

MRI SERVICES



Experience The Difference

PATIENT INFORMATION

Patient Name _____
 SS# _____ DOB _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Street Address _____
 City, State, ZIP _____

APPOINTMENT

Date _____ Time _____
 Referring Physician Name _____
 Physician Lic. No. _____
 Physician NPI _____
 Telephone _____
 Fax Report To _____
 Diagnosis _____
 Special Instructions _____

 Physician Signature _____
 Date _____

INSURANCE

Insurance _____ Telephone _____
 Group Number _____ Policy Number _____ ID Number _____
 Claim Number _____
 Insurer's Name _____ SS Number _____

MRI/MRA PROCEDURE

HEAD	without contrast	with contrast	with & without
Brain	<input type="checkbox"/> 70551	<input type="checkbox"/> 70552	<input type="checkbox"/> 70553
IACs			<input type="checkbox"/> 70553
Pituitary			<input type="checkbox"/> 70553
Orbits, Face, Neck	<input type="checkbox"/> 70540	<input type="checkbox"/> 70542	<input type="checkbox"/> 70543
TMJ	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 70336	
SPINE	without contrast	with contrast	with & without
Cervical Spine	<input type="checkbox"/> 72141	<input type="checkbox"/> 72142	<input type="checkbox"/> 72156
Thoracic Spine	<input type="checkbox"/> 72146	<input type="checkbox"/> 72147	<input type="checkbox"/> 72157
Lumbar Spine	<input type="checkbox"/> 72148	<input type="checkbox"/> 72149	<input type="checkbox"/> 72158
Sacrum / Coccyx	<input type="checkbox"/> 72148	<input type="checkbox"/> 72149	<input type="checkbox"/> 72158
MR ANGIOGRAM	without contrast	with contrast	with & without
MRA Head/COW	<input type="checkbox"/> 70544	<input type="checkbox"/> 70545	<input type="checkbox"/> 70546
MRA Neck/Carotids	<input type="checkbox"/> 70547	<input type="checkbox"/> 70548	<input type="checkbox"/> 70549
MRA Chest (Aorta)			<input type="checkbox"/> 71555
MRA Abdomen/Renals			<input type="checkbox"/> 74185
MRA Upper Extremities			<input type="checkbox"/> 73225
MRA Lower Extremities (includes all three CPT Codes)			
MRA Pelvis			<input type="checkbox"/> 72198
MRA Lower Extremities			<input type="checkbox"/> 73725
MRA Abdomen			<input type="checkbox"/> 74185

OTHER (please be specific)

MRI/MRA PROCEDURE

MUSCULOSKELETAL	without contrast	with contrast	with & without
Upper Extremities			
Non-Joint	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 73218	<input type="checkbox"/> 73219	<input type="checkbox"/> 73220
Joint	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 73221	<input type="checkbox"/> 73222	<input type="checkbox"/> 73223
Lower Extremities			
Non-Joint	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 73718	<input type="checkbox"/> 73719	<input type="checkbox"/> 73720
Joint	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 73721	<input type="checkbox"/> 73722	<input type="checkbox"/> 73723
3D RENDERING	without contrast		
3D Rendering	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 76377		
BODY/SOFT TISSUE	without contrast	with contrast	with & without
Neck	<input type="checkbox"/> 70540	<input type="checkbox"/> 70542	<input type="checkbox"/> 70543
Brachial Plexus	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 73218	<input type="checkbox"/> 73219	<input type="checkbox"/> 73220
Chest	<input type="checkbox"/> 71550	<input type="checkbox"/> 71551	<input type="checkbox"/> 71552
Abdomen	<input type="checkbox"/> 74181	<input type="checkbox"/> 74182	<input type="checkbox"/> 74183
Pelvis	<input type="checkbox"/> 72195	<input type="checkbox"/> 72196	<input type="checkbox"/> 72197
MRCP	<input type="checkbox"/> 74181	<input type="checkbox"/> 74182	<input type="checkbox"/> 74183
Humerus/Upper Arm	<input type="checkbox"/> 73218	<input type="checkbox"/> 73219	<input type="checkbox"/> 73220
Radius & Ulna/Forearm	<input type="checkbox"/> 73218	<input type="checkbox"/> 73219	<input type="checkbox"/> 73220
Sacroiliac Joints	<input type="checkbox"/> 72195	<input type="checkbox"/> 72196	<input type="checkbox"/> 72197
MRCP	<input type="checkbox"/> 74181		<input type="checkbox"/> 74185
Breast (unilateral)	<input type="checkbox"/> R <input type="checkbox"/> L		<input type="checkbox"/> 77058
Breast (bilateral)	<input type="checkbox"/> R <input type="checkbox"/> L		<input type="checkbox"/> 77059
Computer-aided Detection	<input type="checkbox"/> 0159T		

Digital x-ray services also available.

