



Place Patient Label  
Inside This Box

**Physicians Order for MRI – Moore  
Campus**  
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Name:		Sex:	Date of Birth:	Age:	SS#:
Telephone:(Home)		(Work)	(Mobile)	PreCert/Auth#:	
Provider Ph#		Provider Fax#:		Print Name of Provider:	
<b>Provider Signature (Required)</b>			<b>Date/Time (Required):</b>		

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	MRI EXTREMITIES (CON'T)		CPT	DX CODE
<input type="checkbox"/>	BRAIN W CNTR (Mass/Tumor)	70552		<input type="checkbox"/>	UPPER EXT NON-JOINT NO CNTR (Forearm, Hand, Humerus)	<input type="checkbox"/> L <input type="checkbox"/> R	73218
<input type="checkbox"/>	BRAIN WO CNTR (Hemorrhage)	70551		<input type="checkbox"/>	UPPER EXT NON JNT WO/W CNTR	<input type="checkbox"/> L <input type="checkbox"/> R	73220
<input type="checkbox"/>	BRAIN W / WO CNTR	70553		<input type="checkbox"/>	UPPER EXT NON-JOINT WO/W CNTR BILTRL		7322050
MRI		CPT	DX CODE	<input type="checkbox"/>	LWR EXT JOINT NO CNTR Ankle, Knee	<input type="checkbox"/> L <input type="checkbox"/> R	73721
<input type="checkbox"/>	BRAIN NO CNTR (MS, CVA, Seizure, HA, ICH)	70551		<input type="checkbox"/>	LWR EXT JOINT NO CNTR BILATERAL		7372150
<input type="checkbox"/>	BRAIN W/WO CNTR (Reason for exam) <input type="checkbox"/> Sella/Pituitary <input type="checkbox"/> IAC's <input type="checkbox"/> METS <input type="checkbox"/> Tumor <input type="checkbox"/> MS <input type="checkbox"/> Cranial Nerves (SPECIFY):	70553		<input type="checkbox"/>	LWR EXT JNT WO/W CNTR (Abscess/Tumor)	<input type="checkbox"/> L <input type="checkbox"/> R	73723
<input type="checkbox"/>	ORBITS WITHOUT CONTRAST	70540		<input type="checkbox"/>	LWR EXT JNT WO/W CNTR BILATERAL		7372350
<input type="checkbox"/>	ORBITS W / WO CONTRAST	70543		<input type="checkbox"/>	LWR EXT NON JNT NO CNTR (Femur/Leg)	<input type="checkbox"/> L <input type="checkbox"/> R	73718
<input type="checkbox"/>	NECK/NASOPHARYNX W/WO CNTR	70543		<input type="checkbox"/>	LWR EXT NON JNT WO/W CNTR (Abscess/Tumor)	<input type="checkbox"/> L <input type="checkbox"/> R	73720
<input type="checkbox"/>	TMJ	70336		<input type="checkbox"/>	LWR EXT NON JNT WO/W CNTR BILATERAL		7372050
<input type="checkbox"/>	BREAST BIL W/WO (COMPLETE FORM)	C8908		<input type="checkbox"/>	FOOT No CNTR - ( <input type="checkbox"/> Heel to Mid) ( <input type="checkbox"/> Mid to Toe)	<input type="checkbox"/> L <input type="checkbox"/> R	73718
<input type="checkbox"/>	CHEST NO CNTR	71550		<input type="checkbox"/>	FOOT WO/W CNTR - ( <input type="checkbox"/> Heel to Mid) ( <input type="checkbox"/> Mid to Toe)	<input type="checkbox"/> L <input type="checkbox"/> R	73720
<input type="checkbox"/>	CHEST W/WO	71552		MR ANGIOGRAPHY (MRA)		CPT	DX CODE
<input type="checkbox"/>	CHEST W/WO CNTR (BRACHIAL PLEXUS)	71552		<input type="checkbox"/>	MRA BRAIN/HEAD NO CNTR	<input type="checkbox"/> MRA <input type="checkbox"/> MRV	70544
<input type="checkbox"/>	CHEST WO CNTR (BRACHIAL PLEXUS)	71550		<input type="checkbox"/>	MRA BRAIN/HEAD W/WO CNTR		70546
<input type="checkbox"/>	ABDOMEN NO CNTR	74181		<input type="checkbox"/>	MRA NECK W/WO CNTR		70549
<input type="checkbox"/>	ABDOMEN WO/W CNTR (Reason for exam) <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Pancreas <input type="checkbox"/> Kidneys <input type="checkbox"/> Adrenals	74183		<input type="checkbox"/>	MRA NECK WO CNTR		70547
<input type="checkbox"/>	MRCP-ABDOMEN NO CNTR	74181		<input type="checkbox"/>	MRA UPPER EXT W/WO CNTR	<input type="checkbox"/> L <input type="checkbox"/> R	73225
<input type="checkbox"/>	ENTEROGRAPHY WO/W CONTRAST WITH ADMINISTRATION OF GLUCAGON 1MG IM PRIOR TO EXAM	74183		<input type="checkbox"/>	MRA PELVIS W/WO CNTR	<input type="checkbox"/> MRA <input type="checkbox"/> MRV	72198
<input type="checkbox"/>	PELVIS/HIP NO CNTR	72195		<input type="checkbox"/>	MRA CHEST W/WO CNTR		71555
<input type="checkbox"/>	PELVIS/HIP WO/W CNTR (If organ specify, reason) <input type="checkbox"/> Mass <input type="checkbox"/> Prostate <input type="checkbox"/> Female Organs <input type="checkbox"/> Infection <input type="checkbox"/> Rectum <input type="checkbox"/> Bony	72197		<input type="checkbox"/>	<b>RUN-OFF: (includes both when checked)</b>		
<input type="checkbox"/>	CERVICAL SPINE NO CNTR (HNP, TRAUMA)	72141		<input type="checkbox"/>	MRA ABDOMEN W/WO CNTR		74185
<input type="checkbox"/>	THORACIC SPINE NO CNTR(HNP, STENOSIS)	72146		<input type="checkbox"/>	MRA BILATERAL LWR EXT W CNTR		73725
<input type="checkbox"/>	LUMBAR SPINE NO CNTR (HNP, STENOSIS)	72148		<input type="checkbox"/>	MRA ABDOMEN W/WO CNTR		74185
<input type="checkbox"/>	CERVICAL W/WO (POST-OP, TUMOR, METS, INFECTION)	72156		<input type="checkbox"/>	<input type="checkbox"/> AAA <input type="checkbox"/> RENAL <input type="checkbox"/> MESENTERIC ARTERIES		74185
<input type="checkbox"/>	THORACIC W/WO CNTR (METS, INFECTION)	72157		<input type="checkbox"/>	MRA ABDOMEN WO CNTR (RENAL)		C8901
<input type="checkbox"/>	LUMBAR W/WO CNTR (Post-OP, METS, Infection)	72158		MRI PROCEDURES		CPT	DX CODE
<input type="checkbox"/>	NEONATE BRAIN WO CNTR	70551		<input type="checkbox"/>	BREAST BIOSPY W CNTR	<input type="checkbox"/> L <input type="checkbox"/> R	19085
<input type="checkbox"/>	VENOGRAM W/WO CNTR	70546		<input type="checkbox"/>	ELBOW ARTHRGRAM/W CNTR	<input type="checkbox"/> L <input type="checkbox"/> R	73222
MRI EXTREMITIES		CPT	DX CODE	<input type="checkbox"/>	HIP ARTHRGRAM W CNTR	<input type="checkbox"/> L <input type="checkbox"/> R	73722
<input type="checkbox"/>	UPPER EXT JOINT NO CNTR (Wrist Elbow or Shoulder) <input type="checkbox"/> L <input type="checkbox"/> R	73221		<input type="checkbox"/>	Also order: XR-Inject Proced Elbow Arthro		24220
<input type="checkbox"/>	UPPER EXT JOINT NO CNTR BILATERAL	7322150		<input type="checkbox"/>	HIP ARTHRGRAM W CNTR	<input type="checkbox"/> L <input type="checkbox"/> R	73722
<input type="checkbox"/>	UPPER EXT JOINT WO/W CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73223		<input type="checkbox"/>	Also order: XR-Inject Proced Hip Arthro		27093
<input type="checkbox"/>	UPPER EXT JOINT WO/W CNTR BILATERAL	7322350		<input type="checkbox"/>	SHOULDER ARTHRGRAM W CNTR	<input type="checkbox"/> L <input type="checkbox"/> R	73222
				<input type="checkbox"/>	Also order: XR-Inject Proced Shoulder Arthro		23350
				<input type="checkbox"/>	WRIST ARTHRGRAM/W CNTR	<input type="checkbox"/> L <input type="checkbox"/> R	73222
				<input type="checkbox"/>	Also order: XR-Inject Proced Wrist Arthro		25246

