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 OpenMRISolutions.com
 Tax ID#: 59-3784049
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REQUEST FOR IMAGING STUDY

Patient Name (as stated on insurance card) _____ D.O.B. _____

D.O.I. _____ Weight _____ Phone # _____ Arrange Transportation? YES NO

Referring Physician (PLEASE PRINT) _____

Phone # _____ Fax or email _____

DX / Clinical History _____

Insurance _____ Insurance Phone # _____

ID # _____ Auth # _____ (attach Authorization Letter)

Attorney Name _____ Attorney/Paralegal Phone # _____

Paralegal Name _____ Attorney Fax # _____

Note these contraindications for an MRI Exam: Brain aneurysm clip Metal fragments Pacemaker
 Pregnancy Implanted mechanical devices or electrical conductors..

Referring Physicians Signature: _____ Date: _____

STAT REPORT
 STAT Call: _____
 Phone: _____

Deliver CD
 Patient to carry CD
 Deliver films
 Patient to carry films

ATTORNEY LIENS ACCEPTED

MRI

X-RAY

- W/WO IV CONTRAST PER RADIOLOGIST
- W/WO IV CONTRAST
- WITHOUT IV CONTRAST
- BRAIN
- BRAIN TBI PROTOCOL
- BRAIN MRA
- PARANASAL SINUSES
- MAXILLOFACIAL
- ORBITS
- PITUITARY
- INTERNAL AUDITORY CANALS (IACS)
- CAROTID MRA (NECK)
- MRA RENAL ARTERIES
- TMJ'S
- NECK (SOFT TISSUE)
- BRANCHIAL PLEXUS
- CHEST
- MRI KIDNEYS
- MRI ADRENAL GLANDS
- MRCP
- PELVIS

- HIPS BIL. ATTENTION: R L
- S.I. JOINTS
- SPINE: C T L
- SACRUM/COCCYX
- SHOULDER: R L
- ELBOW: R L
- WRIST: R L
- HAND: R L
- THUMB: R L
- KNEE: R L
- ANKLE: R L
- FOOT: R L
- SHOULDER ARTHROGRAM: R L
- WRIST ARTHROGRAM: R L
- HIP ARTHROGRAM: R L
- KNEE ARTHROGRAM: R L
- OTHER: _____
- ADD 3-D RENDERING ON POSITIVE MRI FINDINGS

- CHEST PA & LATERAL (ROUTINE 2 VIEW)
- SPINE LTD. 3 VIEWS:
C T L ADD FLEX/EXT
- SPINE COMP. 5 VIEWS
C T L ADD FLEX/EXT
- PELVIS
- ABDOMEN: 2 VIEW KUB
- SHOULDER: R L
- ELBOW: R L
- WRIST: R L
- HAND: R L
- HUMERUS: R L
- FOREARM: R L
- HIP: R L
- KNEE: R L
- ANKLE: R L
- FOOT: R L
- FEMUR: R L
- TIBIA/FIBULA: R L
- SKULL
- PARANASAL SINUSES
- EYE FOR FOREIGN OBJECT
- OTHER: _____

SEE BACK SIDE FOR IMPORTANT PATIENT INSTRUCTIONS



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CONTRACTED WITH THESE INSURANCE PLANS

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Attorney Liens • Noridian Medicare • Railroad Medicare <p>MEDICARE REPLACEMENT PLANS:</p> <ul style="list-style-type: none"> • AARP Medicare Complete
(except OPTUM CARE and LIFEPRINT networks) • Aetna Medicare • Allwell Dual Medicare
(formerly Bridgeway Advantage) • Ambetter (Medicare Replacement only) • Caremore (Amerigroup) • Caremore HMO • Humana Medicare Replacement • Maricopa Care Advantage • Mercy Care Advantage • Steward Health Choice Generations • United Healthcare Community Dual • University Care Advantage <p>AHCCCS:</p> <ul style="list-style-type: none"> • American Indian Health Program • Arizona Complete Health
(formerly Health Net Access) | <ul style="list-style-type: none"> • Banner-University Family Care • Care 1st • DES/CMPPD • Steward Health Choice Arizona • Indian Health Services • Mercy Care Health Plan • Magellan AZ Complete Care • UnitedHealthcare Community Plan
(formerly APIPA) • University Family Care <p>COMMERCIAL/WORKER'S COMP INSURANCE PLANS:</p> <ul style="list-style-type: none"> • Aetna • Allwell/Arizona Complete Healthcare
(except Marketplace) • Ameriben • APWU Health Plan • Arizona Foundation • Assurant • Blue Cross Blue Shield • Cigna • Department of Labor Worker's Comp | <ul style="list-style-type: none"> • Evicore • First Health • GEHA • Genex Worker's Comp • Great West • Humana (HMO and PPO) • Med Focus Worker's Comp • Meritain • Multiplan • One Call Medical Worker's Comp • Pascua Yaqui • PHCS • Rising Medical Solutions
c/o Copper Point Worker's Comp • Southwest Service Administration • State Compensation Fund
Worker's Comp • Tricare/Triwest • United Healthcare • V.A. (Veterans Administration) • Yeome Health Plan |
|--|--|---|

IF A PLAN IS NOT LISTED ABOVE, WE WILL GLADLY VERIFY ELIGIBILITY

PATIENTS PREPARING FOR MRI STUDY

Please visit OpenMRISolutions.com to print and fill out patient questionnaires. Follow your normal daily routine and continue any prescribed medication unless your doctor has instructed otherwise. Please bring all insurance information and a photo ID. Also, please bring all previous film such as X-rays, CT or MRI of the area being studied. Be sure to tell the technologist if you have any of the following: Pacemakers, metal fragments in your body (surgical staples, dental bridges, metal aneurysm clips, shrapnel, hearing aids, or other metal implants) or if you think you might be pregnant.

