imaging

6808 220TH ST SW, Suite 105, Mountlake Terrace, WA 98043
Scheduling Phone: 425-967-6490 Scheduling Fax: 425-967-6495
www.npsmri.com

Patient: _____

Date of Birth: _____

Contact#: _____

M/F _____

Date: _____

MD Signature _____

Ordering Physician: _____ NPI #: _____

Phone #: _____ Fax #: _____

Signs & Symptoms: _____

Onset Date _____ Trauma? _____ Type? _____

Clinical Question: _____

Working Diagnosis: _____ Code: _____

<input type="checkbox"/> Pacemaker or Cardiac Defibrillator	<input type="checkbox"/> Aneurysm Clips
<input type="checkbox"/> Claustrophobic	<input type="checkbox"/> 1st Trimester of Pregnancy
<input type="checkbox"/> Neurostimulator	<input type="checkbox"/> XR Orbits to R/O Metal

MRI Procedure Requested:

Contrast As Indicated
 Without Contrast
 With & Without Contrast
 With Contrast

<input type="checkbox"/> C-Spine			Routine <input type="checkbox"/>	STAT <input type="checkbox"/>
<input type="checkbox"/> T-Spine				
<input type="checkbox"/> L-Spine			Insurance Carrier: _____ Insurance ID #: _____ Prior related imaging: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, where: _____	
<input type="checkbox"/> Shoulder	R	L		
<input type="checkbox"/> Humerus	R	L		
<input type="checkbox"/> Elbow	R	L		
<input type="checkbox"/> Forearm	R	L		
<input type="checkbox"/> Wrist	R	L		
<input type="checkbox"/> Hand	R	L		
<input type="checkbox"/> Finger _____	R	L		
<input type="checkbox"/> Hip	R	L		
<input type="checkbox"/> Thigh/Femur	R	L		
<input type="checkbox"/> Knee	R	L		
<input type="checkbox"/> Tib/Fib-Calf	R	L		
<input type="checkbox"/> Ankle	R	L		
<input type="checkbox"/> Foot	R	L		
<input type="checkbox"/> Toe _____	R	L		
<input type="checkbox"/> Pelvis				
<input type="checkbox"/> Chest				
<input type="checkbox"/> Other MRI _____				
<input type="checkbox"/> MRI/Arthrogram _____				
<input type="checkbox"/> Brain _____				
<input type="checkbox"/> Abdomen _____				

Authorization Notes:

Appointment Scheduled on
M T W Th F _____
