

Scheduling HOTLINE Phone:
1-877-507-XRAY (9729)
 Scheduling HOTLINE Fax: **1-877-765-7729**

Patient Name _____ DOB: _____ SSN: _____
 Patient Phone _____ Daytime _____ Evening _____
 Specific Symptoms / Reason for Study: _____

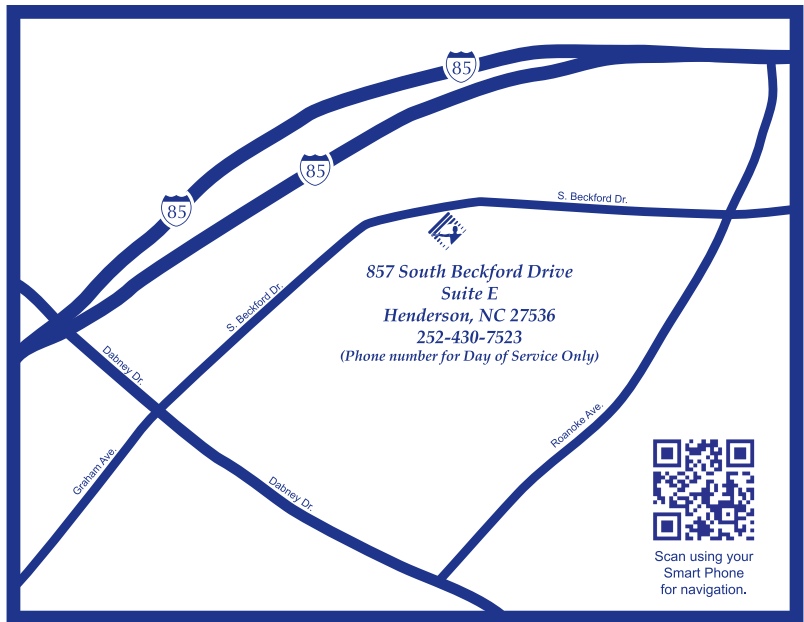
Appointment Date _____ Appointment Time _____ Insurance _____
 Provider (Print and Sign) _____ Phone Number _____ Fax Number _____

Please call patient to schedule appointment. **Patient Must Bring This Form And Their Insurance Card To Their Appointment or They Will Have To Be Rescheduled.**

MRI Service offered at our Henderson location:

<input type="checkbox"/> Abdomen <input type="checkbox"/> Adrenals <input type="checkbox"/> Liver <input type="checkbox"/> Renal <input type="checkbox"/> Ankle (to include hindfoot) L R <input type="checkbox"/> Foot L R <input type="checkbox"/> Hindfoot to Midfoot <input type="checkbox"/> Midfoot to Forefoot <input type="checkbox"/> Brachial Plexus L R <input type="checkbox"/> Brain <input type="checkbox"/> MRA - Brain (Circle of Willis)	<input type="checkbox"/> Hand/Finger L R <input type="checkbox"/> Hips _____ L R <input type="checkbox"/> Knee L R <input type="checkbox"/> Pelvis <input type="checkbox"/> Shoulder L R <input type="checkbox"/> Spine: ____ C-spine ____ T-spine L-spine <input type="checkbox"/> TMJ <input type="checkbox"/> Wrist L R	<input type="checkbox"/> Other (specify) _____
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***Recent Creatinine levels are required for ALL diabetic patients in addition to patients over age 50.*
 Creatinine _____ Date Drawn _____
 Range _____



PATIENT PREP / SPECIAL INSTRUCTIONS

No prep for MRI exam. MRI cannot be performed on patients with a Cardiac Pacemaker, some Cardiac Valves and Stents, Oticologic Implants, implanted Neurostimulator, Non-titanium Aneurism Clips in head, Pregnancy (in some cases). This is especially important for Musculoskeletal MRI Exams.
 Plan to arrive 15 minutes before time for your appointment.
 If you have any questions, please call 919-479-XRAY.