

Physicians Order for Diagnostics MRI
- Hoke Campus

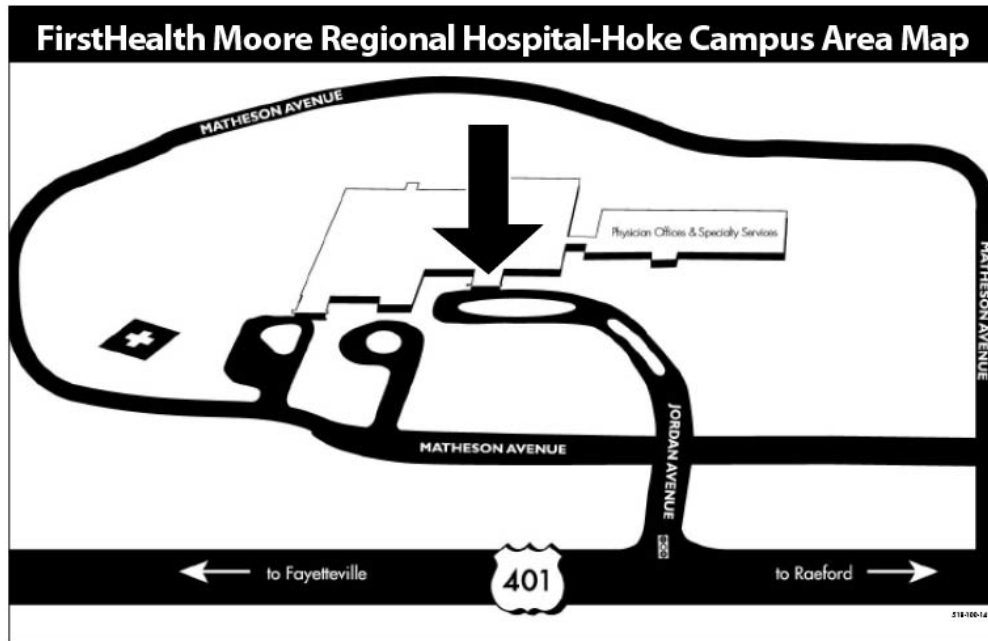


Place Patient Label
Inside This Box

| | | | | | |
|---|---------------------|--|---|--|---|
| Name: | | Sex: | Date of Birth: | | Age |
| Telephone:(Home) | | (Work) | (Mobile) | | PreCert/Auth#: |
| Provider Ph# | | Provider Fax#: | | Print Name of Provider: | |
| Provider Signature (Required) | | | Date/Time (Required): | | |
| <input type="checkbox"/> APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM | | | | | |
| IF SCHEDULING VIA FAX, PLEASE INCLUDE THE FOLLOWING INFORMATION: | | | | Preference: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | |
| Day of the week: _____ | | | | | |
| Please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient. | | | | | |
| Is patient claustrophobic or over 300 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Does patient have an aneurysm clip or pacemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| ATTENTION PATIENT: | | | | | |
| If you have not been contacted within one business day about your appointment, please call (910) 715-2778 or (866) 415-2778. | | | | | |
| CHECK PROCEDURE AND INSERT ICD-10 CODE | | | CNTR = CONTRAST | | |
| MRI Stealth / SRS | | CPT | DX CODE | MRI EXTREMITIES (CON'T) | |
| <input type="checkbox"/> MR-BRAIN W CNTR (Mass/Tumor) | 70552 | | <input type="checkbox"/> MR-UPPER EXT NON-JOINT NO CNTR (Forearm, Hand, Humerus) | <input type="checkbox"/> L <input type="checkbox"/> R | 73218 |
| <input type="checkbox"/> MR-BRAIN WO CNTR (Hemorrhage) | 70551 | | <input type="checkbox"/> MR-UPPER EXT NON JNT WO/W CNTR | <input type="checkbox"/> L <input type="checkbox"/> R | 73220 |
| <input type="checkbox"/> MR-BRAIN W / WO CNTR | 70553 | | <input type="checkbox"/> MR-UPPER EXT NON-JOINT WO/W CNTR BILTRL | | 7322050 |
| MRI | | CPT | DX CODE | <input type="checkbox"/> MR-LWR EXT JOINT NO CNTR Ankle, Knee | <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> MR - BRAIN NO CNTR (MS, CVA, Seizure, HA, ICH) | 70551 | | <input type="checkbox"/> MR-LWR EXT JOINT NO CNTR BILATERAL | | 7372150 |
| <input type="checkbox"/> MR - BRAIN W/WO CNTR (Reason for exam) | 70553 | | <input type="checkbox"/> MR-LWR EXT JNT WO/W CNTR (Abscess/Tumor) | <input type="checkbox"/> L <input type="checkbox"/> R | 73723 |
| <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"/> MR-LWR EXT JNT WO/W CNTR BILATERAL | | 7372350 |
| <input type="checkbox"/> Cranial Nerves (SPECIFY): | | | <input type="checkbox"/> MR-LWR EXT NON JNT NO CNTR (Femur/Lleg) | <input type="checkbox"/> L <input type="checkbox"/> R | 73718 |
| <input type="checkbox"/> MR-ORBITS WITHOUT CONTRAST | 70540 | | <input type="checkbox"/> MR-LWR EXT NON JNT WO/W CNTR (Abscess/Tumor) | <input type="checkbox"/> L <input type="checkbox"/> R | 73720 |
| <input type="checkbox"/> MR-ORBITS W / WO CONTRAST | 70543 | | <input type="checkbox"/> MR-LWR EXT NON JNT WO/W CNTR BILATERAL | | 7372050 |
| <input type="checkbox"/> MR-NECK/NASOPHARYNX W/WO CNTR | 70543 | | <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"/> MR-TMJ | 70336 | | <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"/> MR-BREAST BIL W/WO (COMPLETE FORM) | C8908 | | | | |
| <input type="checkbox"/> MR-CHEST NO CNTR | 71550 | | MR ANGIOGRAPHY (MRA) | | |
| <input type="checkbox"/> MR-CHEST W/WO | 71552 | | <input type="checkbox"/> MRA BRAIN/HEAD NO CNTR | <input type="checkbox"/> MRA <input type="checkbox"/> MRV | 70544 |
| <input type="checkbox"/> MR-CHEST W/WO CNTR (BRACHIAL PLEXUS) | 71552 | | <input type="checkbox"/> MRA BRAIN/HEAD W/WO CNTR | | 70546 |
