FirstHealth
MOORE REGIONAL HOSPITAL

7046.03.15537.01 sp Sunset Date:12/2028

Place Patient Label Inside This Box

Physicians Order for
MRI – FH Imaging - Southern Pines

Name:	Sex:	Date of Birth:	Age:	SS#:
Telephone:(Home)	(Work)	(Mobile)	Pre-Cert/Auth#:	
Provider Ph#	Provider Fax#:	Print Name of Provider:		

Provider Signature (Required)____________________________ **Date/Time (Required):** ____________________

☐ **APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM**

Is patient claustrophobic or over 300lbs? ☐ Yes ☐ No | Does patient have an aneurysm clip or pacemaker? ☐ Yes ☐ No

CHECK PROCEDURE AND INSERT ICD-10 CODE **CNTR = CONTRAST**

MRI Stealth / SRS	CPT	DX CODE
☐ BRAIN W CNTR (Mass/Tumor)	70552	
☐ BRAIN WO CNTR (Hemorrhage)	70551	

MRI	CPT	DX CODE
☐ BRAIN NO CNTR (MS, CVA, Seizure,HA, ICH)	70551	
☐ BRAIN W/WO CNTR (Reason for exam)	70553	
☐ ORBITS WITHOUT CONTRAST	70540	
☐ ORBITS W / WO CONTRAST	70543	
☐ NECK/NASOPHARYNX W/WO CNTR	70543	
☐ CHEST NO CNTR	71550	
☐ CHEST W/WO	71552	
☐ CHEST W/WO CNTR (BRACHIAL PLEXUS)	71552	
☐ CHEST WO CNTR (BRACHIAL PLEXUS)	71550	
☐ ABDOMEN NO CNTR	74181	
☐ ABDOMEN WO/W CNTR (Reason for exam) ☐Liver ☐Spleen ☐Pancreas ☐Kidneys ☐Adrenals	74183	
☐ MRCP-ABDOMEN NO CNTR	74181	
☐ PELVIS/HIP NO CNTR	72195	
☐ PELVIS/HIP WO/W CNTR (If organ specify, reason) ☐Mass ☐Prostate ☐Female Organs ☐Infection ☐Rectum ☐Bony	72197	
☐ PROSTATE W / WO	72197	
☐ CERVICAL SPINE NO CNTR (HNP, TRAUMA)	72141	
☐ THORACIC SPINE NO CNTR (HNP, STENOSIS)	72146	
☐ LUMBAR SPINE NO CNTR (HNP, STENOSIS)	72148	
☐ CERVICAL W/WO (POST-OP, TUMOR, METS, INFECTION)	72156	
☐ THORACIC W/WO CNTR (METS, INFECTION)	72157	
☐ LUMBAR W/WO CNTR (Post-OP, METS, Infection)	72158	

MRI EXTREMITIES	CPT	DX CODE
☐ UPPER EXT JOINT NO CNTR (Wrist Elbow or Shoulder) ☐L ☐R	73221	
☐ UPPER EXT JOINT NO CNTR BILATERAL	7322150	
☐ UPPER EXT JOINT WO/W CNTR ☐L ☐R	73223	
☐ UPPER EXT JOINT WO/W CNTR BILATERAL	7322350	
☐ UPPER EXT NON-JOINT NO CNTR (Forearm, Hand, Humerus) ☐L ☐R	73218	
☐ UPPER EXT NON JNT WO/W CNTR ☐L ☐R	73220	
☐ UPPER EXT NON-JOINT WO/W CNTR BILTRL	7322050	

MRI EXTREMITIES (CON'T)	CPT	DX CODE
☐ LWR EXT JOINT NO CNTR Ankle, Knee ☐L ☐R	73721	
☐ LWR EXT JOINT NO CNTR BILATERAL	7372150	
☐ LWR EXT JNT WO/W CNTR (Abcess/Tumor) ☐L ☐R	73723	
☐ LWR EXT JNT WO/W CNTR BILATERAL	7372350	
☐ LWR EXT NON JNT NO CNTR (Femur/Leg) ☐L ☐R	73718	
☐ LWR EXT NON JNT WO/W CNTR (Abcess/Tumor) ☐L ☐R	73720	
☐ LWR EXT NON JNT WO/W CNTR BILATERAL	7372050	
☐ FOOT No CNTR - (☐Heel to Mid) (☐Mid to Toe) ☐L ☐R	73718	
☐ FOOT WO/W CNTR - (☐Heel to Mid) (☐Mid to Toe) ☐L ☐R	73720	

MR ANGIOGRAPHY (MRA)	CPT	DX CODE
☐ BRAIN/HEAD NO CNTR ☐ MRA ☐MRV	70544	
☐ BRAIN/HEAD W/WO CNTR	70546	
☐ NECK W/WO CNTR	70549	
☐ NECK WO CNTR	70547	
☐ UPPER EXT W/WO CNTR ☐L ☐R	73225	
☐ PELVIS W/WO CNTR ☐MRA ☐MRV	72198	
☐ CHEST W/WO CNTR	71555	
☐ **RUN-OFF: (*includes both when checked*)**		
ABDOMEN W/WO CNTR	74185	
BILATERAL LWR EXT W CNTR	73725	
☐ ABDOMEN W/WO CNTR ☐AAA ☐RENAL ☐MESENTERIC ARTERIES	74185	
☐ ABDOMEN WO CNTR (RENAL)	C8901	

Call Results to:		After Hours#:	

☐ **If patient requires additional imaging for metal objects prior to MRI, I agree to additional images. Use DX: Z01.89**
Encounter for Imaging to screen for metal prior to MRI for additional imaging.

Comments:

Appointment Date/Time:		☐ Spoke to patient	☐ Left message for patient	☐ No answer

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<u>Special Instructions to Ordering Provider:</u>**	**<u>**Special Instructions to Patient:</u>**
❑ **<u>MR Lower/Upper Extremity (NON-JOINT)</u>** Please fax an H&P to 715-1177	❑ **<u>MRCP</u>** - Nothing to eat or drink for 6 hours prior to your appointment. ❑ **If you have a pacemaker or aneurysm clip, please notify the technologist, you may not be able to have an MRI.** ❑ Please wear comfortable clothing and refrain from wearing jewelry or hairpins. ❑ **Please arrive 30 minutes prior to your appointment time to register, unless instructed otherwise.**

IF SCHEDULING VIA FAX, PLEASE INCLUDE THE FOLLOWING INFORMATION:

Day of the week:______________________________ Preference: ☐ Morning ☐ Afternoon ☐ Evening

Please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient.

If you have not been contacted within one business day about your appointment, please call (910) 715-2778 or (866) 415-2778.

Appointment Date/Time: ____________________ ☐ Spoke to Patient ☐ Left Message for Patient ☐ No Answer