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:**

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MRI CARDIOLOGY		CPT	DX CODE
<input type="checkbox"/>	Cardiac WO Contrast	75557	
<input type="checkbox"/>	Cardiac WO Contrast with Stress Test	75559	
<input type="checkbox"/>	Cardiac W WO Contrast	75561	
<input type="checkbox"/>	Cardia W Contrast with Stress Test	75563	
<input type="checkbox"/>	Also order H & H Labs for all Cardiology Exams	85014	
<input type="checkbox"/>	<b>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.</b>		

- Cardiac Instructions:**
- Please do not consume caffeine for 12 hours prior to your test.
  - Please do not eat or drink 4 hours prior to your test.
  - Bring all medications or a list of medications you are taking. If you are currently taking Aggrenox, Dipyridamole, Theophylline, or Theo-Dur, please consult your ordering provider.
  - This study will take approximately 3 – 4 hours.

**Special Instructions to Ordering Provider:	**Special Instructions to Patient:
<input type="checkbox"/> <b>MRCP</b> - Nothing to eat or drink for 6 hours prior to your appointment.	<input type="checkbox"/> Please arrive 30 minutes prior to your appointment time to register, unless instructed otherwise.
<input type="checkbox"/> <b>Enterography</b> – Nothing to eat or drink 8 hours prior to appointment. Arrive 1 hour early to drink 24oz. of oral contrast. Glucagon will be given intramuscular.	<input type="checkbox"/> <b>If you have a pacemaker or aneurysm clip, please notify the technologist, you may not be able to have an MRI</b>
<input type="checkbox"/> <b>MR Lower/Upper Extremity (NON-JOINT)</b> - Please fax an H&P to 715-1177	<input type="checkbox"/> Please wear comfortable clothing and refrain from wearing jewelry or hairpins
<input type="checkbox"/> <b>MR Breast</b> - Please fax the following information to 715-1177: 1. H&P 2. Breast Form 3. Send prior Mammo films and US/Mammo reports to Moore Regional Hospital-MRI Department, if they were performed at a NON - FHC facility. <input type="checkbox"/> Pre-menopausal patients, needs to be performed day 7-12 after the start of menstrual cycle.	

**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

**PARKING: Please check designated parking area for patients:**

- Outpatient parking:** Outpatients should use the Outpatient entrance located at **100 Page Road North**.
- First Imaging Center parking:** Located at **30 Memorial Drive**. Park toward the lower part of the parking area and enter through the door toward the back of the building.

