

## MRI ORDER FORM

\*The patient **cannot** have an MRI if they have a pacemaker, pacer wires, defibrillator, cerebral or arterial aneurysm clips.

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Body part to be imaged: \_\_\_\_\_

Is the patient:  claustrophobic?  over 350 lb.?  diabetic? Has the patient:  worked with metal?

**If YES to any of the above, please call 319-338-3606 and speak with a scheduler.**

Symptoms: \_\_\_\_\_

\_\_\_\_\_

History: \_\_\_\_\_

\_\_\_\_\_

Has this procedure been pre-certified?  Yes Pre-cert# \_\_\_\_\_  No

Signature of Physician: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_

Physician NPI: \_\_\_\_\_

Fax report to Dr. \_\_\_\_\_ Fax # \_\_\_\_\_

MRI Order Instructions

**PLEASE BRING THIS FORM AND YOUR INSURANCE CARDS  
WITH YOU WHEN YOU REPORT FOR YOUR MRI**