| <input type="checkbox"/> MR-CHEST WO CNTR (BRACHIAL PLEXUS) | 71550 | | <input type="checkbox"/> MRA NECK W/WO CNTR | | 70549 |
| <input type="checkbox"/> MR-ABDOMEN NO CNTR | 74181 | | <input type="checkbox"/> MRA NECK WO CNTR | | 70547 |
| <input type="checkbox"/> MR-ABDOMEN WO/W CNTR (Reason for exam) | 74183 | | <input type="checkbox"/> MRA UPPER EXT W/WO CNTR | <input type="checkbox"/> L <input type="checkbox"/> R | 73225 |
| <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Pancreas <input type="checkbox"/> Kidneys <input type="checkbox"/> Adrenals | | | <input type="checkbox"/> MRA PELVIS W/WO CNTR | <input type="checkbox"/> MRA <input type="checkbox"/> MRV | 72198 |
| <input type="checkbox"/> MRCP-ABDOMEN NO CNTR | 74181 | | <input type="checkbox"/> MRA CHEST W/WO CNTR | | 71555 |
| <input type="checkbox"/> MR-ENTEROGRAPHY WO/W CONTRAST WITH ADMIN OF GLUCAGON 1MG IM PRIOR TO EXAM | 74183 72197 | | <input type="checkbox"/> RUN-OFF: (includes both when checked) | | |
| <input type="checkbox"/> MR-PELVIS/HIP NO CNTR | 72195 | | <input type="checkbox"/> MRA ABDOMEN W/WO CNTR | | 74185 |
| <input type="checkbox"/> MR-PELVIS/HIP WO/W CNTR (If organ specify, reason) | 72197 | | <input type="checkbox"/> MRA BILATERAL LWR EXT W CNTR | | 73725 |
| <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 | | | <input type="checkbox"/> MRA ABDOMEN W/WO CNTR | | 74185 |
| <input type="checkbox"/> MR-CERVICAL SPINE NO CNTR (HNP, TRAUMA) | 72141 | | <input type="checkbox"/> AAA <input type="checkbox"/> RENAL <input type="checkbox"/> MESENTERIC ARTERIES | | |
| <input type="checkbox"/> MR-THORACIC SPINE NO CNTR(HNP,STENOSIS) | 72146 | | <input type="checkbox"/> MRA ABDOMEN WO CNTR (RENAL) | | C8901 |
| <input type="checkbox"/> MR-LUMBAR SPINE NO CNTR (HNP,STENOSIS) | 72148 | | MRI PROCEDURES | | |
| <input type="checkbox"/> MR-CERVICAL W/WO (POST-OP, TUMOR, METS, INFECTION) | 72156 | | <input type="checkbox"/> MR- BREAST BIOSPY W CNTR | <input type="checkbox"/> L <input type="checkbox"/> R | 19085 |
| <input type="checkbox"/> MR-THORACIC W/WO CNTR (METS, INFECTION) | 72157 | | <input type="checkbox"/> MR-ELBOW ARTHRGRAM/W CNTR | <input type="checkbox"/> L <input type="checkbox"/> R | 73222 24220 |
| <input type="checkbox"/> MR-LUMBAR W/WO CNTR (Post-OP, METS, Infection) | 72158 | | <input type="checkbox"/> MR-HIP ARTHRGRAM W CNTR | <input type="checkbox"/> L <input type="checkbox"/> R | 73722 27093 |
| <input type="checkbox"/> MR-NEONATE BRAIN WO CNTR | 70551 | | <input type="checkbox"/> MR-SHOULDER ARTHRGRAM W CNTR | <input type="checkbox"/> L <input type="checkbox"/> R | 73222 23350 |
| <input type="checkbox"/> MR- VENOGRAM W/WO CNTR | 70546 | | <input type="checkbox"/> MR-WRIST ARTHRGRAM/W CNTR | <input type="checkbox"/> L <input type="checkbox"/> R | 73222 25246 |
| MRI EXTREMITIES | | CPT | DX CODE | | |
| <input type="checkbox"/> MR-UPPER EXT JOINT NO CNTR <input type="checkbox"/> L <input type="checkbox"/> R (Wrist Elbow or Shoulder) | 73221 | | 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. | | |
| <input type="checkbox"/> MR-UPPER EXT JOINT NO CNTR BILATERAL | 7322150 | | | | |
| <input type="checkbox"/> MR-UPPER EXT JOINT WO/W CNTR <input type="checkbox"/> L <input type="checkbox"/> R | 73223 | | | | |
| <input type="checkbox"/> MR-UPPER EXT JOINT WO/W CNTR BILATERAL | 7322350 | | | | |
| Call Results to: | After Hours: | | | | |
| Comments: | | | | | |
| | | | | | |
| Appointment Date/Time: | | <input type="checkbox"/> Spoke to patient <input type="checkbox"/> Left message for Patient <input type="checkbox"/> No answer | | | |

