



4130 E. Van Buren St., Suite 100, Phoenix, AZ. 85008  
 Ph: (602) 244-2442 Fax: (602) 244-2445  
 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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> W/WO IV CONTRAST PER RADIOLOGIST</li> <li><input type="checkbox"/> W/WO IV CONTRAST</li> <li><input type="checkbox"/> WITHOUT IV CONTRAST</li> <li><input type="checkbox"/> BRAIN</li> <li><input type="checkbox"/> BRAIN TBI PROTOCOL</li> <li><input type="checkbox"/> BRAIN MRA</li> <li><input type="checkbox"/> PARANASAL SINUSES</li> <li><input type="checkbox"/> MAXILLOFACIAL</li> <li><input type="checkbox"/> ORBITS</li> <li><input type="checkbox"/> PITUITARY</li> <li><input type="checkbox"/> INTERNAL AUDITORY CANALS (IACS)</li> <li><input type="checkbox"/> CAROTID MRA (NECK)</li> <li><input type="checkbox"/> MRA RENAL ARTERIES</li> <li><input type="checkbox"/> TMJ'S</li> <li><input type="checkbox"/> NECK (SOFT TISSUE)</li> <li><input type="checkbox"/> BRANCHIAL PLEXUS</li> <li><input type="checkbox"/> CHEST</li> <li><input type="checkbox"/> MRI KIDNEYS</li> <li><input type="checkbox"/> MRI ADRENAL GLANDS</li> <li><input type="checkbox"/> MRCP</li> <li><input type="checkbox"/> PELVIS</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> HIPS BIL. ATTENTION: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> S.I. JOINTS</li> <li><input type="checkbox"/> SPINE: <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L</li> <li><input type="checkbox"/> SACRUM/COCCYX</li> <li><input type="checkbox"/> SHOULDER: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> ELBOW: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> WRIST: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> HAND: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> THUMB: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> KNEE: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> ANKLE: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> FOOT: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> SHOULDER ARTHROGRAM: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> WRIST ARTHROGRAM: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> HIP ARTHROGRAM: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> KNEE ARTHROGRAM: <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> OTHER: _____</li> <li><input type="checkbox"/> ADD 3-D RENDERING ON POSITIVE MRI FINDINGS</li> </ul> |
|---|---|

### X-RAY

- CHEST PA & LATERAL (ROUTINE 2 VIEW)
- SPINE LTD. 3 VIEWS:
- C  T  L  ADD FLEX/EXT
- SPINE COMP. 5 VIEWS
- C  T  L  ADD FLEX/EXT
- PELVIS
- ABDOMEN:  2 VIEW  KUB
- SHOULDER:  R  L
- ELBOW:  R  L
- WRIST:  R  L
- HAND:  R  L
- HUMERUS:  R  L
- FOREARM:  R  L
- HIP:  R  L
- KNEE:  R  L
- ANKLE:  R  L
- FOOT:  R  L
- FEMUR:  R  L
- TIBIA/FIBULA:  R  L
- SKULL
- PARANASAL SINUSES
- EYE FOR FOREIGN OBJECT
- OTHER: \_\_\_\_\_

SEE BACK SIDE FOR IMPORTANT PATIENT INSTRUCTIONS



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## CONTRACTED WITH THESE INSURANCE PLANS

- Attorney Liens
- Noridian Medicare
- Railroad Medicare
- MEDICARE REPLACEMENT PLANS:**
- 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
- AHCCCS:**
- American Indian Health Program
- Arizona Complete Health  
(formerly Health Net Access)
- 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
- COMMERCIAL/WORKER'S COMP INSURANCE PLANS:**
- 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
- 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](http://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.

