

# MRI

APPOINTMENT INFORMATION Appointment Date: \_\_\_\_\_ Check-in Time: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Check Appropriate Site Below — See Map On Back

Squalicum Parkway  
2930 Squalicum Parkway  
Suite 101

Northwest Avenue Open MRI  
4029 Northwest Avenue  
Suite 102

Birchwood Avenue  
@ Cascade Brain & Spine Center  
710 Birchwood Avenue, Suite 102

**1** PATIENT INFORMATION (please print) See Important Exam Information On Back

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Referring M.D.: \_\_\_\_\_

CC: \_\_\_\_\_

Primary Insurance Name: \_\_\_\_\_

Comparison Films:  Patient Bring  Office Will Send  None

Pregnant:  Yes  No

Weight: \_\_\_\_\_

**2** WARNING - MRI is NOT allowed for patients with:  
•Pacemakers or Cardioverters

CAUTION - Patients with any of the following MUST be cleared by a radiologist before an MRI can be performed: To avoid rescheduling please provide documentation(ex: operative report, implant card information).

Heart, ear, or brain surgery?  
 Implanted device (aneurysm clips, stents, valve, pacemaker)  
 Metal fragments in the eyes?  
 Post-operative on the area of interest?  
 Medication patch (fentanyl, nicotine etc)? -must be removed for MRI

Allow extra time for appointment if any of the following are marked:

Claustrophobic? (Schedule Open MRI when possible and provide oral sedation as needed)  
 Issue preventing patient from holding still such as severe pain, altered cognition, mental state, etc.?  
 Physical limitations? (ex: Wheelchair)

**3** EXAM TYPE - Please mark one or more of the following:

<p>Brain</p> <p><input type="checkbox"/> Routine Brain  <input type="checkbox"/> To include MRA – Circle of Willis  <input type="checkbox"/> To include MRA – Neck</p> <p><input type="checkbox"/> MS Brain  <input type="checkbox"/> IAC for tumor  <input type="checkbox"/> Maxillofacial  <input type="checkbox"/> Orbits  <input type="checkbox"/> Pituitary</p> <p>Neck/Chest</p> <p><input type="checkbox"/> Soft Tissue Neck  <input type="checkbox"/> Brachial Plexus  <input type="checkbox"/> Chest  <input type="checkbox"/> Breast</p>	<p>Spine</p> <p><input type="checkbox"/> C-Spine  <input type="checkbox"/> T-Spine  <input type="checkbox"/> L-Spine – Routine  <input type="checkbox"/> L-Spine – Post Op (&lt; 3yrs)  <input type="checkbox"/> Spine Screen – Compression fx  <input type="checkbox"/> Spine Screen – Mets/Tumor  <input type="checkbox"/> MS Spine</p> <p>Pelvis</p> <p><input type="checkbox"/> Pelvis  <input type="checkbox"/> S.I. Joints  <input type="checkbox"/> Female Pelvis/GYN  <input type="checkbox"/> Male Pelvis/Prostate  <input type="checkbox"/> Fistula  <input type="checkbox"/> Rectal Cancer</p>	<p>MR angiography/MRA</p> <p><input type="checkbox"/> MRA-Specify Body Part          (To include MRI of assoc. area)</p> <p>Abdomen</p> <p><input type="checkbox"/> Liver  <input type="checkbox"/> Kidneys  <input type="checkbox"/> Pancreas  <input type="checkbox"/> MRCP (gallbladder and bile ducts)  <input type="checkbox"/> Adrenal Glands  <input type="checkbox"/> Enterography  <input type="checkbox"/> Abdomen Other – Specify</p> <p><input type="checkbox"/> Bone Marrow Screening          -Multiple Myeloma</p>	<p>Extremity - Specify Body Part  <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Hip <input type="checkbox"/> Shoulder  <input type="checkbox"/> Knee <input type="checkbox"/> Elbow  <input type="checkbox"/> Ankle <input type="checkbox"/> Wrist  <input type="checkbox"/> Mid-Foot <input type="checkbox"/> Hand</p> <p><input type="checkbox"/> Arthrogram  <input type="checkbox"/> Infection/Tumor  <input type="checkbox"/> Non-Routine - Specify:</p> <p><input type="checkbox"/> Other - Specify:</p>
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**Required CDS Information**

Specify the Modifier(s): \_\_\_\_\_

Specify the G-Code: \_\_\_\_\_

The CDS system must be consulted and documented in the appropriate section above for CMS insurances.