MRI Preps

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|---|--|
| <input type="checkbox"/> MRCP - Nothing to eat or drink for 6 hours prior to your appointment. | <input type="checkbox"/> If you have a pacemaker or aneurysm clip please notify the technologist, you may not be able to have an MRI |
| <input type="checkbox"/> MR Lower/Upper Extremity (NON JOINT)- Please fax an H&P to (910)878-6635 | <input type="checkbox"/> Please wear comfortable clothing and refrain from wearing jewelry or hairpins |
| <p>Special Instructions to Ordering Physician: **</p> <input type="checkbox"/> All MR procedures ordered with contrast must have a Creatinine within the last 30 days if they meet any of the following criteria: (Fax results to (910)878-6635 prior to patient's appointment) <ol style="list-style-type: none"> 1. history of renal disease, diabetes, hypertension, liver transplant, or severe hepatic disease 2. over the age of 60 | <input type="checkbox"/> Please arrive 15 minutes prior to your appointment time to register |



PARKING: Please check designated parking area for patients: 6408 Fayetteville Road. Raeford, NC

- | | |
|--|--|
| <input type="checkbox"/> Monday – Friday 7:30am – 5:00pm | Outpatients will enter through the Outpatient entrance. |
| <input type="checkbox"/> Monday – Friday before 7:30am and after 5:00pm and Weekends | Outpatients will enter through the Emergency Department |