



PODIATRY IMAGING REQUEST



Maxim MRI | 23832 Southfield Rd. | Southfield, MI 48075
Ph. 248.327.7512 | Fax 248.262.7379
info@maximmri.com | maximmri.com

SCHEDULING: 833-5MAXMRI (833.562.9674)

Patient Name (First Name, Last Name)			
<input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth	Patient Phone
Primary Insurance		Secondary Insurance	
Diagnosis/Reason (Rule out diagnosis not accepted)			
Referring Physician (First Name, Last Name)			
Physician Phone #		Physician Fax #	
Physician Signature			Date
Medicare and Medicare Advantage Plans Appropriate Use Criteria: HCPCS Modifier: _____ & G-Codes _____			
Arthrogram? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sedation <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Transportation Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

ANATOMY TO BE IMAGED

	MRI Without Contrast	MRI With & Without Contrast
<input type="checkbox"/> Right <input type="checkbox"/> Left		
Ankle (Hind-foot/Midfoot)	<input type="checkbox"/> 73721	<input type="checkbox"/> 73723
Foot (Midfoot/Forefoot)	<input type="checkbox"/> 73718	<input type="checkbox"/> 73720

MRA Lower Extremity	<input type="checkbox"/> Unilateral 73725	<input type="checkbox"/> Bilateral 73725
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INDICATIONS

Please mark X at the location of the suspected pathology

FOOT

FOOT

ANKLE

ANKLE

- Fracture or Contusion
- Heel Pain
- Ligament Injury
- Mass (ganglions, etc.)
- Morton Neuroma
- Osteomyelitis
- Plantar Fibromatosis
- Talar Dome Lesion
- Tarsal Coalition
- Tarsal Tunnel
- _____ Tendon Pathology
- Other _____
- Diagnosis/ICD10 Code: _____
- Signs/Symptoms: _____



MRI PRESCRIPTION FORM

Doctor: Please fax a copy of request to 248.262.7379

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PATIENT INSTRUCTIONS

ALL PROCEDURES:

- You must bring the prescription from the ordering physician.
- You need to have photo ID and insurance information (if applicable).
- If your test is ordered with contrast, please let us know if you've ever experienced difficulty with contrast in the past.

PREPARATION FOR MRI:

- When you schedule your appointment, let us know if you have any implanted devices such as a pacemaker, defibrillator, cochlear implant, insulin pump, etc.
- If your MRI is ordered "With Contrast" and you are over 60 or have a history of kidney problems, you may be required to obtain a lab test for BUN/creatinine prior to your MRI. Your physician should provide you with a prescription for this test.
- Please arrive 30 minutes prior to your appointment time to complete the required paperwork.
- Paperwork is available online at www.maxmri.com. Bringing completed paperwork to your appointment will require you to arrive only 15 minutes prior to your scheduled time.
- Medication patches must be removed before entering the MRI.
- NO METAL can go into the scanner (zippers, snaps, jewelry, hair clips/pins, etc.) Please wear loose, comfortable clothing.
- You may ask your doctor for a mild sedative to take prior to the procedure if you think it will help you relax for the exam.
- **SEDATION PATIENTS MUST be accompanied by a driver who MUST remain on site until completion of the exam.** (The driver cannot leave and come back.) Depending on type of sedation there may be eating/drinking restrictions. Please discuss this with us prior to your appointment.



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LOCATION AND PARKING:

Free, well lighted, close and convenient parking is available adjacent to our office.

CANCELLATION COURTESY:

24 hour notice is required for any study.

**EACH PATIENT RECEIVES A
PERSONALIZED CD
OF THEIR STUDY.**