**3a** GADOLINIUM INSTRUCTIONS

•Contrast use per radiologist exam protocol instructions unless stated otherwise  
 Special instructions: \_\_\_\_\_

•Providers are welcome to call a radiologist at 733-0430 for additional exam ordering information

**4** Symptoms/Clinical Indications/History (Disease, Injury, Pain, Pathology, Signs and/or Symptoms; No "Rule Out"):

\_\_\_\_\_

Additional Information/What do you want the radiologist to look for (optional)? \_\_\_\_\_

**X** \_\_\_\_\_  
Provider Signature Required

Stat Report Desired (choose one)

Fax Report (Fax number required) \_\_\_\_\_

Call Report (Provider cell phone number required) \_\_\_\_\_

**EXAM PREPARATION:**

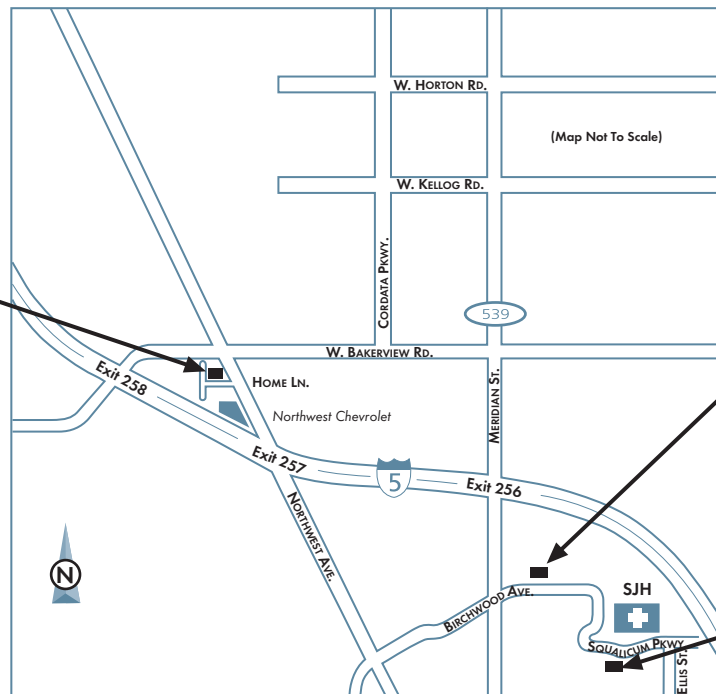
- Exams of the abdomen and pelvis require patient to be without food/drink 4 hours prior to exam. Take regular medications as prescribed.
- Patients will generally be asked to remove clothing, jewelry, watches, and shoes for the exam. A gown or scrubs will be provided.
- Exams ordered with intra-articular injection of contrast (arthrograms) involve an injection into the joint under fluoroscopy. Shoulder arthrograms are preferred for patients younger than 50 years of age.
- Patients with an accessed port may receive their contrast through their port.

**EXAM INFORMATION:**

- Claustrophobia: patients with mild to moderate claustrophobia may be able to tolerate the exam with 5-10 MG Valium PO 30 minutes prior to the exam. Sedated patients **MUST HAVE A DRIVER** to take them home. Ordering provider must prescribe and direct patient to self-sedate.
  - For the majority of MRI exams, patients will be allowed to select a genre of music to listen to during the exam.
  - MRI exams ordered with IV contrast (gadolinium) are indicated for questions of tumor, vascular abnormality, inflammatory process, and in lumbar spines post-op less than 3 years. *(continued>>)*
- Please allow one hour for each MRI exam ordered.

**LOCATION MAP**

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