All Physicians are certified by the American Board of Radiology.



Phone 248.740.0777 • Fax 248.740.9777

IMPORTANT INFORMATION ABOUT YOUR APPOINTMENT



Experience The Difference

5119 Rochester Road
Troy, Michigan 48085
www.oaklandmri.com
888.MRIMRAS (674.6727)
Ph 248.740.0777
Fx 248.740.9777

Directions: Oakland MRI is conveniently located 2 miles south of M-59 and 2 miles east of I-75 at 5119 Rochester Rd. Call for more details.

248.740.0777

YOU MUST BRING THIS PRESCRIPTION FORM TO YOUR APPOINTMENT ALONG WITH THE FOLLOWING:

- Insurance Card/Information
- All prior x-rays, scans and MRIs
- Any relevant medical information and/or records

If you need to reschedule, a courtesy call is requested within 24 hours of your scheduled appointment.

If you have any questions or need further assistance, please call our office toll-free at 888.674.6727

VISITS

- 99243 Outpatient Consultation
- 99244 Outpatient Consultation
- 99245 Outpatient Consultation
- 99212 Outpt. - Established PT
- 99213 Outpt. - Established PT
- 99214 Outpt. - Established PT
- 99215 Outpt. - Established PT

THERAPEUTIC INJECTIONS

- 62263 Lysis EPI admissions
- 62270 Diag Spinal Tap
- 62273 EPI Blood Patch
- 62280 Neurolytic - Subarac
- 62281 Neurolytic - EPI/CER/THO
- 62282 Neurolytic - EPI/LUM/SAC
- 62290 Discography - Lumbar
- 62291 Discography - Cerv/Thor
- 62310 Epidural - Cerv/Thor
- 62311 Epidural - Lumbar/SAC
- 62318 Cont EPI - Cerv/Thor
- 62319 Cont EPI - Lumb/Sac
- 64490 Cerv/Thor Facet JT
- 91/92 Each Add'l Level
- 64493 Lumbar/Sac Facet JT
- 94/95 Each Add'l Level
- 64479 Transform - Cerv/Sac
- 64480 Each Add'l Level
- 64483 Transform-Lumbar/Sac
- 64484 Each Add'l Level
- 20550 Trigger Point Inj
- 20500 Small Joint Inj
- 20605 Intermediate Joint Inj
- 20610 Major Joint Inj

RESERV/PUMP IMPLANT

- 62360 Subcutan Reservoir
- 62362 Programmable Pump
- 52365 Removal Res/Pump
- 62367 Analysis W/O Prog
- 62368 Analysis W/Prog
- 96530 Res/Pump Refill

NEUROSTIMULATORS

- 63650 Percutaneous Trial
- 63660 Removal of Trial
- 63685 Permanent Placement
- 63688 Rev/Ren Generator

SOMATIC NERVE BLOCKS

- 64400 Trigeminal Nerve
- 64405 Greater Occipital
- 64413 Cervical Plexus
- 64415 Brachial Plexus
- 64417 Axillary Nerve
- 64420 Intercostal - Single
- 64421 Intercostal - Multiple
- 64425 Ilioiaag/Ilihypogas
- 64445 SciaticNerve(Piriformals)
- 64450 Other Peripheral

MISC. PROCEDURES

- 97781 Acupuncture W/Stim
- 99141 Conscious Sedation

RADIOLOGY

- 72285 Discography - Cer/Tho
- 72295 Discography - Lumbar
- 77003 Fluro Guidance
- 72240 Myelography - Cervical
- 72255 Myelography - Thorasic
- 72265 Myelography - Lumbar
- 72270 Myelography - 2+ regions
- 73040 Arthrography Shoulder
- 73085 Arthrography Elbow
- 73115 Arthrography Wrist
- 73525 Arthrography Hip
- 73580 Arthrography Knee
- 73615 Arthrography Ankle

