EXPERTMRI
Technology | Science | Evidence

877.MRI.8888
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REQUIRED FOR AUTHORIZATION

Patient _____
Phone _____
Date of Injury _____
Date of Birth _____
Insurance _____
Policy & Group # _____
Payor/Attorney _____

HMO ☐
PPO ☐
PI ☐
WC ☐
CASH ☐

REFERRING PHYSICIAN

Name _____
Phone _____
Fax _____
Address _____

STAT ☐

Patient's next Dr. Appt. ☐
Date _____

PHYSICIAN SIGNATURE

_____

MRI

MUSCULO-SKELETAL	Multi-Position	IV Contrast With	IV Contrast W/O	Arthro-gram	L	R
TMJ	☐	☐	☐		☐	☐
Clavical		☐	☐		☐	☐
SC Joint		☐	☐		☐	☐
Scapula		☐	☐		☐	☐
Shoulder	☐	☐	☐	☐	☐	☐
Humerous		☐	☐		☐	☐
Elbow	☐	☐	☐	☐	☐	☐
Radius/Ulna		☐	☐		☐	☐
Wrist	☐	☐	☐	☐	☐	☐
Hand		☐	☐		☐	☐
Hip	☐	☐	☐	☐	☐	☐
Femur		☐	☐		☐	☐
Knee	☐	☐	☐	☐	☐	☐
Tibia/Fibula		☐	☐		☐	☐
Ankle	☐	☐	☐	☐	☐	☐
Foot		☐	☐		☐	☐
Other	☐	☐	☐	☐	☐	☐

VASCULAR	IV Contrast With	IV Contrast W/O	L	R
COW	☐	☐		
Carotids	☐	☐		
Upper Extremity	☐	☐	☐	☐
Thoracic Aorta	☐	☐		
Abdominal Aorta	☐	☐		
Renal Vessels	☐	☐		
Liver/IVC/ Phasic	☐	☐		
Pelvic/Iliacs	☐	☐	☐	☐
Lower Extremities	☐	☐	☐	☐
AIBF Runoff	☐	☐		
Other	☐	☐		

Note: IV contrast is not necessary for many MRA studies. Please make sure the rule out or habitus calls for contrast. Studies ordered 'With' IV Contrast will be performed with and without contrast.

BODY	IV Contrast With	IV Contrast W/O
Soft Tissue Neck	☐	☐
Brachial Plexus	☐	☐
Chest	☐	☐
Abdomen	☐	☐
MRCP	☐	☐
Pelvis	☐	☐
Prostate	☐	☐
Other	☐	☐

BRAIN/HEAD	IV Contrast With	IV Contrast W/O
Brain	☐	☐
Brain TBI	☐	☐
Pituitary	☐	☐
IAC	☐	☐
Sinus	☐	☐
Orbits	☐	☐
Face	☐	☐
DTI/ Tractography	☐	☐
Other	☐	☐

SPINE	Multi-Position	IV Contrast With	IV Contrast W/O
Cervical	☐	☐	☐
Thoracic	☐	☐	☐
Lumbar	☐	☐	☐
Sacrum/Coccyx	☐	☐	☐
Other	☐	☐	☐

X-RAY

MUSCULO-SKELETAL	L	R	# Of Views
TMJ	☐	☐	__
Clavical	☐	☐	__
SC Joint	☐	☐	__
Scapula	☐	☐	__
Shoulder	☐	☐	__
Humerous	☐	☐	__
Elbow	☐	☐	__
Radius/ Ulna	☐	☐	__
Wrist	☐	☐	__
Hand	☐	☐	__
Hip	☐	☐	__
Femur	☐	☐	__
Knee	☐	☐	__
Tibia/ Fibula	☐	☐	__
Ankle	☐	☐	__
Foot	☐	☐	__
Other	☐	☐	__

BRAIN/ HEAD		# Of Views
Skull	☐	__
Mandible	☐	__
Post Fossa	☐	__
Sinus	☐	__
Orbits	☐	__
Face	☐	__
Other	☐	__

BODY	L	R	# Of Views
Soft Tissue Neck	☐		__
Chest	☐		__
Ribs	☐	☐	__
Abdomen	☐		__
Pelvis	☐		__
Other	☐		__

SPINE		# Of Views
Cervical	☐	__
Thoracic	☐	__
Lumbar	☐	__
Sacrum/Coccyx	☐	__
Other	☐	__

