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 OpenMRISolutions.com
 Tax ID#: 59-3784049
 NPI #: 1609988203



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 # _____
 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 | |
|---|--|
| <input type="checkbox"/> W/WO IV CONTRAST PER RADIOLOGIST | <input type="checkbox"/> HIPS BIL. ATTENTION: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> W/WO IV CONTRAST | <input type="checkbox"/> S.I. JOINTS |
| <input type="checkbox"/> WITHOUT IV CONTRAST | <input type="checkbox"/> SPINE: C <input type="checkbox"/> T <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> BRAIN | <input type="checkbox"/> SACRUM/COCCYX |
| <input type="checkbox"/> BRAIN TBI PROTOCOL | <input type="checkbox"/> SHOULDER: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> BRAIN MRA | <input type="checkbox"/> ELBOW: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> PARANASAL SINUSES | <input type="checkbox"/> WRIST: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> MAXILLOFACIAL | <input type="checkbox"/> HAND: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> ORBITS | <input type="checkbox"/> THUMB: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> PITUITARY | <input type="checkbox"/> KNEE: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> INTERNAL AUDITORY CANALS (IACS) | <input type="checkbox"/> ANKLE: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> CAROTID MRA (NECK) | <input type="checkbox"/> FOOT: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> MRA RENAL ARTERIES | <input type="checkbox"/> SHOULDER ARTHROGRAM: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> TMJ'S | <input type="checkbox"/> WRIST ARTHROGRAM: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> NECK (SOFT TISSUE) | <input type="checkbox"/> HIP ARTHROGRAM: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> BRANCHIAL PLEXUS | <input type="checkbox"/> KNEE ARTHROGRAM: R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> CHEST | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> MRI KIDNEYS | <input type="checkbox"/> ADD 3-D RENDERING ON |
| <input type="checkbox"/> MRI ADRENAL GLANDS | POSITIVE MRI FINDINGS |
| <input type="checkbox"/> MRCP | |
| <input type="checkbox"/> PELVIS | |

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

SEE BACK SIDE FOR IMPORTANT PATIENT INSTRUCTIONS



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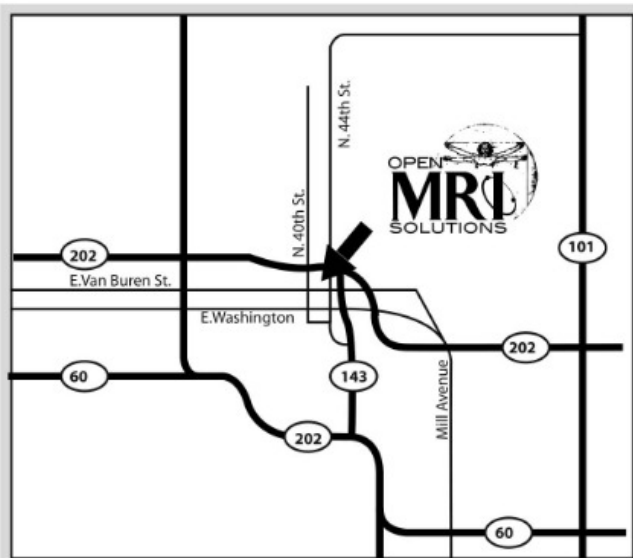
CONTRACTED WITH THESE INSURANCE PLANS

- | | | |
|--|---|---|
| <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/CMPD • 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 OpenMRI Solutions.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.



REVISED AUGUST 2019