

# EXAMINATION ORDER FORM

SCAN TIME/DATE: \_\_\_\_\_ NAME (Study name or Code number): \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ PT ID# \_\_\_\_\_

PATIENT D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: MALE FEMALE

PATIENT IS: RIGHT HANDED or LEFT HANDED HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

**PLEASE CHECK EXAM REQUIRED BELOW**

**MRI of Head & Neck**

- \_\_\_\_\_ Temporomandibular Joint
- \_\_\_\_\_ Orbits/ Face/ Neck
- \_\_\_\_\_ Head, Attention to IACS
- \_\_\_\_\_ Brain Without Contrast
- \_\_\_\_\_ Brain With & Without Contrast\*
- \_\_\_\_\_ Pituitary With & Without Contrast\*

**MRI of Spine**

- \_\_\_\_\_ Cervical Without Contrast
- \_\_\_\_\_ Cervical Spine With & Without Contrast\*
- \_\_\_\_\_ Thoracic Without Contrast
- \_\_\_\_\_ Thoracic With & Without Contrast\*
- \_\_\_\_\_ Lumbar Without Contrast
- \_\_\_\_\_ Lumbar With & Without Contrast\*

**MRI of Extremities**

- \_\_\_\_\_ LEFT Knee
- \_\_\_\_\_ RIGHT Knee

**MRI of Abdomen & Pelvis**

- \_\_\_\_\_ Abdomen
- \_\_\_\_\_ Pelvis

**MRA**

- \_\_\_\_\_ Head
- \_\_\_\_\_ Neck

\_\_\_\_\_ W/O Contrast

\_\_\_\_\_ W/WO Contrast

**\*REQUIRED INFORMATION FOR ALL CONTRAST ORDERS:**

- Contrast Injection X 1 dose via IVP/Injector (dose 0.2ml/kg with Max dose of 20ml)
- Patient who is  $\geq 50$  years old and/or with history or Kidney disease will need an STAT Creatinine done (if no serum creatinine has been performed in the last 2 weeks.)

MD Signature: \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

PRIMARY INVESTIGATOR SIGNATURE: \_\_\_\_\_

Charge To:

Unit	Dpt	Fund	Prjct	Prgm	Acct	Class