



1020 E. Palmdale St. Ste. 150, Tucson, AZ.85714
 Ph: (520) 434-0404 Fax: (520) 889-4241
 OpenMRISolutions.com
 Tax ID#: 59-3784049
 NPI #: 1477748796



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 # _____
 Attorney Name _____ Attorney Phone # _____
 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

SEE BACK SIDE FOR IMPORTANT PATIENT INSTRUCTIONS.

MRI

- | | | |
|--|---|--|
| <input type="checkbox"/> W/WO IV CONTRAST PER RADIOLOGIST
<input type="checkbox"/> W/WO IV CONTRAST
<input type="checkbox"/> WITHOUT IV CONTRAST
<input type="checkbox"/> BRAIN
<input type="checkbox"/> ORBITS
<input type="checkbox"/> PITUITARY
<input type="checkbox"/> INTERNAL AUDITORY CANALS (IACS)
<input type="checkbox"/> BRAIN MRA
<input type="checkbox"/> CAROTID MRA
<input type="checkbox"/> MRA RENAL ARTERIES
<input type="checkbox"/> TMJ'S
<input type="checkbox"/> PARANASAL SINUSES | <input type="checkbox"/> MAXILLOFACIAL
<input type="checkbox"/> NECK (SOFT TISSUE)
<input type="checkbox"/> CHEST
<input type="checkbox"/> ABDOMEN
<input type="checkbox"/> MRCP
<input type="checkbox"/> PELVIS
<input type="checkbox"/> HIPS BILATERAL
<input type="checkbox"/> S.I. JOINTS
<input type="checkbox"/> SPINE: <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L
<input type="checkbox"/> SACRUM/COCCYX
<input type="checkbox"/> SHOULDER: <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> ELBOW: <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> WRIST: <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> HAND: <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> THUMB: <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> KNEE: <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> ANKLE: <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> FOOT: <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> SHOULDER ARTHROGRAM: <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> WRIST ARTHROGRAM: <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> HIP ARTHROGRAM: <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> KNEE ARTHROGRAM: <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> OTHER: _____ |
|--|---|--|



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Advantage by Bridgeway
 Aetna
 AHCCS
 APIPA
 DES/CMPD
 Health Choice Arizona
 Indian Health Services
 Maricopa Health Plan
 Mercy Care Health Plan
 Phoenix Health Plan
 Scan Long Term (ALTCS)
 University Physicians Health Plan
 APWU Health Plan
 Arizona Foundation
 Arizona Medical Network
 Assurant
 Attorney Liens
 Banner Health Network
 Beech Street

Blue Cross Blue Shield
 Bridgeway
 Care1st
 Caremore
 CCN
 Cigna (PPO & OAP Only)
 Department of Labor
 Evercare
 First Health
 Galaxy Health Network
 GEHA
 Genex
 Great West
 Health Net
 Humana
 Mayo Health Plan
 Med Focus

Med Solutions
 Medicare
 Multiplan
 Old Pueblo
 One Call Medical
 Pascua Yaqui
 PHCS
 Railroad Medicare
 Rising Medical Solutions
 Scan Health Plan
 Secure Horizons
 State Compensation Fund
 Tricare/Triwest
 United Healthcare
 University Family Care
 USA Managed Care Organization
 VA Administration
 WAUSAU
 Worker's Compensation

PATIENTS PREPARING FOR MRI STUDY

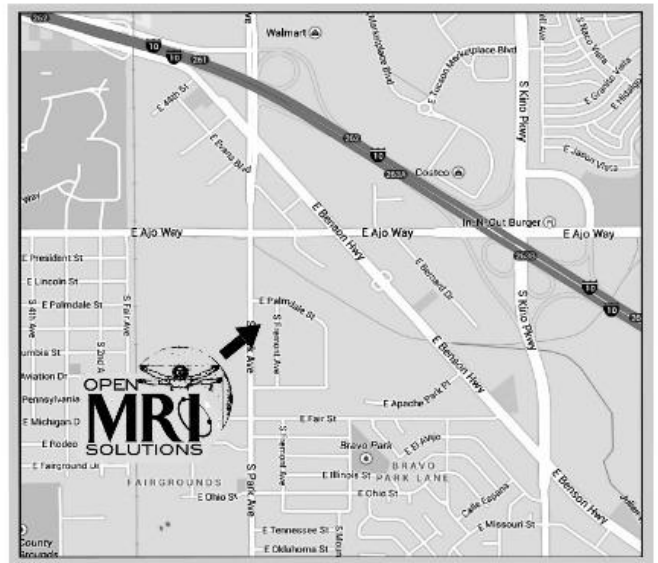
Please visit OpenMRISolutions.com to print and fill out patient questionnaires.

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.

Services & Features

- Insurance Verification and Scheduling by our staff
- Open Saturdays. M-F 7:00am-7:00pm
- Complimentary Transportation
- Interest-free Payment Plans
- Great discounts for self-pay patients
- 100% Bilingual Medical Personnel & Staff
- Best option for claustrophobic patients
- Weight Capacity 500 lb..
- STAT Reports in 3 hours, others 24 hrs.
- Accommodate same-day appts. & walk-ins
- 24/7 Internet access to Images & Reports



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