Ph. (361) 356-2101 • Fax (361) 356-2102

Patient's Name _____ Date of Birth _____ Today's Date _____

*Clinical Diagnosis / Symptoms (Required): _____

_____

Appt. Date: _____ Time: _____ Patient Phone #: _____

Physician's Name (Print) _____ Physician's Signature _____

☐ OBTAIN INS. AUTH. ☐ CALL PATIENT TO SCHEDULE ☐ TRANSPORTATION ☐ STAT REPORT ☐ ROUTINE REPORT

MRI

☐ Without Contrast
☐ With and Without Contrast
☐ With Contrast

___ Abdomen
___ Brain
___ Face
___ IAC's
___ Mandible
___ Neck
___ Orbit
___ Pelvis
___ Pituitary Gland
___ Sacro-iliac Joint
___ Sacrum/Coccyx

___ Spine
☐ Cervical ☐ Thoracic ☐ Lumbar

___ Temporomandibular Joints

___ Upper Extremity (joint) Left Right
☐ Elbow ☐ Shoulder ☐ Wrist

___ Upper Extremity (non joint) Left Right
☐ Hand ☐ Forearm ☐ Humerus

___ Lower Extremity (joint) Left Right
☐ Ankle ☐ Hip ☐ Knee

___ Lower Extremity (non joint) Left Right
☐ Femur ☐ Foot ☐ Tibia/Fibula

Other _____

MRA

___ Cerebrals
(w/reconstruction w/o contrast)

___ Carotids
(w/reconstruction w/o contrast)

X-RAY

☐ With Weights

Exam Requested: _____

MRI CONTRAINDICATIONS

If you have any of the following devices implanted in your body you will not be able to have an MRI exam.

- Pacemaker
- Brain Aneurysm Clip
- Battery Operated Pumps (Insulin, Pain meds, etc.)

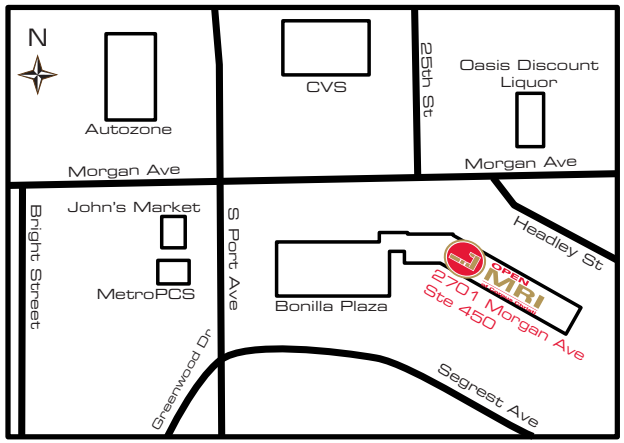
MRI OF ABDOMEN

- Need to be fasting 3-4 hours before exam.

MRI SUGGESTIONS

- Do not wear jewelry (necklaces, bracelets, earrings, etc.)
- Wear comfortable loose clothing
- Do not wear clothing with metal buttons or zippers
- For Females, do not wear mascara

NOTE
- The exam requires you to lay still for approximately 30 to 40 minutes. If you are in severe pain, we suggest that you take pain medication 1 hr prior to appointment time.
- You may eat prior to the exam.



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PLEASE BRING YOUR INSURANCE INFORMATION AND LIST OF MEDICATIONS

ACCREDITED FACILITY IAC INTERSOCIETAL ACCREDITATION COMMISSION • MRI •