



Place Patient Label
Inside This Box

Physicians Order for Diagnostics MRI
- Moore Campus

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):** _____

APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM

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.

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

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-10 CODE **CNTR = CONTRAST**

MRI Stealth / SRS	CPT	DX CODE
<input type="checkbox"/> MR-BRAIN W CNTR (Mass/Tumor)	70552	
<input type="checkbox"/> MR-BRAIN WO CNTR (Hemorrhage)	70551	
MRI		
<input type="checkbox"/> MR - BRAIN NO CNTR (MS, CVA, Seizure,HA, ICH)	70551	
<input type="checkbox"/> MR - BRAIN W/WO CNTR (Reason for exam)	70553	
<input type="checkbox"/> Sella/Pituitary <input type="checkbox"/> IAC's <input type="checkbox"/> METS <input type="checkbox"/> Orbits <input type="checkbox"/> Tumor <input type="checkbox"/> MS <input type="checkbox"/> Cranial Nerves (SPECIFY):		
<input type="checkbox"/> MR-NECK/NASOPHARYNX W/WO CNTR	70543	
<input type="checkbox"/> MR-TMJ	70336	
<input type="checkbox"/> MR-BREAST BIL W/WO (COMPLETE FORM)	C8908	
<input type="checkbox"/> MR-CHEST NO CNTR	71550	
<input type="checkbox"/> MR-CHEST W/WO	71552	
<input type="checkbox"/> MR-ABDOMEN NO CNTR	74181	
<input type="checkbox"/> MR-ABDOMEN W/WO CNTR (Reason for exam)	74183	
<input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Pancreas <input type="checkbox"/> Kidneys <input type="checkbox"/> Adrenals		
<input type="checkbox"/> MRCP-ABDOMEN NO CNTR	74181	
<input type="checkbox"/> MR-ENTEROGRAPHY W/WO CONTRAST WITH ADMINISTRATION OF GLUCAGON 1MG IM PRIOR TO EXAM	74183 72197	
<input type="checkbox"/> MR-PELVIS/HIP NO CNTR	72195	
<input type="checkbox"/> MR-PELVIS/HIP W/WO CNTR (If organ specify, reason)	72197	
<input type="checkbox"/> Mass <input type="checkbox"/> Prostate <input type="checkbox"/> Female Organs <input type="checkbox"/> Infection <input type="checkbox"/> Rectum <input type="checkbox"/> Boney		
<input type="checkbox"/> MR-CERVICAL SPINE NO CNTR (HNP, TRAUMA)	72141	
<input type="checkbox"/> MR-THORACIC SPINE NO CNTR(HNP,STENOSIS)	72146	
<input type="checkbox"/> MR-LUMBAR SPINE NO CNTR (HNP,STENOSIS)	72148	
<input type="checkbox"/> MR-CERVICAL W/WO (POST-OP, TUMOR, METS, INFECTION)	72156	
<input type="checkbox"/> MR-THORACIC W/WO CNTR(METS, INFECTION)	72157	
<input type="checkbox"/> MR-LUMBAR W/WO CNTR(Post-OP,METS, Infection)	72158	
MRI EXTREMITIES		
<input type="checkbox"/> MR-UPPER EXT JOINT NO CNTR (Wrist Elbow or Shoulder) <input type="checkbox"/> L <input type="checkbox"/> R	73221	
<input type="checkbox"/> MR-UPPER EXT JOINT NO CNTR BILATERAL	7322150	
<input type="checkbox"/> MR-UPPER EXT JOINT W/WO CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73223	
<input type="checkbox"/> MR-UPPER EXT JOINT W/WO CNTR BILATERAL	7322350	
<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-UPPER EXT NON JNT W/WO CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73220	
<input type="checkbox"/> MR-UPPER EXT NON JOINT W/WO CNTR BILTRL	7322050	

