



If the MRI is considered urgent, please call the Radiology RN at 865-541-8116

# MRI Physician Order

**STEP 1 COMPLETE ALL** information and **FAX** to Radiology: 865-541-8287.

Date: \_\_\_/\_\_\_/\_\_\_

Patient's name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_\_\_ Alternate phone: ( \_\_\_ ) \_\_\_\_\_

Responsible adult; contact name: \_\_\_\_\_ (mom/dad/other) Patient's Wt. \_\_\_\_\_ Ht. \_\_\_\_\_

**PREFERRED LANGUAGE:** \_\_\_\_\_

**CHECK EXAM ORDERED**

**Contrast requested:** \_\_\_\_\_ Without \_\_\_\_\_ With and without

- Abdomen
- Brain
- C-Spine
- T-Spine
- L-Spine
- Cardiac
- Chest
- Entire spine
- MRA
- MRCP
- Pelvis
- Extremity (please specify)

**Reason for exam:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consult for sedation/anesthesia based on patient screening characteristics.

**\*\*\*Please fax current H & P if patient will require sedation or is less than 12 years old\*\*\***

Is there a ventricular shunt? \_\_\_\_\_ If yes, does the shunt require reprogramming after MRI? \_\_\_\_\_

Are there other implanted devices (e.g. pacemaker, CGM?) \_\_\_\_\_

Physician's signature (**REQUIRED**): \_\_\_\_\_

Print physician's name: \_\_\_\_\_

Office phone: ( \_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_ ) \_\_\_\_\_

**STEP 2 Appointment completed by Radiology and Faxes to ordering physician.**

(Radiology staff calls family for medical history and schedules MRI)

Appointment date/time: \_\_\_\_\_

**STEP 3 Ordering physician's office obtains precert # and faxes this completed form to Admitting (865) 541-8289 at least 24 hours prior to the appointment. Scheduled exams will not be performed without a precert #.**

Primary insurance: \_\_\_\_\_

Precertification: \_\_\_\_\_

ICD.10 Code: \_\_\_\_\_ CPT CODE: \_\_\_\_\_

If you have any questions, please leave a voicemail at 865-541-8398 for our nurse scheduler