Sensible MRI
Making Sense of Healthcare

MRI ORDER FORM

APPT DATE: _____

APPT TIME: _____

Self-Pay: ___ Work-Comp: ___ Contract: _____

1580 Heritage Blvd. Suite 100, West Salem, WI 54669 Phone 608-518-3410 Fax 608-518-3688

Patient's Name: _____ DOB: _____
Please Print (First) (Middle Initial) (Last)

Home Phone: _____ Cell Phone: _____

Is patient pregnant? Yes: ___ No: ___ Initial: _____ Height: _____ Weight: _____

Is the patient's kidney function acceptable for contrast? Yes: ____ No: ____ Initial: _____

Clinical Signs/Symptoms/Diagnosis (Required) _____

_____

Referring Provider: _____ Office Phone: (____) _____

Provider: Signature (Required): _____ Office Fax:(____) _____

Description	Without Contrast	Without & With Contrast
HEAD		
Brain	☐	☐
Pituitary	N/A	☐
IAC	N/A	☐
Orbits	N/A	☐
Soft Tissue Neck	N/A	☐
TMJ	☐	N/A
SPINE		
Cervical Spine	☐	☐
Thoracic Spine	☐	☐
Lumbar Spine	☐	☐
Sacrum/Coccyx	☐	☐
Lumbar Plexus	☐	☐
BODY		
Liver	N/A	☐
Kidneys	N/A	☐
Adrenals	N/A	☐
Pancreas	N/A	☐
MRCP	☐	N/A
Screening Abdomen	☐	☐
Pelvis Bony	☐	☐
Pelvis Soft Tissue	☐	☐
Chest Wall	☐	☐

See Note Next Line

Description	Without Contrast	Without & With Contrast
EXTREMITIES/JOINT		
Hand	Right ☐ Left ☐	Right ☐ Left ☐
Wrist	Right ☐ Left ☐	Right ☐ Left ☐
Forearm	Right ☐ Left ☐	Right ☐ Left ☐
Elbow	Right ☐ Left ☐	Right ☐ Left ☐
Humerus	Right ☐ Left ☐	Right ☐ Left ☐
Shoulder	Right ☐ Left ☐	Right ☐ Left ☐
Brachial Plexus	Right ☐ Left ☐	Right ☐ Left ☐
Foot	Right ☐ Left ☐	Right ☐ Left ☐
Ankle	Right ☐ Left ☐	Right ☐ Left ☐
Tibia/Fibula	Right ☐ Left ☐	Right ☐ Left ☐
Knee	Right ☐ Left ☐	Right ☐ Left ☐
Femur/Thigh	Right ☐ Left ☐	Right ☐ Left ☐
Hip	Right ☐ Left ☐	Right ☐ Left ☐
SI Joint	Right ☐ Left ☐	Right ☐ Left ☐
MRA/MRV		
MRA Head/Brain		☐
MRA Neck/Carotids W/O & WContrast		☐
MRV Head		☐
OTHER (PLEASE BE SPECIFIC)		

You must bring this prescription with you on the day of your appointment.
Your exam cannot be completed without it.

Jan/2023

Patient Instructions

- Most exams require no preparation. You may eat, drink, and take medications prior to your test. **(Some abdominal MRIs require no eating or drinking 6 hours prior to test).**
- Wear comfortable clothing with no metal zippers or snaps.
- You will be asked to place everything you brought with you into a locker during the exam. (Jewelry, watches, credit cards, piercings, dentures, wigs and hairpins).
- Patients with cardiac pacemakers or some implanted devices cannot be scanned because the MRI uses a large magnetic field.
- If you have a history as a metalworker or have metal objects implanted in your body either by surgical procedure (such as stent replacement) or accident (such as shrapnel or metal shavings), please notify MRI personnel when scheduling your appointment.
- Please bring this order form to your appointment and any pertinent X-Rays, CAT scan, Ultrasound, Nuclear Medicine, or MRI films/CD.
- **Please bring your picture ID and form of payment with you the day of your appointment.**