DIAGNOSIS

- 724.5 Backache,Vertebrogenic PA
- 723.4 Cervical Radiculitis
- 723.1 Cervicalgia
- 722.52 Degeneration Lumbar disc
- 722.0 C HNP
- 722.10 L HNP
- 722.11 T HNP
- 953.0 Injury-Nerve Root
- 724.8 Facet Arthropathy
- 719.4 Joint Pain
- 724.2 Lumbago
- 847.2 Lumbar Sprain
- 729.1 Myalgia and Myositis
- 847.0 Neck Sprain
- 729.5 Pain in Limb
- 356.9 Peripheral Neuropathy
- 357.2 Polyneuropathy-Diabetes
- 053.13 Postherpetic Neuralgia
- 722.8 Postlaminectomy Syndrome
- 724.4 Radiculopathy/Lumbar
- 807. Rib Fracture(s)*
- 353. Root Lesion
- 337.20 RSD
- 720.2 Sacroiliitis
- 724.3 Sciatica
- 728.85 Spasm of Muscle
- 723.0 Spinal Stenosis- Cervical
- 724.0 Spinal Stenosis-Lumbar
- 721.* Spondylosis
- 738.4 Spondylolisthesis
- 724.4 Thor/Lumbsac Neuritis/Rad
- 805.* Vertebral FX

INJECTIONS (MRI-XRAY)

- 23350 Injection for shoulder
- 24220 Injection for elbow
- 25246 Injection for wrist
- 27093 Injection for hip
- 27096 Injection for sacroiliac
- 27370 Injection for knee
- 27648 Injection for ankle
- 62284 Injection for myelography
- 61055 Injection of medication for diagnosis/treatment C1/C2

DIGITAL X-RAY SERVICES



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SS No. _____ DOB _____

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APPOINTMENT

Date _____ Time _____

Referring Physician Name _____

Physician Lic. No. _____

Physician NPI _____

Telephone _____

Fax Report To _____

Diagnosis _____

Special Instructions _____

Physician Signature _____

Date _____

INSURANCE

Insurance _____ Telephone _____

Group Number _____ Policy No. _____ ID No. _____

Claim Number _____

Insurer's Name _____ SS No. _____

CPT CODE DESCRIPTION

- | | | |
|--------------------------|-------|---|
| <input type="checkbox"/> | 71010 | Chest; single view, frontal |
| <input type="checkbox"/> | 71015 | Chest; stereo, frontal |
| <input type="checkbox"/> | 71020 | Chest; two views, frontal & lateral |
| <input type="checkbox"/> | 71021 | Chest; two views, frontal and lateral, w/apical lordotic procedure |
| <input type="checkbox"/> | 71022 | Chest; two views, frontal & lateral w/ oblique projections |
| <input type="checkbox"/> | 71023 | Chest; two views, frontal & lateral; w/fluoroscopy |
| <input type="checkbox"/> | 71030 | Chest; complete, minimum of four views |
| <input type="checkbox"/> | 71034 | Chest; complete, minimum of four views; w/fluoroscopy |
| <input type="checkbox"/> | 71035 | Chest; special views, lateral decubitus, Bucky studies |
| <input type="checkbox"/> | 71100 | Ribs, unilateral; two views |
| <input type="checkbox"/> | 71101 | Ribs, unilateral; including posteroanterior chest, minimum three views |
| <input type="checkbox"/> | 71110 | Ribs, bilateral; three views |
| <input type="checkbox"/> | 71111 | Ribs, bilateral; including posteroanterior chest, minimum of four views |
| <input type="checkbox"/> | 71120 | Sternum, minimum of two views |
| <input type="checkbox"/> | 71130 | Sternoclavicular joint or joints, minimum of three views |
| | | |
| <input type="checkbox"/> | 72010 | Spine, entire, survey study, anteroposterior and lateral |
| <input type="checkbox"/> | 72020 | Spine, single view, specify level |
| <input type="checkbox"/> | 72040 | Spine, cervical; two or three views |
| <input type="checkbox"/> | 72050 | Spine, cervical; minimum of four views |
| <input type="checkbox"/> | 72052 | Spine, cervical; complete, including oblique & flexion and/or extension studies |
| <input type="checkbox"/> | 72069 | Spine, thoracolumbar, standing (scoliosis) |
| <input type="checkbox"/> | 72070 | Spine, thoracic, two views |
| <input type="checkbox"/> | 72072 | Spine, thoracic, three views |
| <input type="checkbox"/> | 72074 | Spine, thoracic, minimum of four views |
| <input type="checkbox"/> | 72080 | Spine, thoracolumbar, two views |
| <input type="checkbox"/> | 72090 | Spine, scoliosis study, including supine and erect studies |
| <input type="checkbox"/> | 72100 | Spine, lumbosacral; two views or three views |
| <input type="checkbox"/> | 72110 | Spine, lumbosacral; minimum of four views |
| <input type="checkbox"/> | 72114 | Spine, lumbosacral; complete, including bending views |
| <input type="checkbox"/> | 72120 | Spine, lumbosacral, bending views only, minimum of four views |

