OPEN MRI & IMAGING OF ASHEVILLE

675A Biltmore Ave., Asheville, NC 28803 | Ph: 828-250-0181 | Fax: 828-250-0142
Toll Free: 877-525-4674 (4MRI) | www.ashevilleopenmri.com

- ❑ Films
- ❑ CD
- ❑ Report only

Request by Phone 828-250-0181 | Request by Fax 828-250-0142

Appointment Date: ____________________ Appointment Time:_____________AM/PM

Patient Name:____ DOB:__________________ Pt. weight:_________lbs. Pt. height:____________

Patient Phone: Primary____________________________ Secondary________________________ Other______________________ SS#____________________

Clinical indications/Signs/Symptoms ____

Provider **(Print and Sign)**____ **Phone:**____________________

STAT Call Report to: (phone)__________________________ **After 5:00 Please Call: (phone)**________________________ **Fax STAT Report to:**________________________

BUN_____________ Creatinine______________ Last Test Date_______/________/___________ ❑BUN/Creatinine labs needed (no charge)

MRI

Contrast: ❑**w/o** ❑**w/wo**
❑ **Radiologist Discretion**

- ❑Brain
- ❑MRA Brain
- ❑Brain (Pituitary)
- ❑Brain (IAC)
- ❑Brain (orbits)
- ❑MRA Carotids
- ❑MRA_______________________
- ❑Cervical Spine
- ❑Thoracic Spine
- ❑Lumbar Spine
- ❑Soft Tissue Neck
- ❑Chest
- ❑Abdomen
- ❑MRCP
- ❑Pelvis
- ❑Shoulder R L
- ❑Elbow R L
- ❑Wrist R L
- ❑Hand R L
- ❑Hip R L
- ❑Knee R L
- ❑Ankle R L
- ❑Foot R L
- ❑Prostate
- ❑Other:_______________________
  ____

CT

Contrast: ❑**with** ❑**without**
❑ **Radiologist Discretion**

- ❑Head
- ❑Orbits
- ❑Paranasal Sinus
- ❑Paranasal Sinus Stereotactic
  Protocol:___________________________
- ❑Facial Bones
- ❑Abdomen & Pelvis
- ❑Abdomen
- ❑Pelvis
- ❑Chest
- ❑Lumbar Spine
- ❑Cervical Spine
- ❑Thoracic Spine
- ❑Soft Tissue Neck
- ❑CT Angiography of:________________
- ❑Extremity:_________________________
- ❑Other:_____________
  ____

Advanced Imaging

- ❑ 3D Reconstruction________________________
  ____

X-Ray

- ❑Orbits

Cervical
- ❑ AP & Lat w/OM
- ❑ w/ Obliques
- ❑ w/ Flex/Ext.

Thoracic
- ❑ AP & Lat

Lumbar
- ❑ AP & Lat w/ spot
- ❑ w/Obliques
- ❑ w/ Flex/Ext.

- ❑ Chest
- ❑ Abd. (KUB)
- ❑ Abd. (Flat & Up)

- ❑Extremity:________________________
- ❑Other:___________________________
  ____

Arthrogram

❑**Arthrogram of:**____
followed by MRI, CT, or X-ray (circle one)

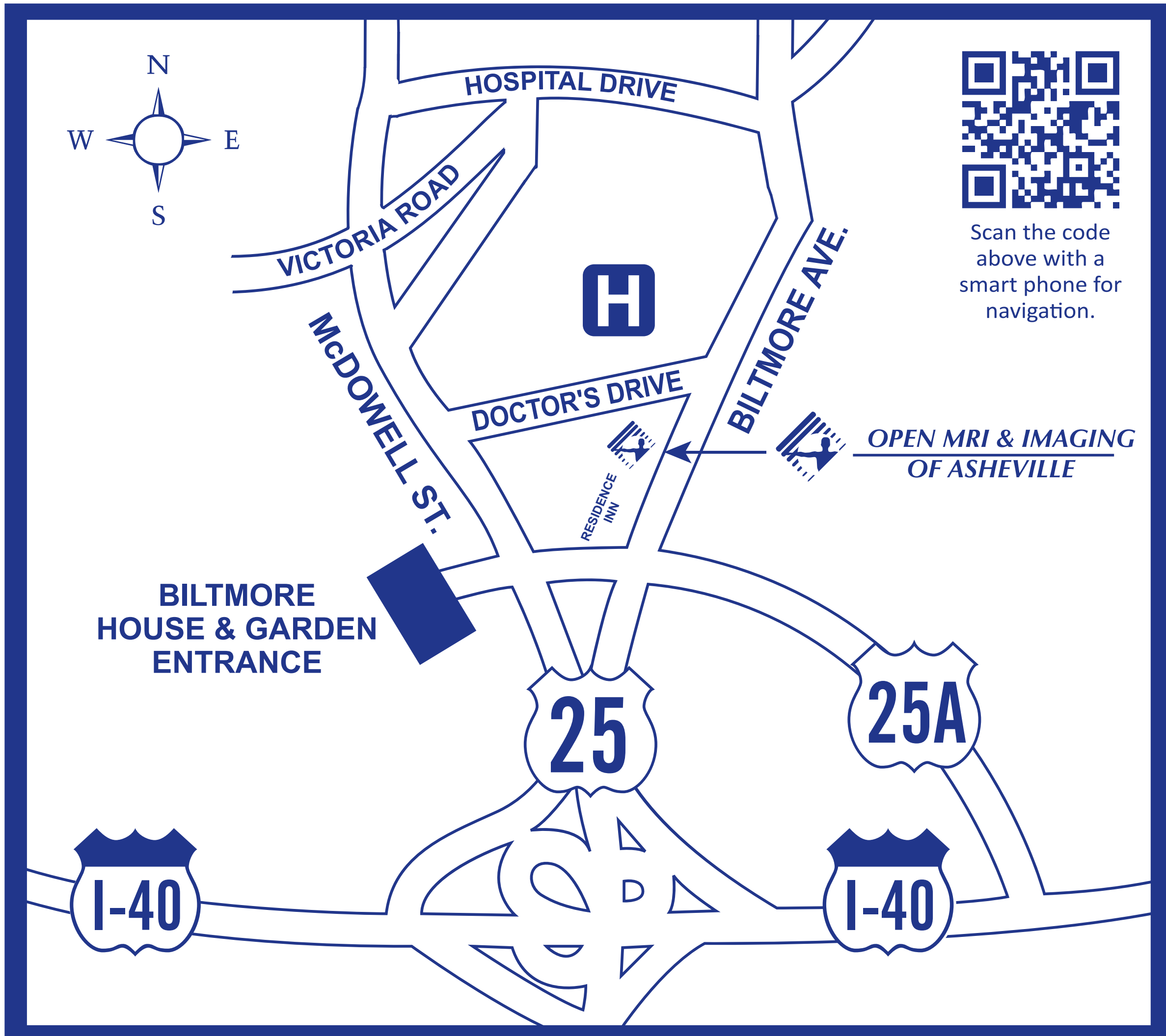
Insurance:____ WC/Priv/Lien/Other:____________________________

Insurance Phone:____ Precert Phone:__________________________________

Insured Name:____ Policy #:________________________ Group #:_________________

DOI:____ Auto W/C Claim #_______________________ Adj Name:__________________

Bring this order with you to your scheduled exam.



675 Biltmore Avenue | Asheville, NC 28803