

## MRI IMAGING ORDER FORM

### Patient Information

Patient Name		DOB	
Phone	Email		
Address	City	State	Zip

### Provider Information

Provider Name		NPI	
Office Name			
Office Address	City	State	Zip
Office Phone	Fax		

MRI	
<b>Abdomen</b>	<input type="checkbox"/> w/o (74181) <input type="checkbox"/> w/ & w/o (74183)
<b>Brain</b>	<input type="checkbox"/> w/o (70551) <input type="checkbox"/> w/ & w/o (70553)
<b>Bilateral Breast</b>	<input type="checkbox"/> w/o (77047) <input type="checkbox"/> w/ & w/o (77049)
<b>Cervical Spine</b>	<input type="checkbox"/> w/o (72141) <input type="checkbox"/> w/ & w/o (72156)
<b>Chest/Thorax</b>	<input type="checkbox"/> w/o (71550) <input type="checkbox"/> w/ & w/o (71552)
<b>Lower Extremity Joint</b>	<input type="checkbox"/> w/o (73721) <input type="checkbox"/> w/ & w/o (73723)
<input type="checkbox"/> Ankle <input type="checkbox"/> Hip <input type="checkbox"/> Knee	<input type="checkbox"/> R <input type="checkbox"/> L
<b>Lower Extremity Non-Joint</b>	<input type="checkbox"/> w/o (73718) <input type="checkbox"/> w/ & w/o (73720)
<input type="checkbox"/> Foot <input type="checkbox"/> Lower Leg <input type="checkbox"/> Thigh	<input type="checkbox"/> R <input type="checkbox"/> L
<b>Lumbar Spine</b>	<input type="checkbox"/> w/o (72148) <input type="checkbox"/> w/ & w/o (72158)
<b>Orbit/Face/Neck</b>	<input type="checkbox"/> w/o (70540) <input type="checkbox"/> w/ & w/o (70543)
<b>Pelvis</b>	<input type="checkbox"/> w/o (72195) <input type="checkbox"/> w/ & w/o (72197)
<b>Thoracic Spine</b>	<input type="checkbox"/> w/o (72146) <input type="checkbox"/> w/ & w/o (72157)
<b>TMJ</b>	<input type="checkbox"/> w/o (70336)
<b>Upper Extremity Joint</b>	<input type="checkbox"/> w/o (73221) <input type="checkbox"/> w/ & w/o (73223)
<input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Wrist	<input type="checkbox"/> R <input type="checkbox"/> L
<b>Upper Extremity Non-Joint</b>	<input type="checkbox"/> w/o (73218) <input type="checkbox"/> w/ & w/o (73220)
<input type="checkbox"/> Hand <input type="checkbox"/> Upper Arm <input type="checkbox"/> Forearm	<input type="checkbox"/> R <input type="checkbox"/> L
<b>Other :</b>	<hr/>

MR Arthogram	
<input type="checkbox"/> <b>Ankle</b> (73722, 77002, 27648)	<input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> <b>Wrist</b> (73722, 77002, 25246)	<input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> <b>Shoulder</b> (73722, 77002, 23350)	<input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> <b>Knee</b> (73722, 77002, 27369)	<input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> <b>Hip</b> (73722, 77002, 27093)	<input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> <b>Elbow</b> (73722, 77002, 24220)	<input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> <b>TMJ</b> (70336, 77002, 21161)	

MR Angiogram	
<input type="checkbox"/> <b>Abdomen</b> (74185)	
<input type="checkbox"/> <b>Chest/Thorax</b> (71555)	
<input type="checkbox"/> <b>Head w/o</b> (70544)	<input type="checkbox"/> <b>Head w/ &amp; w/o</b> (70546)
<input type="checkbox"/> <b>Lower Extremity</b> (73725)	<input type="checkbox"/> Ankle <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Lower Leg <input type="checkbox"/> Thigh <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> <b>Neck/Carotid w/o</b> (70547)	<input type="checkbox"/> <b>Neck/Carotid w/ &amp; w/o</b> (70549)
<input type="checkbox"/> <b>Pelvis</b> (72198)	
<input type="checkbox"/> <b>Spine/Spinal Canal</b> (72159)	
<input type="checkbox"/> <b>Upper Extremity</b> (73225)	<input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Upper Arm <input type="checkbox"/> Forearm <input type="checkbox"/> R <input type="checkbox"/> L

Special Instructions:

Diagnosis/Indications:	ICD-10 Codes:
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Physician Signature : \_\_\_\_\_ Date : \_\_\_\_\_