



SPECIALISTS OF THE CAROLINAS

620 Summit Crossing Place, Ste. 106, Gastonia
209 Park Street, Ste. 300, Belmont
520 North Dekalb Street, Ste. C, Shelby

MRI Order Form

www.mrispecialistsofthecarolinas.com

Scheduling 704-671-5969 Fax 704-671-7755

Preferred Exam Date and Time:
Scheduled Date and Time:
(Please arrive 30 minutes early)

Ins. Authorization #:
Insurance:

Ins. Authorization #2:
Insurance #2:

\*For authorizations, we bill Global via Gaston Radiology: NPI # 1356324487; Tax ID # 560988142
Billing Address: 620 Summit Crossing, Ste. 106, Gastonia, NC 28054

Patients Full Name:
D.O.B.:
Height:
Weight:

Social Security#
Home Phone #
Other Phone:

Ordering Physician:
Physician signature:

Scheduled by:
Phone:
Email:

Previous studies / location:
Send CD with Patient?:

Special Instructions / Needs:
Relevant Surgeries:

History of Cancer?:

Metal objects in body?:
Pacemaker?
Aneurysm clip?
Implant?
Stent?

Orbital x-rays required for History of metal work (if needed)
Claustrophobia (prescribed medications require driver)

Any chance of Pregnancy? Date of LMP:
Allergies:

Diagnosis/Symptoms:

\*CONTRAST AT RADIOLOGIST DISCRETION\* (order w/o&w)

Table with 3 columns: Description, CPT, ICD-9\*\*. Rows include MRI - brain w/o contrast, MRI - brain with contrast, MRI - brain w/o & w contrast, MRI - other- IAC/ Pituitary/ Trigeminal.

HEAD / NECK: MRI ORBIT FACE & NECK

Table with 3 columns: Description, CPT, ICD-9\*\*. Rows include MRI - TMJ, MRI - orbit, face, neck w/o, MRI - orbit, face, neck with, MRI - orbit, face, and neck w/o & w.

MAGNETIC RESONANCE ANGIOGRAPHY, HEAD

Table with 3 columns: Description, CPT, ICD-9\*\*. Rows include MRA - head w/o, MRA - neck w/o, MRA - neck with, MRA - neck w/o & w.

SPINE: MRI SPINAL CANAL

Table with 3 columns: Description, CPT, ICD-9\*\*. Rows include MRI - C-spine w/o, MRI - C-spine with, MRI - C-spine w/o & w, MRI - L-spine w/o, MRI - L-spine with, MRI - L-spine w/o & w (surgery), MRI - T-spine w/o, MRI - T-spine with, MRI - T-spine w/o & w, MRI - sacrum (see pelvis), MRI - OTHER.

MRI EXTREMITIES / JOINT \*

Table with 3 columns: Specify MRI OF, CPT, ICD-9. Rows include MRI - upper extremity (OTJ) w/o, MRI - upper extremity (OTJ) with, MRI - upper extremity (OTJ) w/o & w, MRI - upper extremity (joint): w/o, MRI - upper extremity (joint): with, MRI - upper extremity (joint): w/o & w, MRA - upper extremity, MRI - lower extremity (OTJ) w/o, MRI - lower extremity (OTJ) with, MRI - lower extremity (OTJ) w/o & w, MRI - lower extremity (joint): w/o, MRI - lower extremity (joint): with, MRI - lower extremity (joint): w/o & w, MRA - lower extremity.

BODY : CHEST (specify:)

Table with 3 columns: Description, CPT, ICD-9. Rows include MRI - chest w/o, MRI - chest with, MRI - chest w/o & w, MRA - chest / aorta.

BODY : ABDOMEN/ PELVIS (specify:)

Table with 3 columns: Description, CPT, ICD-9. Rows include MRI - abdomen, or mrCP; w/o, MRI - abdomen: with, MRI - abdomen: w/o & w, MRA - abdomen, renals, MRI - pelvis or sacrum w/o (bony), MRI - pelvis or sacrum with, MRI - pelvis or sacrum w/o & w, MRA - pelvis.

\*Contrast requires a Creatinine for anyone over 60, diabetes, kidney disease, chemotherapy, etc... This may be done onsite prior to start of exam.
(Cancer or Extremities/Joints with history of infection, abscess, ulcer, cyst or mass usually require without & with contrast agent per radiologist.)
\*\*Federal Necessity: Federal Regulations require that only the tests that are necessary for diagnosis and treatment of a patient's condition be ordered.
The ICD-9 code is required to prove medical necessity.