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) ☐ Female ☐ Male		Date of Birth
Referring Physician (First Name, Last Name)		Physician Phone #
Primary Insurance	Secondary Insurance	
Diagnosis/Reason **(rule out diagnosis not accepted)**	ICD 10 Code	
Appointment Date _____/_____/_____ M T W T F Sat Sun	Appointment Time (Please arrive 10 mins. prior)	
Patient Phone #	Physician Fax #	ACR Select Identification #

Medicare and Medicare Advantage Plans Appropriate Use Criteria: HCPCS Modifier: _____ & G-Codes _____

Contrast? ☐ Yes ☐ No	Arthrogram? ☐ Yes ☐ No	Is Transportation Needed? ☐ Yes ☐ No	Is a Translator Needed? ☐ Yes ☐ No
Sedation? ☐ Yes ☐ No	All studies ordered with contrast on patients over 60 or who have a history of diabetes or renal failure, creatinine and BUN levels are required and may be conducted on site.	☐ Creatinine/BUN (if indicated) Date _____	

3D Rendering requested upon positive findings ☐

Pre-Screening Questions

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

NOTE: Patients with cardiac pacemakers cannot be scanned. Other implanted devices may not be able to be scanned.

MRI – Anatomy to Scan

Head
- ☐ Head (Circle of Willis MRA)
- ☐ Traumatic Brain Injury Protocol
- ☐ Neuroquant
- ☐ Brain
- ☐ Brain MRV
- ☐ Seizure Protocol
- ☐ MS Protocol
- ☐ IAC
- ☐ Neck Soft Tissue
- ☐ Orbits
- ☐ Pituitary
- ☐ TMJ

Spine
- ☐ Cervical Spine
  - ☐ w/Flexion & Extension
  - ☐ Alar/Oblique Views
- ☐ Thoracic Spine
- ☐ Lumbar Spine
  - ☐ Dynawell Weight Bearing
- ☐ Sacrum
- ☐ Sacroiliac (S.I. joint)

Upper Extremities & Joints
- ☐ L ☐ R Shoulder
- ☐ 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/Hind Foot (Incl. Achilles)
- ☐ L ☐ R Fore Foot

Miscellaneous
- ☐ Abdomen
- ☐ Pelvis
- ☐ MRCP
- ☐ Other (please specify)

_____
_____
_____

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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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.