



Place Patient Label
Inside This Box

Physicians Order for Diagnostics MRI
- Lee Campus
Page 1 of 1

7046.03.15537.00.lee Sunset Date: 8/2022

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

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"/> BRAIN W CNTR (Mass/Tumor)	70552	
<input type="checkbox"/> BRAIN WO CNTR (Hemorrhage)	70551	
MRI	CPT	DX CODE
<input type="checkbox"/> BRAIN NO CNTR (MS, CVA, Seizure,HA, ICH)	70551	
<input type="checkbox"/> 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"/> NECK/NASOPHARYNX W/WO CNTR	70543	
<input type="checkbox"/> TMJ	70336	
<input type="checkbox"/> CHEST NO CNTR	71550	
<input type="checkbox"/> CHEST W/WO	71552	
<input type="checkbox"/> ABDOMEN NO CNTR	74181	
<input type="checkbox"/> 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"/> PELVIS/HIP NO CNTR	72195	
<input type="checkbox"/> 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"/> Bony		
<input type="checkbox"/> CERVICAL SPINE NO CNTR (HNP, TRAUMA)	72141	
<input type="checkbox"/> THORACIC SPINE NO CNTR (HNP, STENOSIS)	72146	
<input type="checkbox"/> LUMBAR SPINE NO CNTR (HNP, STENOSIS)	72148	
<input type="checkbox"/> CERVICAL W/WO (POST-OP, TUMOR, METS, INFECTION)	72156	
<input type="checkbox"/> THORACIC W/WO CNTR(METS, INFECTION)	72157	
<input type="checkbox"/> LUMBAR W/WO CNTR(Post-OP, METS, Infection)	72158	
MRI EXTREMITIES	CPT	DX CODE
<input type="checkbox"/> UPPER EXT JOINT NO CNTR (Wrist Elbow or Shoulder)	73221	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> UPPER EXT JOINT NO CNTR BILATERAL	7322150	
<input type="checkbox"/> UPPER EXT JOINT W/WO CNTR	73223	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> UPPER EXT JOINT W/WO CNTR BILATERAL	7322350	
<input type="checkbox"/> UPPER EXT NON-JOINT NO CNTR (Forearm, Hand, Humerus)	73218	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> UPPER EXT NON JNT W/WO CNTR	73220	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> UPPER EXT NON-JOINT W/WO CNTR BILTRL	7322050	

MRI EXTREMITIES (CON'T)	CPT	DX CODE
<input type="checkbox"/> LWR EXT JOINT NO CNTR Ankle, Knee	73721	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> LWR EXT JOINT NO CNTR BILATERAL	7372150	
<input type="checkbox"/> LWR EXT JNT W/WO CNTR (Abscess/Tumor)	73723	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> LWR EXT JNT W/WO CNTR BILATERAL	7372350	
<input type="checkbox"/> LWR EXT NON JNT NO CNTR (Femur/Leg)	73718	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> LWR EXT NON JNT W/WO CNTR (Abscess/Tumor)	73720	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> LWR EXT NON JNT W/WO CNTR BILATERAL	7372050	
<input type="checkbox"/> FOOT (Heel To Mid Foot) No CNTR	73721	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> FOOT W/WO CNTR (Heel to Mid Foot)	73723	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> FOOT (Mid Foot To Toe) NO CNTR	73718	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> FOOT W/WO CNTR(Mid Foot to Toe)	73720	<input type="checkbox"/> L <input type="checkbox"/> R
MR ANGIOGRAPHY (MRA)	CPT	DX CODE
<input type="checkbox"/> BRAIN/HEAD NO CNTR	70544	<input type="checkbox"/> MRA <input type="checkbox"/> MRV
<input type="checkbox"/> NECK W/WO CNTR	70549	
<input type="checkbox"/> NECK WO CNTR	70547	
<input type="checkbox"/> UPPER EXT W/WO CNTR	73225	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> PELVIS W/WO CNTR	72198	<input type="checkbox"/> MRA <input type="checkbox"/> MRV
<input type="checkbox"/> CHEST W/WO CNTR	71555	
<input type="checkbox"/> RUN-OFF: (includes both when checked)		
<input type="checkbox"/> ABDOMEN W/WO CNTR	74185	
<input type="checkbox"/> BILATERAL LWR EXT W CNTR	73725	
<input type="checkbox"/> ABDOMEN W/WO CNTR	74185	<input type="checkbox"/> AAA <input type="checkbox"/> RENAL <input type="checkbox"/> MESENTERIC ARTERIES
<input type="checkbox"/> ABDOMEN WO CNTR (RENAL)	C8901	

Call Results to: _____ After Hours#: _____

Creatinine within the last 30 Days:

Yes, Results: _____, also fax to (910)715-1177

No, Refer to policy on back of form

Place **Creatinine** order

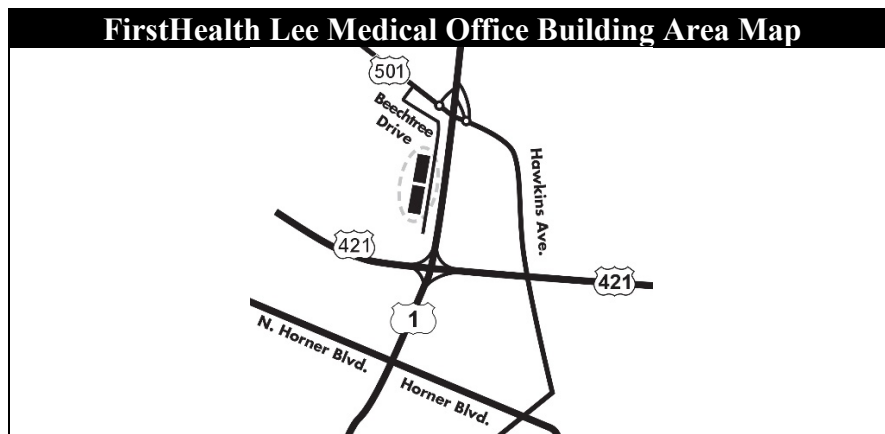
Comments:

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><u>Special Instructions to Ordering Physician: **</u></p> <p><input type="checkbox"/> All MR procedures ordered <u>with contrast</u> must have a <u>Creatinine</u> within the last 30 days if they meet any of the following criteria:</p> <ol style="list-style-type: none"> history of renal disease, diabetes, hypertension, liver transplant, or severe hepatic disease over the age of 60 <p>(Fax results to 715-1177 prior to patient's appointment) <u>Request Creatinine order if needed.</u></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, unless instructed otherwise.</p> <p><input type="checkbox"/> <u>MR Lower/Upper Extremity (NON-JOINT)-</u> Please fax an H&P to 715-1177</p>

FirstHealth Lee Medical Office Building Area Map



To Access Beechtree Drive from US-1, you must take the 15-501 exit #71 towards Pittsboro.
Beechtree Drive will be on your left once you go through the traffic circle.