MRI EXTREMITIES (CON'T)	CPT	DX CODE
<input type="checkbox"/> MR-LWR EXT JOINT NO CNTR Ankle, Knee <input type="checkbox"/> L <input type="checkbox"/> R	73721	
<input type="checkbox"/> MR-LWR EXT JOINT NO CNTR BILATERAL	7372150	
<input type="checkbox"/> MR-LWR EXT JNT W/WO CNTR (Abscess/Tumor) <input type="checkbox"/> L <input type="checkbox"/> R	73723	
<input type="checkbox"/> MR-LWR EXT JNT W/WO CNTR BILATERAL	7372350	
<input type="checkbox"/> MR-LWR EXT NON JNT NO CNTR (Femur/Leg) <input type="checkbox"/> L <input type="checkbox"/> R	73718	
<input type="checkbox"/> MR-LWR EXT NON JNT W/WO CNTR (Abscess/Tumor) <input type="checkbox"/> L <input type="checkbox"/> R	73720	
<input type="checkbox"/> MR-LWR EXT NON JNT W/WO CNTR BILATERAL	7372050	
<input type="checkbox"/> MR-FOOT (Heel To Mid Foot) No CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73721	
<input type="checkbox"/> MR-FOOT W/WO CNTR (Heel to Mid Foot) <input type="checkbox"/> L <input type="checkbox"/> R	73723	
<input type="checkbox"/> MR-FOOT (Mid Foot To Toe) NO CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73718	
<input type="checkbox"/> MR-FOOT W/WO CNTR(Mid Foot to Toe) <input type="checkbox"/> L <input type="checkbox"/> R	73720	
MR ANGIOGRAPHY (MRA)		
<input type="checkbox"/> MRA BRAIN/HEAD NO CNTR <input type="checkbox"/> MRA <input type="checkbox"/> MRV	70544	
<input type="checkbox"/> MRA NECK W/WO CNTR	70549	
<input type="checkbox"/> MRA NECK WO CNTR	70547	
<input type="checkbox"/> MRA UPPER EXT W/WO CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73225	
<input type="checkbox"/> MRA PELVIS W/WO CNTR <input type="checkbox"/> MRA <input type="checkbox"/> MRV	72198	
<input type="checkbox"/> MRA CHEST W/WO CNTR	71555	
RUN-OFF: (includes both when checked)		
<input type="checkbox"/> MRA ABDOMEN W/WO CNTR	74185	
<input type="checkbox"/> MRA BILATERAL LWR EXT W CNTR	73725	
<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 ABDOMEN WO CNTR (RENAL)	C8901	
MRI PROCEDURES		
<input type="checkbox"/> MR-ELBOW ARTHRGRAM/W CNTR <input type="checkbox"/> L <input type="checkbox"/> R Also order: XR-Inject Proced Elbow Arthro	73222 24220	
<input type="checkbox"/> MR-PELVIS (HIP ARTHRGRAM)W CNTR <input type="checkbox"/> L <input type="checkbox"/> R Also order: XR-Inject Proced Hip Arthro	72196 27093	
<input type="checkbox"/> MR-SHOULDER ARTHRGRAM W CNTR <input type="checkbox"/> L <input type="checkbox"/> R Also order: XR-Inject Proced Shoulder Arthro	73222 23350	
<input type="checkbox"/> MR-WRIST ARTHRGRAM/W CNTR <input type="checkbox"/> L <input type="checkbox"/> R Also order: XR-Inject Proced Wrist Arthro	73222 25246	
Call Results to: _____ After Hours#: _____		
Creatinine within the last 30 Days:		
<input type="checkbox"/> Yes, Results: _____, also fax to (910)715-1177		
<input type="checkbox"/> No, Refer to policy on back of form		

Comments:

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

****Special Instructions to Ordering Physician:**

<p><input type="checkbox"/> MRCP - Nothing to eat or drink for 6 hours prior to your appointment.</p>	<p><input type="checkbox"/> If you have a pacemaker or aneurysm clip please notify the technologist, you may not be able to have an MRI</p>
<p>Special Instructions to Ordering Physician: **</p> <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:</p> <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 <p>(Fax results to 715-1437 prior to patient's appointment) Request Creatinine order in comments if needed.</p>	<p><input type="checkbox"/> Please wear comfortable clothing and refrain from wearing jewelry or hairpins</p> <p><input type="checkbox"/> Please arrive 30 minutes prior to your appointment time to register.</p> <p><input type="checkbox"/> MR Breast- Please fax the following information to 715-1437:</p> <ol style="list-style-type: none"> 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.
<p><input type="checkbox"/> MR Lower/Upper Extremity (NON JOINT)- Please fax an H&P to 715-1437</p>	

PARKING: Please check designated parking area for patients:

- Outpatient parking:** Monday-Friday, 4:30 a.m. – 9:30 p.m., Saturday, 5:30 a.m. – 7:00 p.m. Closed Sunday. Outpatients should use the Outpatient Building parking lot in front of the Outpatient Building located on Page Road.
- FirstHealth Imaging Center Parking:** Monday-Friday 7:30am-5:00pm. Located in the Pinehurst Radiology Building at the corner of Page and Memorial Drive. Outpatients should use the Pinehurst Radiology parking lot located near the corner of Page and Memorial Drive. Park toward the lower part of the parking area and enter through the door toward the back of the building.
- PreAdmission Parking** is available in the Outpatient Building parking lot in front of the Outpatient Building located on Page Road

