



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. _____

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? _____

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