# IMAGING REQUEST

**SCHEDULING: 833-5MAXMRI**
**(833.562.9674)**
23832 Southfield Road • Southfield, MI • 48075
Office 248.327.7512 • Fax 248.262.7379
info@maximmri.com
maximmri.com

| Patient Name (First Name, Last Name) ☐ Female ☐ Male | Date of Birth |
|---|---|
| Referring Physician (First Name, Last Name) | Physician Phone # |
| Appointment Date _____/_____/_____ M T W T F Sat Sun | Appointment Time (Please arrive 10 mins. prior) |
| Patient Phone # | Physician Fax # / ACR Select Identification # |

**NOTE: Patients with cardiac pacemakers or other implanted devices cannot be scanned.**

## Pre-Screening Questions

- ☐ Pacemaker/Defibrillator
- ☐ Stents
- ☐ Aneurysm Clip
- ☐ Metal (ie. metal in eyes, surgical implants, etc.)
- ☐ Prior surgery to the area being scanned
- ☐ Pregnant

## MRI – Anatomy to Scan

**Head**
- ☐ Traumatic Brain Injury Protocol Brain w/o +SWI
- ☐ Brain
- ☐ IAC
- ☐ Neck Soft Tissue
- ☐ Orbits
- ☐ Pituitary
- ☐ TMJ
- ☐ Neuroquant

**Spine**
- ☐ Cervical Spine
  - ☐ w/Flexion & Extension
- ☐ Thoracic Spine
- ☐ Lumbar Spine (with and without weight-bearing technology)
- ☐ Sacrum
- ☐ Sacroiliac (S.I. joint)
- ☐ Dynawell Weight Bearing

**Upper Extremities & Joints**
- ☐ L ☐ R Shoulder
- ☐ L ☐ R Sacapula
- ☐ L ☐ R Upper Arm (Humerus)
- ☐ L ☐ R Elbow
- ☐ L ☐ R Lower Arm (Radius/Ulna)
- ☐ L ☐ R Wrist
- ☐ L ☐ R Hand

**Lower Extremities & Joints**
- ☐ L ☐ R Hip
- ☐ L ☐ R Upper Leg (Femur)
- ☐ L ☐ R Knee
- ☐ L ☐ R Lower Leg (Tibia/Fibula)
- ☐ L ☐ R Ankle (Incl. Achilles)
- ☐ L ☐ R Foot

**Miscellaneous**
- ☐ Abdomen
- ☐ Pelvis
- ☐ MRCP
- ☐ Brachial Plexus
- ☐ Chest
- ☐ Other

**MR Angiography**
- ☐ Head (Circle of Willis)
- ☐ Neck (Carotid & Vertebrals)
- ☐ Upper Extremity (Subclavian)
- ☐ Chest (Thoracic Aortagram)
- ☐ Spinal Canal
- ☐ Abdomen (Renal Aortagram)
- ☐ Pelvis
- ☐ Lower Extremity

## Contrast & 3D Reconstructions

MR exams with or without contrast and 3D reconstructions will be performed per radiologist's protocol. **If no contrast**, check this box ☐

## Medical Necessity Information (Required)

Please describe the patient's signs, symptoms, physical findings, which you believe to indicate a need for the procedure(s) you are ordering above. The physician must be treating the patient in connection with the diagnosis or complaints listed, and this information must accurately reflect the medical reason for requesting these tests. The medical necessity of each test ordered must be documented in the patient's medical record.

### Significant History, Symptoms & Clinical Findings

Type of Trauma:
- ☐ MVA
- ☐ Work Injury
- ☐ Slip & Fall
- ☐ Sports Injury
- ☐ Other

- ☐ Radicular Pain
  - ☐ Upper Extremity
  - ☐ Lower Extremity
- ☐ Sciatica
- ☐ Headaches
- ☐ Arm Tingling
- ☐ Muscle Spasm
- ☐ Decreased Range of Motion
- ☐ Lumbar Pain & History of Low Velocity Trauma
- ☐ Knee Trauma – Tenderness or Effusion or Cannot Bear Weight
- ☐ Acute Shoulder Pain – Persistent

- ☐ New Onset Neck Pain
  - ☐ 3-4 consecutive weeks of conservative treatment (no substantial improvement for current episode of pain (ie. NSAIDS, muscle relaxants, steroids, physical therapy chiropractic adjustments)
  - ☐ With progression or worsening symptoms during the course of conservative treatment

- ☐ Neck Pain with Signs of Spinal Cord Compression/Myelopathy (Neurologic Deficits)
  - ☐ Abnormal Reflexes
  - ☐ Objective Muscle Weakness
  - ☐ Abnormal Sensory Changes Along Dermatome
  - ☐ Spasticity
- ☐ Fracture Evaluation

☐ Other: _____

☐ Ruling Out: _____

Physician's Signature Date

By signature above, the physician has made an independent medical necessity decision with regard to each procedure performed.

# MRI PRESCRIPTION FORM

Doctor: Please fax a copy of request to 248.262.7379

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## HOW TO PREPARE FOR YOUR MRI

- Please remove all metal objects from your body before scanning including jewelry, snaps, zippers, credit cards, keys and phones.
- Wear loose comfortable clothing free from metal and/or a gown may need to be provided to you depending on body part to be scanned.
- Bring this prescription form, insurance card or insurance information and identification to your MRI appointment.
- Please arrive 15 minutes before your appointment time to complete paperwork and pre-screening and arrive 30 minutes before your appointment time if you require sedation.