# **OSU BIOMEDICAL IMAGING CENTER**

# **MRI ORDER**

## **COMMONLY ORDERED MRIS**

	Wit	hout	With and Without Contras			Contrast
Brain		70551		70553		
IAC		70551		70553		
Pituitary		70551		70553		
Orbits, Face		70540		70543		
Soft Tissue Neck		70540		70543		
TMJ		70336		70336		
Chest		71550		71552		
Breast (Bilateral)		77047		77049		
Abdomen		74181		74183		
MRCP		74181		74183		
Cervical Spine		72141		72156		
Thoracic / Spine		72146		72157		
Lumbar Spine		72148		72158		
Pelvis (Soft tissue)		72195		72197		
Pelvis Female		72195		72197		
Sacrum / SI Joint		72195				
Bony Pelvis		72195		72197		
Shoulder		73221		Right		Left
Elbow		73221		Right		Left
Wrist		73221		Right		Left
Arm (Upper or Lower)		73218		Right		Left
Hand or Finger (Specify)		73218		Right		Left
Hip		73721		Right		Left
Knee		73721		Right		Left
Leg (Upper or Lower)		73718		Right		Left
Foot (Forefoot)		73718		Right		Left
Ankle		73721		Right		Left
Hindfoot		73721		Right		Left
MRA Head		70544				
MRA Neck		70547				
MRV Head		70544				
Other						

#### **MRI SCHEDULING**

- □ Please call patient to schedule.
- □ Urgent results.

For questions or to pre-register please call 539-325-6560.

#### PREPARING YOUR PATIENT:

- For patients with metal implants, please send implant cards or surgical records or date/location of surgery with MRI order form if you have them. If you do not, our clinic will work with your patients directly to obtain this information.
- Medication patches must be removed for MRI. Please talk to your patient about scheduling the MRI around a medication patch schedule if necessary.
- Glucose monitors and insulin pumps must be removed for MRI. Please talk to your patient about scheduling the MRI around a replacement cycle if necessary.
- OSU Biomedical Imaging Center will obtain any necessary insurance authorizations.

#### PLEASE FAX COMPLETED FORM TO: 539-325-6569

Patient Name:	DOB:	Phone/Contact:			
Address:	City:		State:	ZIP:	
Primary Insurance:	_Policy #:		Group #:		
Diagnosis (include ICD-10)					
Physician Printed Name:		NPI #:			
Physician Signature:					3 10 25

**ES** MEDICINE

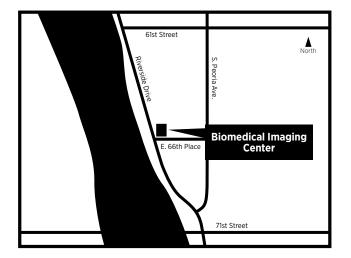
# MRI SCREENING FORM

### Do you have any of these items that may create a health hazard or other problem during an MRI: ☐ YES ☐ NO A pacemaker or implantable defibrillator (ICDs), heart valves Vascular clips placed to prevent bleeding from intracranial aneurysms or blood vessels (brain surgery) ☐ YES ☐ NO External or implanted medication pumps (such as those used to deliver insulin, pain-relieving drugs, ☐ YES ☐ NO or chemotherapy) Cochlear (i.e., for hearing) implants ☐ YES ☐ NO Neurostimulator ☐ YES ☐ NO Catheters that have metallic components ☐ YES ☐ NO ☐ YES ☐ NO A bullet, shrapnel or other type of metallic fragment Metal located within or near the eye (such an object can generally be seen on an x-ray; metal workers □ YFS □ NO are most likely to have this problem) Shunts/stents/intravascular coils ☐ YES ☐ NO

## Do you have any of these items in or on your body?

- Metallic spinal rod
- Plates, pins, screws or metal mesh used to repair a bone or joint
- Joint replacement or prosthesis
- Metal jewelry including those used for body piercing or body modification
- Dental fillings or braces (while usually unaffected by the magnetic field, these may distort images of the facial area or brain; the same is true for orthodontic braces and retainers)

If you answered yes or have any of these objects in your body, please give us a call right away.



## **OSU Biomedical Imaging Center**

Hardesty Center for Clinical Research and Neuroscience 1013 East 66th Place Tulsa. OK 74136

539-325-6560 | 539-325-6569 (Fax)

## FOR MORE INFORMATION:

osumedicine.com/resources/biomedical-imaging-center/

## **PATIENT SAFETY TIPS:**

osumedicine.com/mri-patient-safety-tips/

