



CONCORD
Emerson Hospital – Main Campus
 133 Old Road to Nine Acre Corner
 Concord, MA 01742
 Tax ID: 042103565
 NPI: 1922103357

WESTFORD
Emerson Hospital Health Center
 133 Littleton Road
 Westford, MA 01886
 Tax ID: 042103565
 NPI: 1922103357

PHYSICIAN ORDER FORM – MRI Services

To schedule exams, call: 1-800-258-4674

Or fax this form to: 1-800-253-7569

Please include clinical notes with this order

APPT. DATE & TIME	REQUEST
	<input type="checkbox"/> <i>Routine</i>
	<input type="checkbox"/> <i>STAT</i>

PATIENT INFORMATION

Patient Name: _____ DOB: _____ SSN: _____

Weight: _____ Phone: _____ Cell: _____

Private Health Auto W/C Other: _____ Insurance Co: _____

Subscriber ID: _____ Employer of Policy Holder: _____

Authorization: _____ Valid Dates: _____ Translation Services Needed? **YES NO**

INJURY & PAIN INFORMATION

Diagnosis (ICD-10 codes): _____

Date of Injury: _____ Location of Pain: _____ Severity of Pain (circle): **SEVERE MODERATE MILD**

Mechanism of Injury: _____

History: _____

REFERRING PHYSICIAN INFORMATION

Physician Name: _____ Phone: _____ Address: _____

Office Location (if different): _____ Physician Signature: _____

MRI SCAN INFORMATION

TECHNOLOGY: 1.5T High-field Open (*Concord only*) 1.5T High-field

<input type="checkbox"/> With and Without Contrast <i>NOTE: Contrast scans require Creatinine & BUN Level on all patients: (60+ years and/or who have diabetes, hypertension liver or renal disease)</i>	<p style="text-align: center;">Lab Values</p> Lab Date: _____ Creatinine: _____ GFR: _____ BUN: _____
<p>NEUROLOGY</p> <input type="checkbox"/> Brain <input type="checkbox"/> MRA Brain <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Pituitary <input type="checkbox"/> MRA Neck (carotid bifurcation) <input type="checkbox"/> Orbits <input type="checkbox"/> MRV Brain <input type="checkbox"/> Temporal Bones/IAC <input type="checkbox"/> Neck/Face <input type="checkbox"/> Neuroquant <input type="checkbox"/> Other _____	<p style="text-align: center;">Prostate</p> <input type="checkbox"/> Prostate C-/C+ <input type="checkbox"/> Reformat for 3D Quantification <input type="checkbox"/> Other: _____
<p>SPINE</p> <input type="checkbox"/> Lumbar <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Sacrum <input type="checkbox"/> Other _____	
<p>BODY</p> <input type="checkbox"/> Chest/Thorax <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen <input type="checkbox"/> MRCP (biliary) <input type="checkbox"/> Enterography (Concord) <input type="checkbox"/> Other _____	
<p>BREAST</p> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Implant Evaluation <input type="checkbox"/> MRCAD <input type="checkbox"/> Breast Biopsy (Concord) <input type="checkbox"/> Other _____	
<p>MUSCULOSKELETAL</p> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> Shoulder <input type="checkbox"/> Ankle <input type="checkbox"/> Elbow <input type="checkbox"/> Foot <input type="checkbox"/> Wrist <input type="checkbox"/> Thigh <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Arthrogram (Concord) <input type="checkbox"/> Other _____	
<p>VASCULAR IMAGING</p> <input type="checkbox"/> Chest Aorta <input type="checkbox"/> Abdominal Aorta <input type="checkbox"/> MRA Aorta (Concord) <input type="checkbox"/> Runoff, Lower Ext. <input type="checkbox"/> Renal Arteries <input type="checkbox"/> MRV: _____ <input type="checkbox"/> Other: _____	<p style="text-align: center;">PSA Values</p> <i>* Provide 3 most recent PSA values*</i> Date: _____ Value: _____ Date: _____ Value: _____ Date: _____ Value: _____
<p>PELVIC</p> <input type="checkbox"/> Rectal Staging (Concord) <input type="checkbox"/> Urogram (Concord) <input type="checkbox"/> Other: _____	<p>WOF-162</p>