

RICHMOND



Place Patient Label
Inside This Box

Physicians Oder for Diagnostics
MRI – Richmond Campus

Page 1 of 1

Name:		Sex:	Date of Birth:	Age:	SS#:
Telephone:(Home)		(Work)	(Mobile)	PreCert/Auth#:	
Physician Ph#		Physician Fax#:		Print Name of Physician:	
Physician Signature (Required)			Date/Time (Required): _____		
<input type="checkbox"/> APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM					
Please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient.					
ATTENTION PATIENT: Please bring a written list of all your current medications.					
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-10CODE			CNTR = CONTRAST		
MRI		CPT	DX CODE	MRI Extremities	
<input type="checkbox"/>	Brain W/O CNTR(MS,CVA,Seizure,HA,ICH)	70551		<input type="checkbox"/>	Upper Ext Joint WO CNTR (Wrist, Elbow, or Shoulder) <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/>	Brain W/WO CNTR(please specify reason) <input type="checkbox"/> Sella/Pituitary <input type="checkbox"/> IAC's <input type="checkbox"/> METS <input type="checkbox"/> Orbits	70553		<input type="checkbox"/>	Upper Ext Joint WO CNTR Bilateral
<input type="checkbox"/>	Neck/Nasopharynx W/WO CNTR	70543		<input type="checkbox"/>	Upper Ext Joint W/WO CNTR <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/>	TMJ	70336		<input type="checkbox"/>	Upper Ext Joint W/WO CNTR Bilateral
<input type="checkbox"/>	Chest WO CNTR	71550		<input type="checkbox"/>	Upper Ext Non Joint WO CNTR (Forearm,Humerus)
<input type="checkbox"/>	Chest W/WO CNTR (Please Specify reason) <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Mass	71552		<input type="checkbox"/>	Upper Ext Non Joint W CNTR(Forearm, Humerus)
<input type="checkbox"/>	Abdomen WO CNTR	74181		<input type="checkbox"/>	Upper Ext Non Joint W/WO CNTR <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/>	Abdomen W/WO CNTR(Please specify reason) <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Pancreas <input type="checkbox"/> Kidneys <input type="checkbox"/> Adrenals	74183		<input type="checkbox"/>	Upper Ext Non Joint W/WO CNTR Bilateral
<input type="checkbox"/>	MRCP – Abdomen WO CNTR	74181		<input type="checkbox"/>	Shoulder Arthrogram W CNTR <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/>	Pelvis WO CNTR <input type="checkbox"/> Organs <input type="checkbox"/> Hip	72195		<input type="checkbox"/>	Lower Ext Joint WO CNTR(Ankle, Knee) <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/>	Pelvis W/WO CNTR <input type="checkbox"/> Organs <input type="checkbox"/> Hip (If Organ specify reason <input type="checkbox"/> Mass <input type="checkbox"/> Female Pelvis <input type="checkbox"/> Infection)	72197		<input type="checkbox"/>	Lower Ext Joint WO CNTR Bilateral
<input type="checkbox"/>	Cervical Spine WO CNTR(HNP,Trauma,Stenosis)	72141		<input type="checkbox"/>	Lower Ext Joint W/WO CNTR (Ankle,Knee) (Abscess,Osteomyelitis,Tumor) <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/>	Thoracic Spine WO CNTR(HNP,Stenosis)	72146		<input type="checkbox"/>	Lower Ext Joint W/WO CNTR Bilateral
<input type="checkbox"/>	Lumbar Spine WO CNTR(HNP,Stenosis)	72148		<input type="checkbox"/>	Lower Ext Non Joint WO CNTR(Femur,Lowerleg) <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/>	Cervical W/WO (Post-op, Tumor,METS,Infection)	72156		<input type="checkbox"/>	Lower Ext Non Joint W/WO CNTR(Abscess,Osteomyelitis,Tumor) Femur, Lower leg <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/>	Thoracic W/WO CNTR (METS, Infection)	72157		<input type="checkbox"/>	Lower Ext Non Joint W/WO CNTR Bilateral
<input type="checkbox"/>	Lumbar W/WO CNTR (Post-op,METS,Infection)	72185		<input type="checkbox"/>	Foot <input type="checkbox"/> Forefoot <input type="checkbox"/> Hindfoot <input type="checkbox"/> Midfoot <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Entire foot for Stress FX
<input type="checkbox"/>	Pelvis(Hip Arthrogram W CNTR)	72197		<input type="checkbox"/>	Foot W/WO CNTR <input type="checkbox"/> Forefoot <input type="checkbox"/> Hindfoot <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Midfoot <input type="checkbox"/> Entire foot for Stress FX
MR Angiography (MRA)		CPT	DX CODE		
<input type="checkbox"/>	Brain			Call Results to: _____ After Hours#: _____	
<input type="checkbox"/>	MRA Brain/Head WO CNTR	70544		Creatinine within the last 30 days:	
<input type="checkbox"/>	Carotids/Subclavin			<input type="checkbox"/> Yes, Results: _____, also fax to (910)417-3380	
<input type="checkbox"/>	MRA Neck W/WO CNTR	70549		<input type="checkbox"/> No, Refer to policy on back of form	
<input type="checkbox"/>	Thoracic Aorta Includes both when ordered			Comments or Order Clarifications:	
<input type="checkbox"/>	MRA Chest W/WO CNTR	71555			
<input type="checkbox"/>	MR Chest WO CNTR	71550			
ABD/Pelvis					
<input type="checkbox"/>	MRA Abdomen W/WO CNTR <input type="checkbox"/> AAA <input type="checkbox"/> Renal <input type="checkbox"/> Mesenteric Arteries	74185			
<input type="checkbox"/>	MRA Pelvis W/WO CNTR	72198			
Run Off					
<input type="checkbox"/>	MRA Abdomen W/WO CNTR	74185			
<input type="checkbox"/>	MRA Bilateral Lower EXT W CNTR	C8912			

MRI Preps

<u>Special Instructions to Ordering Physician:</u>	<u>Special Instructions to Patients:</u>
<ul style="list-style-type: none"> All MR procedures ordered with contrast must have a <u>Creatinine</u> within the last 30 days if they meet any of the following criteria: (Fax results to 910-417-3380 prior to patient's appointment) <ol style="list-style-type: none"> history of renal disease, diabetes, hypertension, liver transplant, or severe hepatic disease over the age of 60 	<ul style="list-style-type: none"> If you have a pacemaker or aneurysm clip please notify the technologist, you may not be able to have an MRI
<ul style="list-style-type: none"> All MRI sedation patients must be scheduled through OR &MRI via Central Scheduling. They must also have an H&P faxed to (910)-417-3802 one week prior to MRI exam, and meet anesthesia criteria before undergoing sedation. Children must be at least 1 year old. Patients must be NPO after midnight; babies can have clear liquids up to 4 hours before test. 	<ul style="list-style-type: none"> Please arrive 30 minutes prior to your appointment time to register even if you have pre-registered via phone. Please wear comfortable clothing and refrain from wearing jewelry or hairpins MRCP - Nothing to eat or drink for 6 hours prior to your appointment. Please bring a list of your current medications with you to your MRI exam.

FirstHealth Moore Regional Hospital – Richmond Area Map

