NEUROimaging MRI REQUEST
CARDIOVASCULAR MRI
SUITE 101 - BOSHELL DIABETES BUILDING, 1808 7th Ave S., B'HAM Ph: (205) 934-9906 FAX: (205) 975-1952
NO CARDIAC PACEMAKERS. NO PUMPS, CALL FOR INSTRUCTIONS

Patient name: ___________________________ Age: _____ Sex _____
Phone#: ___________________________ MRN#: ___________________________

IF PATIENT HAS CARDIAC PACEMAKER, DEFIBRILLATOR, ICD or ANEURYSM CLIP - CALL ATT. PHYSICIAN
AND if "yes" to any of the below questions, call MRI technologist at 934-49906
Cardiac Pacemaker: yes or no
Previous Surgery on Head, Neck, Face: yes or no
Aneurysm Clips: yes or no
Metallic Foreign Body: yes or no

If patient weighs more than 300 lbs., call MRI technologist

INSURANCE INFO:
Primary Carrier: ___________________________
Policy Holder: ___________________________
Policy #: ___________________________
Group #: ___________________________
Secondary Carrier: ___________________________
Policy Holder: ___________________________
Policy #: ___________________________
Group #: ___________________________

Precertification required?: Yes _____ No_____ AUTHORIZATION# ___________________________
Attending MD: ___________________________
Referring MD: ___________________________
SEND REPORT TO: DR. ___________________________ at ___________________________

Clinical Indication: ___________________________
ICD9: ___________________________

Must support use of magnetic resonance imaging

EPILEPSY
MRI Brain - Neuro Screen
Temporal Lobe
Extratemporal Lobe
Other
Post-Op
MEG protocol
Contrast Injection followed by 3D Volume

TUMOR
MRI with & without contrast - Tumor Protocol
Frame or Stealth Protocol
Other
MEG Protocol
Contrast Injection followed by 3D Volume

VASCULAR
MRI Brain - Vascular Protocol
Aortic Arch MRA
Other
Intracranial MRA
Extracranial MRA

HEADACHES
MRI Brain WITH contrast
MRI Brain WITHOUT contrast

DEMENTIA / MEMORY
Neuroscreen
Temporal Lobe
WITH contrast

ORDERED BY: ___________________________ Time: ___________________________
Phone: ___________________________

Date Scheduled: ___________________________

To
Order Study:

1. Complete request form.
2. Call 934-9906 to schedule date & time. Give map to patient to the: BOSHELL BUILDING
7th Avenue S. & 18th Street. Entrance across alley from Patient Discharge.
3. After precertification is complete, fax request to 975-1952. rev. (10-1-2002)