



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

- Auburn, ME
82-3373794
- Boston/Granite Ave.
04-3046812
- Boston/Tufts Medical Center
04-3400617
- Boston/Western Ave.
04-3001031
- Brockton
04-2935687
- Chelmsford
45-2979715
- Concord
(Emerson Hosp.)
04-2103565
- Dartmouth
04-3043884
- Dedham
04-3046812
- Falmouth
04-2220716
- Framingham
20-2043301
- Greenfield
16-1766731
- Harwich
04-2103600
- Hyannis
(CC Hosp.)
04-2103600
- Hyannis
(Wilken's Ctr.)
04-2103600
- Leominster
04-3561571
- Lewiston, ME
(Central Maine)
01-0211494
- Lowell
(Main Campus)
45-2979715
- Lowell
(Saints Campus)
45-2979715
- Marlborough
20-2293995
- New Bedford
04-3043884
- Newburyport
(AJ Hosp.)
38-3989358
- Palmer
04-3454298
- Portsmouth, NH
02-0501695
- Sandwich
04-2220716
- Springfield
04-3454301
- Topsham, ME
82-3373794
- Wellesley
04-2461479
- West Yarmouth
04-3494613
- Westford
(Emerson Hosp.)
04-2103565
- Weymouth
04-3046796
- Winchester
(Highland Ave.)
46-2523117
- Woburn
(Unicorn Park)
46-2523117
- Worcester
(Shrews.St.)
04-3454298
- Worcester
(Memorial)
04-3454298
- Worcester
(University)
04-3454298

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

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: 3T High-field Open 1.5T High-field 1.5T High-field Open 1.2T High-field Open

3T sites: Tufts Medical Center Framingham; Hyannis – Wilken's; Lowell- Saints Campus; Springfield; Weymouth; Woburn; Worcester/Shrewsbury St. 1.2T site: Brighton ONLY

<input type="checkbox"/> With and Without Contrast	Lab Values
NEUROLOGY <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"/> 3D icobrain volumetrics <input type="checkbox"/> Other _____	Lab Date: _____ Creatinine: _____ GFR: _____ BUN: _____
SPINE <input type="checkbox"/> Lumbar <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Sacrum <input type="checkbox"/> Other _____	Prostate <input type="checkbox"/> Prostate C-/C+ <input type="checkbox"/> Reformat for 3D Quantification <input type="checkbox"/> Other: _____
BODY <input type="checkbox"/> Chest/Thorax <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen <input type="checkbox"/> MRCP (biliary) <input type="checkbox"/> Other _____	
BREAST <input type="checkbox"/> Diagnostic <input type="checkbox"/> Implant Evaluation <input type="checkbox"/> MRCAD <input type="checkbox"/> Other _____	
MUSCULOSKELETAL <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 <input type="checkbox"/> Other _____	
VASCULAR IMAGING <input type="checkbox"/> Chest Aorta <input type="checkbox"/> Abdominal Aorta <input type="checkbox"/> Runoff, Lower Ext. <input type="checkbox"/> Renal Arteries <input type="checkbox"/> MRV: _____ <input type="checkbox"/> Other: _____	PSA Values <i>*Provide 3 most recent PSA values*</i> Date: _____ Value: _____ Date: _____ Value: _____ Date: _____ Value: _____

Guidelines and ordering information for the new 1.2T high-field open-side MRI in Brighton.

Scans and conditions ideal for the 1.2T open-side MRI:

- Highly anxious or claustrophobic
- Larger than able to fit comfortably in other machines
- Have failed to complete other MRI attempts previously
- Imaging of small bones such as toes, wrists, fingers, hands and joints

Scans and conditions that are not advisable for the 1.2T open-side MRI:

- Breast MRI
- Prostate MRI (unless have failed on other MRI equipment and at radiologist discretion)

**BOSTON'S FIRST AND ONLY 1.2T HIGH-FIELD, OPEN-SIDE MRI
NOW AT SHIELDS MRI – BRIGHTON.**



Shields MRI – Brighton | 385 Western Ave.

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