CHEST

SPINE

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CPT CODE	DESCRIPTION
<input type="checkbox"/> 70250	Skull, less than 4 views
<input type="checkbox"/> 70260	Skull complete, minimum 4 views
<input type="checkbox"/> 70240	Radiologic exam sella turcica
<input type="checkbox"/> 70200	Radiologic exam orbits complete, minimum 4 views

CPT CODE	DESCRIPTION
<input type="checkbox"/> 73000	Clavicle, complete
<input type="checkbox"/> 73010	Scapula, complete
<input type="checkbox"/> 73020	Shoulder, one view
<input type="checkbox"/> 73030	Shoulder, complete, minimum of two views
<input type="checkbox"/> 73060	Humerus, minimum of two views
<input type="checkbox"/> 73070	Elbow, two views
<input type="checkbox"/> 73080	Elbow, complete, minimum of three views
<input type="checkbox"/> 73090	Forearm, two views
<input type="checkbox"/> 73100	Wrist, two views
<input type="checkbox"/> 73110	Wrist, complete, minimum of three views
<input type="checkbox"/> 73120	Hand, two views
<input type="checkbox"/> 73130	Hand, minimum of three views
<input type="checkbox"/> 73140	Finger(s), minimum of two views

CPT CODE	DESCRIPTION
<input type="checkbox"/> 74000	Abdomen, single anteroposterior view
<input type="checkbox"/> 74010	Abdomen, anteroposterior and additional oblique and cone views
<input type="checkbox"/> 74020	Abdomen, complete, including decubitus and/or erect views
<input type="checkbox"/> 74022	Abdomen, complete acute abdomen series, including supine, erect and/or decubitus views, single view chest

CPT CODE	DESCRIPTION
<input type="checkbox"/> 72170	Pelvis, one or two views
<input type="checkbox"/> 72190	Pelvis, complete, minimum of three views
<input type="checkbox"/> 72200	Sacroiliac joints; less than three views
<input type="checkbox"/> 72202	Sacroiliac joints; three or more views
<input type="checkbox"/> 72220	Sacrum and coccyx, minimum of two views

CPT CODE	DESCRIPTION
<input type="checkbox"/> 73500	Hip, unilateral; one view
<input type="checkbox"/> 73510	Hip, unilateral; complete, minimum of two views
<input type="checkbox"/> 73520	Hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
<input type="checkbox"/> 73540	Pelvis & Hips, infant or child, minimum of two views
<input type="checkbox"/> 73550	Femur, two views
<input type="checkbox"/> 73560	Knee, one or two views
<input type="checkbox"/> 73562	Knee, three views
<input type="checkbox"/> 73564	Knee, complete, four or more views
<input type="checkbox"/> 73565	Knee, both knees, standing, anteroposterior
<input type="checkbox"/> 73590	Tibia and fibula, two views
<input type="checkbox"/> 73600	Ankle, two views
<input type="checkbox"/> 73610	Ankle, complete, minimum of three views
<input type="checkbox"/> 73620	Foot, two views
<input type="checkbox"/> 73630	Foot, complete, minimum of three views
<input type="checkbox"/> 73650	Calcaneus, minimum of two views
<input type="checkbox"/> 73660	Toe(s) minimum of two views



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*When you depend on accuracy,
reliability and service,
Oakland MRI is YOUR facility.*