

OPEN MRI SCHEDULING



Patient Name: _____

Date of Birth: _____

Phone: _____

Ordering MD: _____ Phone: _____

Fax: _____ NPI#: _____

Patient History/Symptoms: _____

Patient has: Pacemaker Defibrillator Aneurysm Clips

If **YES** to pacemaker or defibrillator, patient **CANNOT** have an MRI. Only certain aneurysm clips are MRI compatible.***

Has patient had previous studies for a similar problem? Yes No

Date and Facility (MRI, CT, X-Rays, Ultrasound, Nuclear Medicine, PET scan): _____

Check the appropriate study. Circle which side: R= RIGHT L=LEFT

- | | | | |
|--|---|---------------------------------------|---|
| <input type="checkbox"/> Shoulder R or L | <input type="checkbox"/> Elbow R or L | <input type="checkbox"/> Wrist R or L | <input type="checkbox"/> Hand/Finger R or L |
| <input type="checkbox"/> Hip R or L | <input type="checkbox"/> Knee R or L | <input type="checkbox"/> Ankle R or L | <input type="checkbox"/> Foot R or L |
| <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> Pelvis <input type="checkbox"/> Sacrum |

Other: Please specify: _____

Please indicate: without contrast without contrast and with contrast

Creatine Level Yes No Date Ordered: _____ Facility: _____ Int: _____
Date of results: _____ Creatine: _____ eGFR: _____

**If contrast is indicated and patient is over age of 70, diabetic, or hx of kidney/renal disease, patient will need a creatine level within 28 days prior to exam.

Has patient ever had an allergic reaction to MRI contrast/dye? Yes No If yes, please explain: _____

MRI Precert/Authorization # _____

The patient should report to the Wisconsin River Orthopaedics - Open MRI located at: 140 24th St South (the corner of Peach Street and Highway 54), Wisconsin Rapids, Wisconsin. Phone: 715-424-1881 Fax: 715-424-1898

SCHEDULED DATE: _____ TIME: _____ a.m./p.m.

FOLLOW UP APPT: _____ TIME: _____ a.m./p.m.

Ordering MD Signature***: _____ Date _____

***I approve the use of contrast, orbits x-ray, creatinine if deemed necessary by Physician/Technologist.