



UNIVERSITY MRI & Diagnostic Imaging Centers

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Option 2 for Scheduling

PATIENT NAME: _____ Home Phone: _____ Work Phone: _____

Patient Address: _____

Date of Birth: _____ Social Security #: _____ PACEMAKER: Y ___ N ___

PHYSICIAN NAME: _____ Phone: _____ Fax: _____

Office Location: _____

DIAGNOSIS: _____ SEDATION NEEDED: Yes ___ No ___

PRIMARY INSURANCE: _____ Phone: _____

Policy#: _____ Group #: _____ Authorization #: _____

MRI BRAIN

- Stroke - MRI Brain w/wo contrast
- Mass - MRI Brain w/wo contrast
- Vertigo / Tinnitus - MRI Brain w/wo contrast, MRI IAC's w/wo contrast
- Facial / Trigeminal Nerve - MRI Brain w/wo contrast - MRI IAC's w/wo contrast
- MRI Brain w/wo contrast MRI Brain w/o contrast
- MRI Orbits w/wo contrast
- MRI Brain + MRI Pituitary w/wo contrast

MRI

- MRI - Cervical Thoracic Lumbar w/wo contrast w/o contrast
- MRI - Shoulder Knee Wrist Ankle Elbow Foot Right Left
 - Hip Bony Pelvis Hand Leg Upper Lower
 - Arm Upper Lower
- MRI - Soft tissue Neck w/wo contrast
- MRI - Prostate w/wo contrast
- MRI - Abdomen w/wo contrast w/o contrast
- MRCP & MRI - Abdomen w/wo contrast
- MRI - Female pelvis w/wo contrast MRI - Male pelvis w/wo contrast
- MRI - Chest w/wo contrast w/o contrast
- MRI - Breast Implant Rupture no contrast
- MRI - Breast Mass w/wo contrast
- Other _____

MR ANGIOGRAM

- MRA Carotid Disease - MRA Carotids & Intracranials
- MRA Brain Aneurysm MRA Intracranials
- MRA AVM - MRA Intracranial w/wo contrast
- MRA Aortic Arch & Great Vessels MRA Chest w/wo contrast
- MRA Vertebrobasilar Disease - MRA Carotids, Intracranials & Chest w/wo contrast
- MRA Runoff - MRA Aorta, Pelvic & Lower extremity arteries w/wo contrast
- MRA Renal Arteries - MRA Abdomen w/wo contrast
- MRA Mesenteric Arteries - MRA Abdomen w/wo contrast

ULTRASOUND

- Carotid Duplex Renal Doppler Abdominal Doppler
- Abdomen Complete (includes all 8 organs: Liver, Gallbladder, Pancreas, Aorta, Kidneys, Spleen, IVC and Common bile duct)
- Abdomen Limited - Select 1-7 of the following 8 organs: Liver Gallbladder Pancreas Aorta Kidneys Spleen IVC Common bile duct
- Retroperitoneum - select: Kidneys Aorta Spleen
- Pelvic Transvaginal Pelvic + Transvaginal
- Lower Extremity Arterial Study - Color Flow Duplex R L
- Testicular w/ Arterial Flow Thyroid Breast R L
- Echocardiogram 2D, Color Flow, Doppler
- Lower Extremity Venous Duplex US + Compression R L

CT

- Chest w/wo contrast w/o contrast w/ contrast
- Abdominal Pain - CT Abdomen & Pelvis w/wo contrast
- CT - Sinus
- CT - Brain w/wo contrast CT - Brain no contrast
- CT - IAC w/wo contrast + MPR
- CT - PIT w/wo contrast + MPR
- CT Soft Tissue Neck w/wo contrast
- CT Urogram - CT Abdomen + Pelvis w/wo contrast
- CT Renal Stone Study - Abdomen + Pelvis no contrast
- CT Abdomen + Pelvis w/wo contrast w/o contrast w/contrast
- CT Abdomen w/wo contrast w/o contrast w/contrast
- CT Pelvis w/wo contrast w/o contrast w/contrast
- CT Spine MPR - Cervical Lumbar Thoracic
- Other _____

Bun _____
Creat _____

CTA - CT ANGIOGRAM

- Coronary Artery Calcium Scan
- Coronary Arteries - w/wo contrast
- With Clearly Plaque with Ischemia if needed
- Abdominal Aorta - CTA Abdomen & Pelvis w/wo contrast
- Runoff - CTA Abdomen Pelvis Lower Extremities w/wo contrast
- Renal - CTA Abdomen w/wo contrast
- Mesenteric Arteries - CTA Abdomen w/wo contrast
- Carotid Disease - CTA Carotid + Intracranials w/ contrast
- Brain Aneurysm - CTA Intracranials - w/wo contrast
- Aorta Arch - CTA Chest
- Thoracic Aorta - w/wo contrast

RADIOLOGY

- CXR: Abdomen KUB IVP
- Skull Sinus
- Spine: Cervical Thoracic Lumbar
- Pelvis Hip Foot Ankle Knee
- Ribs: Unilat, Bilat
- Shoulder Wrist Elbow Hand

Right
 Left

Mammogram

- Screening Mammogram W/ CAD 3D Both R L
- Diagnostic Mammogram W/ CAD 3D Both R L
- Ultrasound Breast R L

OTHER/COMMENTS:

www.universitymri.com

Referring Physician Signature: _____

Date: _____