EXPERTMRI®
Technology | Science | Evidence

877.MRI.8888
ExpertMRI.com

Fax: 877.370.5458
referrals@expertmri.com

REQUIRED FOR AUTHORIZATION

Patient _____
Phone _____
Email _____
Date of Birth _____ Date of Injury _____
Policy & Group # _____
Insurance/Payor/Attorney _____
☐ PPO ☐ PI ☐ WC ☐ Self-Pay

REFERRING PHYSICIAN

STAT ☐

Name _____
Phone _____
Fax _____
Address _____
Reason for Exam _____
PHYSICIAN SIGNATURE
_____

MRI

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

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

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

Note: Please make sure the rule out or habitus calls for contrast. Studies ordered 'With' IV Contrast will be performed with and without contrast.

BRAIN	IV Contrast WO	IV Contrast W	IV Contrast WO/W
Brain	☐	☐	☐
☐ Level 1 MRI brain with basic DWI & GRE			

BRAIN TBI	IV Contrast WO	IV Contrast W	IV Contrast WO/W
Brain TBI	☐	☐	☐
☐ Level 2 adds SWI (Susceptibility Weighted Imaging)			

BODY	IV Contrast WO	IV Contrast W	IV Contrast WO/W
Soft Tissue Neck	☐	☐	☐
Brachial Plexus	☐	☐	☐
Chest	☐	☐	☐
Breast	☐	☐	☐
Abdomen	☐	☐	☐
MRCP	☐	☐	☐
Pelvis	☐	☐	☐
Multiparametric 3T Prostate			☐
Other	☐	☐	☐

HEAD	IV Contrast WO	IV Contrast W	IV Contrast WO/W
Pituitary	☐	☐	☐
IAC	☐	☐	☐
Sinus	☐	☐	☐
Orbits	☐	☐	☐
Face	☐	☐	☐
Other	☐	☐	☐

NEUROQUANT	IV Contrast WO	IV Contrast W	IV Contrast WO/W
Brain TBI	☐	☐	☐
☐ Level 3 adds Neuroquant (3D Grey Matter Volumetrics)			

X-RAY

MUSCULO-SKELETAL	L	R	# Of Views
TMJ	☐	☐	__
Clavicle	☐	☐	__
SC Joint	☐	☐	__
Scapula	☐	☐	__
Shoulder	☐	☐	__
Humerus	☐	☐	__
Elbow	☐	☐	__
Radius/ Ulna	☐	☐	__
Wrist	☐	☐	__

	L	R	# Of Views
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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CT

MUSCULO-SKELETAL	IV Contrast WO	IV Contrast W	IV Contrast WO/W	Arthro-gram	L	R
Clavicle	☐	☐	☐		☐	☐
SC Joint	☐	☐	☐		☐	☐
Scapula	☐	☐	☐		☐	☐
Shoulder	☐	☐	☐	☐	☐	☐
Humerus	☐	☐	☐		☐	☐
Elbow	☐	☐	☐	☐	☐	☐
Radius/Ulna	☐	☐	☐		☐	☐
Wrist	☐	☐	☐	☐	☐	☐
Hand	☐	☐	☐		☐	☐
Hip	☐	☐	☐	☐	☐	☐
Femur	☐	☐	☐		☐	☐
Knee	☐	☐	☐	☐	☐	☐
Tibia/Fibula	☐	☐	☐		☐	☐
Ankle	☐	☐	☐	☐	☐	☐
Foot	☐	☐	☐		☐	☐
Other	☐	☐	☐	☐	☐	☐

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

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

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

VASCULAR	IV Contrast* WO	IV Contrast* W	IV Contrast* WO/W
COW	☐	☐	☐
Carotids	☐	☐	☐
Upper Extremity	☐	☐	☐
Thoracic Aorta	☐	☐	☐
Abdominal Aorta	☐	☐	☐
Renal Vessels	☐	☐	☐
CT Coronary	☐	☐	☐
Angiograms	☐	☐	☐
Colonography	☐	☐	☐

	IV Contrast* WO	IV Contrast* W	IV Contrast* WO/W
Corner Plaque Analysis	☐	☐	☐
Calcium Scores	☐	☐	☐
Liver/IVC/Phasic	☐	☐	☐
Pelvic/Iliacs	☐	☐	☐
Lower Extremities	☐	☐	☐
AIBF Runoff	☐	☐	☐
Other	☐	☐	☐

**Note: All CTA studies require contrast*

ULTRASOUND

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**	☐
Female Pelvis - Transvaginal	☐
Female Pelvis - Non OB Transabdominal	☐
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	☐
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 a scheduler will contact the patient within 24 business hours of referral received.

CALL

To speak to a customer care executive, dial **877.MRI.8888** (877.674.8888)

CONTACTS

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Medical Records
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Lien Reductions
collections@expertmri.com
Billing & Requests
billing@expertmri.com

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