RadiologyAssist

Schedule By Phone
855-346-5152

Schedule Online
RadiologyAssist.com

Fax Number
855-345-5222

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

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

Other :

_____

MR Arthogram

☐ **Ankle** (73722, 77002, 27648)	☐ R	☐ L
☐ **Wrist** (73722, 77002, 25246)	☐ R	☐ L
☐ **Shoulder** (73722, 77002, 23350)	☐ R	☐ L
☐ **Knee** (73722, 77002, 27369)	☐ R	☐ L
☐ **Hip** (73722, 77002, 27093)	☐ R	☐ L
☐ **Elbow** (73722, 77002, 24220)	☐ R	☐ L
☐ **TMJ** (70336, 77002, 21161)		

MR Angiogram

☐ **Abdomen** (74185)
☐ **Chest/Thorax** (71555)
☐ **Head w/o** (70544) ☐ **Head w/ & w/o** (70546)
☐ **Lower Extremity** (73725)
☐ Ankle ☐ Hip ☐ Knee ☐ Foot ☐ Lower Leg ☐ Thigh ☐ R ☐ L
☐ **Neck/Carotid w/o** (70547) ☐ **Neck/Carotid w/ & w/o** (70549)
☐ **Pelvis** (72198)
☐ **Spine/Spinal Canal** (72159)
☐ **Upper Extremity** (73225)
☐ Elbow ☐ Shoulder ☐ Wrist ☐ Hand ☐ Upper Arm ☐ Forearm ☐ R ☐ L

Special Instructions:

Diagnosis/Indications:	ICD-10 Codes:

Physician Signature : _____ Date : _____