

MRI Diagnostic Imaging Order Form

*Please refer to the electronic copy for the latest version.

Referred to Location	Order Fax Number	To Schedule Appointments, Call:
Asante Rogue Regional Medical Center	Routine: 541-789-7170 STAT/ASAP: 541-789-6180 All IR, MSK, and X-Rays: 541-789-7153	541-789-4322 All IR: 541-789-7173
Asante Ashland Community Hospital	541-488-5385	541-201-4380 All IR: 541-201-4378
Asante Three Rivers Medical Center	541-472-7067	541-472-7140

Order Priority	Definition
Routine	A diagnostic or therapeutic procedure that can be scheduled next available.
STAT (24 Hours)	Referring to a diagnostic or therapeutic procedure that is to be performed immediately.
ASAP (7 Days)	As soon as possible, a level of urgency less urgent than 'STAT.'

Patient Information

Order Date (today's date):

Due By Date (if applicable):

Name:

Date of Birth:

Contact telephone number:

Symptoms/Reason for Study:

ICD-10 Code(s):

Insurance:

Pre-Authorization Number:

Height:

Weight:

Patient mobility status:

- Walker
 Wheelchair
 Lift

Does the patient have a glucose monitor?

- Yes
 No

If yes, must be removed prior to appointment with radiation

Are interpreter services needed?

- Yes
 No

Ordering Provider Name:

Ordering Provider Signature:

Secondary Provider Name:

Please attach **H&P** and Chart Notes.



<p>MRI</p> <p>REQUIRED SELECT ONE:</p> <p><input type="radio"/> Without Contrast</p> <p><input type="radio"/> With and Without IV Contrast</p> <p><input type="radio"/> With Arthrogram Contrast</p>	<p>Abdomen (select one below)</p> <p><input type="radio"/> MRCP <input type="radio"/> Liver <input type="radio"/> Kidneys <input type="radio"/> Adrenal</p> <p>Brachial Plexus</p> <p>Brain</p> <p>Brain MRA</p> <p>Brain Orbits</p> <p>Brain Pituitary</p> <p>Breast</p> <p>Breast Core Needle Biopsy (select one below)</p> <p><input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both</p> <p>Breast Implant/Rupture (W/O Contrast Only)</p> <p>Defecography</p> <p>Extremity Joint - specify location:</p> <p style="padding-left: 40px;">Select one: <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both</p> <p>Extremity Other - specify location:</p> <p style="padding-left: 40px;">Select one: <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both</p> <p>MRA Other - specify:</p> <p>Neck MRA</p> <p>Knee (select one below)</p> <p><input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both</p> <p>Orbits Only</p> <p>Pelvis</p> <p>Prostate with PI-RADS</p> <p>Sacrum/SI Joints/Coccyx</p> <p>Shoulder (select one below)</p> <p><input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both</p> <p>Soft Tissue Neck</p> <p>Spine (select all that apply)</p> <p style="padding-left: 40px;">Cervical</p> <p style="padding-left: 40px;">Thoracic</p> <p style="padding-left: 40px;">Lumbar</p>	<p>NOTE: When ordering an invasive procedure, labs may be required. Please reference the following documents: Click here for Hyperlink to MRG form</p> <p>NOTE: Patient must be able to lay flat and hold still for 30-minutes. NOTE: If claustrophobic, the ordering provider may prescribe an anti-anxiety medication.</p> <p>NOTE: If ordering 'with Arthrogram Contrast' include a separate Fluoroscopy Arthrogram order.</p> <p>NOTE: Breast Core Needle Biopsy is only offered at Ashland.</p> <p>NOTE: Anesthesia only offered at Rogue.</p> <p>NOTE: If the patient is allergic to contrast, utilize the hyperlink to for reference.</p> <p>NOTE: Defecography is only preformed at Three Rivers.</p>
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	<p>Spinal Cord Survey for MS (Brain, Cervical and Thoracic) Other (specify)</p> <p>Please complete below:</p> <p><i>Anesthesia Requested</i> <input type="radio"/> Yes <input type="radio"/> No</p> <p><i>Allergy to Contrast</i> <input type="radio"/> Yes <input type="radio"/> No</p> <p>Click here for Hyperlink to MRG form</p> <p><i>Claustrophobic</i> <input type="radio"/> Yes <input type="radio"/> No</p> <p><i>Implant/s or Device</i> <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, specify type, make and model:</p>	
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PATIENT LABEL