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Date _____

PHYSICIAN SIGNATURE

_____

CT

MUSCULO-SKELETAL	IV Contrast With	IV Contrast W/O	Arthro-gram	L	R
TMJ	☐	☐		☐	☐
Clavical	☐	☐		☐	☐
SC Joint	☐	☐		☐	☐
Scapula	☐	☐		☐	☐
Shoulder	☐	☐	☐	☐	☐
Humerous	☐	☐		☐	☐
Elbow	☐	☐	☐	☐	☐
Radius/Ulna	☐	☐		☐	☐
Wrist	☐	☐	☐	☐	☐
Hand	☐	☐		☐	☐
Hip	☐	☐	☐	☐	☐
Femur	☐	☐		☐	☐
Knee	☐	☐	☐	☐	☐
Tibia/Fibula	☐	☐		☐	☐
Ankle	☐	☐	☐	☐	☐
Foot	☐	☐		☐	☐
Other	☐	☐	☐	☐	☐

BODY	Oral Contrast	IV Contrast With	IV Contrast W/O
Soft Tissue Neck		☐	☐
Chest		☐	☐
Abdomen	☐	☐	☐
Pelvis	☐	☐	☐
CC Score		☐	☐
Colonography		☐	☐
Other	☐	☐	☐

BRAIN/ HEAD	IV Contrast With	IV Contrast W/O
Brain	☐	☐
Pituitary	☐	☐
IAC	☐	☐
Sinus	☐	☐
Orbits	☐	☐
Face	☐	☐
Other	☐	☐

SPINE	IV Contrast With	IV Contrast W/O
Cervical	☐	☐
Thoracic	☐	☐
Lumbar	☐	☐
Sacrum/ Coccyx	☐	☐
Other	☐	☐

VASCULAR	IV Contrast* With	IV Contrast* W/O
COW	☐	☐
Carotids	☐	☐
Upper Extremity	☐	☐
Thoracic Aorta	☐	☐
Abdominal Aorta	☐	☐

	IV Contrast* With	IV Contrast* W/O
Renal Vessels	☐	☐
Liver/IVC/Phasic	☐	☐
Pelvic/Iliacs	☐	☐
Lower Extremities	☐	☐
AIBF Runoff	☐	☐

	IV Contrast* With	IV Contrast* W/O
Coronary CTA	☐	☐
Other	☐	☐

Note: All CTA studies require contrast

ULTRASOUND

Parotid Glands	☐
Soft Tissues - Real Time Image	☐
Thyroid	☐
Chest	☐
Breast - Unilateral - Complete	☐
Breast - Unilateral - Limited**	☐
Abdomen Complete - 8 Organs	☐
Abdomen Limited** - Single Organ or Quadrant	☐
Bladder - Follow-up or Limited**	☐
Gallbladder	☐
Liver	☐
Pancreas	☐
Spleen	☐
Retroperitoneal Complete	☐
Retroperitoneal Limited**	☐
Spinal Canal and Contents	☐
Female Pelvis - Transvaginal	☐
Female Pelvis - Non OB Transabdominal	☐
Penile Artery Doppler	☐
Testicular & Contents	☐
Prostate - Transrectal	☐
Prostate - Transabdominal	☐
OB < 14 Weeks Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester	☐
OB > 14 Weeks Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester	☐
OB Eval Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation	☐
Ultrasound, Extremity, Nonvascular	☐
Carotid Arteries Doppler	☐
Arterial-Unilateral Limited	Upper ☐ Lower ☐ L ☐ R ☐
Arterial - Bilateral Complete	Upper ☐ Lower ☐
Duplex Scan of Extremity Veins - Complete Bilateral Study	Upper ☐ Lower ☐
Duplex Scan of Extremity Veins - Unilateral or Limited** Study	Upper ☐ Lower ☐ L ☐ R ☐
Other	☐

Ultrasound Notes for Limited Studies

EMAIL

Email us at **referrals@expertmri.com** and our data entry team will create/update the patient(s) chart(s) and assign a designated scheduler within the first 24 hours of emailing. The scheduler will then contact the patient directly and schedule an appointment in the location nearest to them.

CALL

To speak to a customer care executive, dial **877.MRI.8888** (887.674.8888)

CONTACTS

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referrals@expertmri.com
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Attorney signed liens are required prior to generating the bill. Always use secured emails when sending patient information.