Port Huron Hospital

MRI ORDER FORM

*CONF*_____

1221 Pine Grove Avenue • Port Huron, Michigan • 48060 • Phone (810) 989-3292 • Fax (810) 985-2692

Please Print

Patient's Name: _____ DOB:_____
(First) (Middle Initial) (Last)

Home Phone: _____ Cell Phone:_____

Appointment Date: _____ Time: _____ Weight: _____

Clinical Signs/Symptoms/Diagnosis (Required) _____

_____

Referring Physician: _____ Office Phone: ( )_____

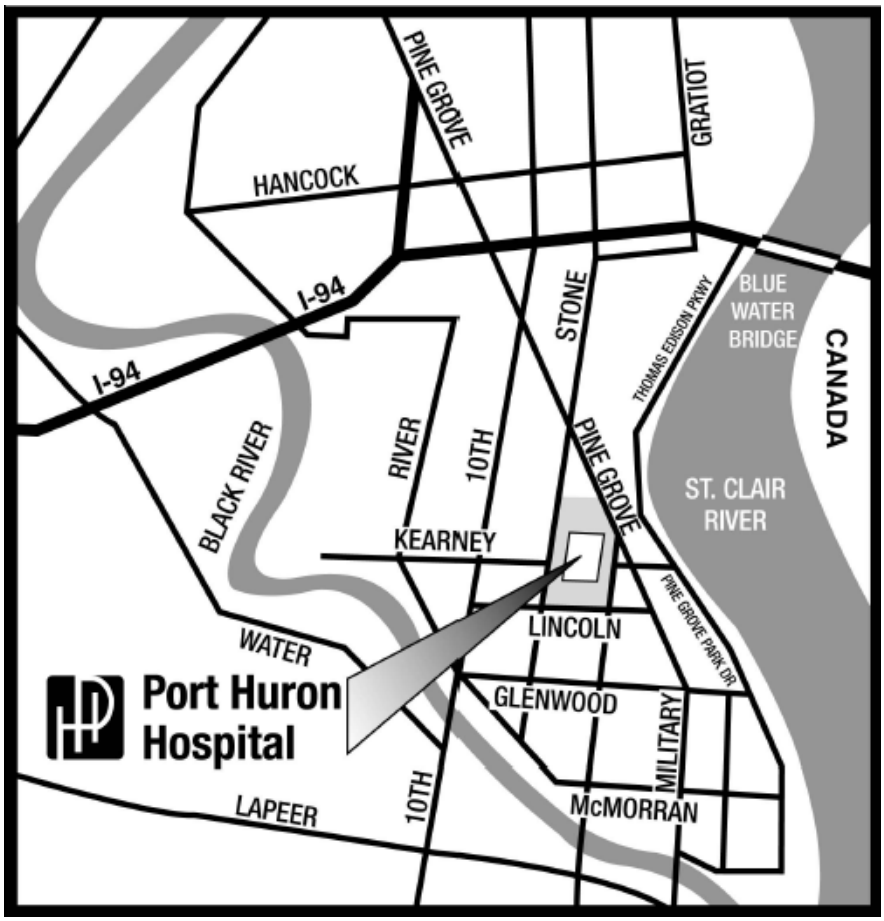
Physician Signature (Required): _____ Office Fax: ( )_____

Description	Without Contrast	Without & With Contrast
HEAD		
Brain	☐	☐
Pituitary	N/A	☐
IAC	N/A	☐
Orbits	N/A	☐
Soft Tissue Neck	N/A	☐
TMJ	☐	N/A
SPINE		
Cervical Spine	☐	☐
Thoracic Spine	☐	☐
Lumbar Spine	☐	☐
Sacrum/Coccyx	☐	☐
Lumbar Plexus	☐	☐
BODY		
Liver	N/A	☐
Kidneys	N/A	☐
Adrenals	N/A	☐
Pancreas	N/A	☐
MRCP	☐	N/A
Screening Abdomen	☐	☐
Pelvis	☐	☐
Chest	☐	☐
BREAST		
Breast/Unilateral		
Right ☐ Left ☐	☐	☐
Breast/Bilateral	☐	☐
☐ **Creatinine Level (if warranted)**		

Description		
EXTREMITIES/JOINTS		
Hand	Right ☐	Left ☐
Wrist	Right ☐	Left ☐
Forearm	Right ☐	Left ☐
Elbow	Right ☐	Left ☐
Humerus	Right ☐	Left ☐
Shoulder	Right ☐	Left ☐
☐ With Arthrogram		
Brachial Plexus	Right ☐	Left ☐
Foot	Right ☐	Left ☐
Ankle	Right ☐	Left ☐
Tibia/Fibula	Right ☐	Left ☐
Knee	Right ☐	Left ☐
Femur/Thigh	Right ☐	Left ☐
Hip	Right ☐	Left ☐
SI Joint	Right ☐	Left ☐
MRA		
MRA Head/Brain		☐
MRA Neck/Carotids		☐
MRA Chest		☐
MRA Abdomen/Renal		☐
MRA Pelvis		☐
Run Off Lower Extremities		☐
Other		
OTHER		
(Be Specific)		

You must bring this prescription with you on the day of your appointment. Exam cannot be completed without it.

4/2012

Patient Instructions

- Most exams require no preparation. You may eat, drink and take medications prior to your test. **(MRI Pancreas and MRCP require no eating or drinking 6 hours prior to test).**
- Wear comfortable clothing with no metal zippers or snaps.
- You will be asked to place everything you brought with you into a locker during the exam. (Jewelry, watches, credit cards, piercings, dentures, wigs and hairpins).
- Patients with **cardiac pacemakers** or **some implanted devices cannot be scanned** because the MRI uses a large magnetic field.
- If you have a history as a metalworker or have metal objects implanted in your body either by surgical procedure (such as stent replacement) or accident (such as shrapnel or metal shavings), please notify MRI personnel when scheduling your appointment.
- Please bring this order form to your appointment and any pertinent X-Rays, CAT scan, Ultrasound, Nuclear Medicine, or MRI films/CD.
- **Please bring your picture ID and insurance card with you the day of your appointment.**
- If it is necessary to take your MRI films/CD for a follow-up doctor's appointment, we ask for 24 hours prior notice. Some form of picture ID will be needed when you pick up your films/CD. If someone other than yourself is picking up your records, please provide them with a written note authorizing them to do so. A picture ID will also be needed.