



Shields

HEALTH



PHYSICIAN ORDER FORM – MRI

Services

To schedule exams, call: 1-800-258-4674

Or fax this form to: 1-800-253-7569

Please include clinical notes with this order

- Boston/Granite Ave.
04-3046812
- Boston/Tufts Medical Center
04-3400617
- Boston/Western Ave.
04-3001031
- Brockton
04-2935687
- Chelmsford
45-2979715
- Concord
(Emerson Hosp.)
04-2103565
- Dartmouth
04-3043884
- Dedham
04-3046812
- Falmouth
04-2220716
- Framingham
20-2043301
- Greenfield
16-1766731
- Harwich
04-2103600
- Hyannis
(CC Hosp.)
04-2103600
- Hyannis
(Wilken's Ctr.)
04-2103600
- Leominster
04-3561571
- Lewiston, ME
(Central Maine)
01-0211494
- Lowell
(Main Campus)
45-2979715
- Lowell
(Saints Campus)
45-2979715
- Marlborough
20-2293995
- New Bedford
04-3043884
- Newburyport
(AJ Hosp.)
38-3989358
- Palmer
04-3454298
- Portsmouth, NH
02-0501695
- Sandwich
04-2220716
- Springfield
04-3454301
- Wellesley
04-2461479
- West Yarmouth
04-3494613
- Westford
(Emerson Hosp.)
04-2103565
- Weymouth
04-3046796
- Winchester
(Highland Ave.)
46-2523117
- Woburn
(Unicorn Park)
46-2523117
- Worcester
(Shrews.St.)
04-3454298
- Worcester
(Memorial)
04-3454298
- Worcester
(University)
04-3454298

APPT. DATE & TIME	REQUEST
	<input type="checkbox"/> Routine
	<input type="checkbox"/> STAT

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Weight: _____

Phone: _____ Cell: _____ Translation Services Needed? **YES NO**

Private Health Auto W/C Other: _____ Insurance Co: _____

Subscriber ID: _____ Authorization: _____ Valid Dates: _____

INJURY & PAIN INFORMATION

Diagnosis (ICD-10 codes): _____

Date of Injury: _____ Location of Pain: _____

History and symptoms: _____

REFERRING PHYSICIAN INFORMATION

Physician Name: _____ Phone: _____ Address: _____

Office Location (if different): _____ Physician Signature: _____

MRI SCAN INFORMATION

TECHNOLOGY:

1.2T High-field Open 1.5T High-field 1.5T High-field Open 3T High-field Open

(3T Sites: Dartmouth, Tufts Medical Center; Framingham; Hyannis/Wilken's; Springfield; Weymouth; Woburn; W. Yarmouth)

oZTEo

(ZTE Sites: Dartmouth, Framingham, Portsmouth, Weymouth, Yarmouth)

With and Without Contrast

NOTE: Contrast scans require Creatinine & BUN Level on all patients (60+ years and/or who have diabetes, hypertension liver or renal disease)

NEUROLOGY

Brain MRA Brain Brachial Plexus Pituitary MRA Neck (carotid bifurcation) Orbits MRV Brain

Temporal Bones/IAC Neck/Face Neuroquant 3D icobrain volumetrics Other _____

SPINE

Lumbar Cervical Thoracic Sacrum Other _____

BODY

Chest/Thorax Pelvis Abdomen MRCP (biliary) Other _____

BREAST

Diagnostic Implant Evaluation MRCAD Other _____

MUSCULOSKELETAL

LEFT RIGHT

Shoulder Ankle Elbow Foot Wrist Thigh Hip Knee Arthrogram

Other _____

VASCULAR IMAGING

Chest Aorta Abdominal Aorta Runoff, Lower Ext. Renal Arteries MRV: _____

Other: _____

Lab Values

Lab Date: _____

Creatinine: _____

GFR: _____

BUN: _____

Prostate

Prostate C-/C+

Reformat for 3D Quantification

Other: _____

PSA Values

Provide 3 most recent PSA values

Date: _____

Value: _____

Date: _____

Value: _____

Date: _____

Value: _____