orthopedics of oregon

MRI/X-ray Patient Referral

Patient Information

Name:_____

Birth Sex:_____ Gender Identity:_____ Pref. Pronoun:_____

DOB:_____ Height:_____ Weight:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone 1:_____ Phone 2:_____

Ins. Co.:_____ Date of Injury:_____

ID/Claim #:_____ Group #:_____ Adjuster:_____

Authorization Requested: ☐ Yes ☐ No *(Ordering physician must obtain authorization for MRI)*

Symptoms/Patient Complaints:_____

_____

MRI Screening

- ☐ Have you had heart surgery?
- ☐ Heart pacemaker?
- ☐ Artificial heart valve?
- ☐ Aneurysm clips in your brain, neck, abdomen or elsewhere?
- ☐ Cochlear or stapes implants in ear?
- ☐ Surgically implanted metal in body? *ie: TKR/THR*
- ☐ Neuro-stimulator implanted in spine?
- ☐ Bone stimulator?
- ☐ Any implants in your body?
- ☐ Other_____

Physician Information

Physician:_____ Date of Referral:_____

Physician's Signature:_____ Phone:_____

MA/Referral Coordinator:_____ Fax:_____

Exams Ordered

- ☐ MRI
- ☐ X-ray

MRI Exam Focus

DIAGNOSIS CODE REQUIRED:_____

CPT CODE REQUIRED:_____

Upper Extremity R L B

- ☐ Shoulder
- ☐ Elbow
- ☐ Wrist
- ☐ Hand
- ☐ Finger #_____

Lower Extremity R L B

- ☐ Foot
- ☐ Achilles-Tendon
- ☐ Ankle
- ☐ Knee
- ☐ Hip
- ☐ Pelvis

Spine

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ S/T Neck
- ☐ Brachial Plexus

- ☐ MR Arthrography_____
- ☐ Other_____

X-ray Exam

DX CODE: _____

CPT CODE: _____

R L B

Body Part:_____

_____

IF YOU HAVE ANY OF THE FOLLOWING: pacemaker, ear implants, surgical staples, metal pins, neuro-stimulator, aneurysm clip(s), implanted drug infusion device, or have worked as a welder or grinder of metal, check with your physician or MRI technologist prior to your exam.