



5119 Rochester Road
Troy, Michigan 48085
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888.MRIMRAS (674.6727)
Ph 248.740.0777
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PATIENT INFO	
Patient Name	_____
SS #	DOB _____
Home Phone	_____
Work Phone	_____
Cell Phone	_____
Street Address	_____
City, State, ZIP	_____

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

MD Signature _____	
Date _____	

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

Any patient with a pacemaker, an intracranial aneurism clip, metal in eyes, or who is pregnant may NOT have an MRI.

MRI/MRA PROCEDURE		
HEAD	without contrast	with & without contrast
Brain	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
IACs		<input type="checkbox"/> 70553
Pituitary		<input type="checkbox"/> 70553
Orbits, Face, Neck	<input type="checkbox"/> 70540	<input type="checkbox"/> 70543
TMJ	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 70336	
SPINE	without contrast	with & without contrast
Cervical Spine	<input type="checkbox"/> 72141	<input type="checkbox"/> 72156
Thoracic Spine	<input type="checkbox"/> 72146	<input type="checkbox"/> 72157
Lumbar Spine	<input type="checkbox"/> 72148	<input type="checkbox"/> 72158
Sacrum/Coccyx	<input type="checkbox"/> 72148	<input type="checkbox"/> 72158
MR ANGIOGRAM	without contrast	with & without contrast
MRA Head/COW	<input type="checkbox"/> 70544	<input type="checkbox"/> 70546
MRA Neck/Carotids	<input type="checkbox"/> 70547	<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 & without contrast
Upper Extremities		
Non-Joint	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Joint	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 73221	<input type="checkbox"/> 73223
Lower Extremities		
Non-Joint	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Joint	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 73721	<input type="checkbox"/> 73723
3D RENDERING	without contrast	with & without contrast
3D Rendering	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 76377	
BODY/SOFT TISSUE	without contrast	with & without contrast
Neck	<input type="checkbox"/> 70540	<input type="checkbox"/> 70543
Brachial Plexus	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Chest	<input type="checkbox"/> 71550	<input type="checkbox"/> 71552
Abdomen	<input type="checkbox"/> 74181	<input type="checkbox"/> 74183
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
Pelvis	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197
MRCP	<input type="checkbox"/> 74181	<input type="checkbox"/> 74185
Humerus/Upper Arm	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Radius & Ulna/Forearm	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Sacro-Iliac Joints	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197
MRCP	<input type="checkbox"/> 74181	<input type="checkbox"/> 74185

A courtesy call is requested within 24 hours of your scheduled appointment if you need to reschedule.

All prior x-rays, scans and MRIs will be needed for this appointment.

YOU MUST BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

All Physicians certified by the American Board of Radiology

IMPORTANT INFORMATION ABOUT YOUR APPOINTMENT

This is your prescription. Please bring this form with you to your appointment.

BRING WITH YOU TO YOUR APPOINTMENT

- Your Prescription (this form)
- Insurance Card/Information
- All Prior X Rays, Scans and MRIs
- Any Relevant Medical Information and/or Records

If you have any questions, or need further assistance, please call our office toll free at **888.MRIMRAS (674.6727)**

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