



**MRI ORDER FORM**

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
- Gardner  
88-1383061
- 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)  
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\*: \_\_\_\_\_ Mobile\*: \_\_\_\_\_

Private Ins  Auto  W/C  Other: \_\_\_\_\_ Subscriber ID\*: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Auth: \_\_\_\_\_

**INJURY & PAIN INFORMATION**

Diagnosis (ICD-10 codes)\*: \_\_\_\_\_ Reason for Order\*: \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION**

Physician Name\*: \_\_\_\_\_ Email: \_\_\_\_\_

Address (city/town)\*: \_\_\_\_\_ Mobile: \_\_\_\_\_

NPI\*: \_\_\_\_\_ Physician Signature\*: \_\_\_\_\_

**MRI SCAN INFORMATION**

**TECHNOLOGY\***: Traditional (60cm bore), Open-bore (70cm bore), Open-sided (no bore)

1.2T High-field **Open-sided** (Brighton)  1.5T High-field **Open-bore**  1.5T High-field  3T High-field **Open-bore**  3T High-field (Tufts-Boston)

<p><b>HEAD AND NECK</b></p> <p><input type="checkbox"/> 70540 w/o contrast</p> <p><input type="checkbox"/> 70543 w/ &amp; w/o contrast</p> <p><input type="checkbox"/> Orbits, Face &amp; Neck</p> <p><input type="checkbox"/> Soft Tissue Neck</p> <p><b>TMJ</b></p> <p><input type="checkbox"/> 71550 – w/o contrast</p> <p><input type="checkbox"/> 71552 – w/ &amp; w/o contrast</p>	<p><b>UPPER EXTREMITY - JOINT</b></p> <p><input type="checkbox"/> LEFT* <input type="checkbox"/> RIGHT*</p> <p><input type="checkbox"/> 73221 – w/o contrast</p> <p><input type="checkbox"/> 73223 – w/ &amp; w/o contrast</p> <p><input type="checkbox"/> 73222 – Arthrogram</p> <p><i>*Select Body Part*</i></p> <p><input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> Wrist <input type="checkbox"/> _____</p>	<p><b>UPPER EXTREMITY – NON JOINT</b></p> <p><input type="checkbox"/> LEFT* <input type="checkbox"/> RIGHT*</p> <p><input type="checkbox"/> 73218 – w/o contrast</p> <p><input type="checkbox"/> 73220 – w/ &amp; w/o contrast</p> <p><input type="checkbox"/> Brachial Plexus 71550 w/ contrast</p> <p><input type="checkbox"/> Brachial Plexus 71552 w/ &amp; w/o contrast</p> <p><i>*Select Body Part*</i></p> <p><input type="checkbox"/> Humerous <input type="checkbox"/> Forearm <input type="checkbox"/> Clavicle</p> <p><input type="checkbox"/> Finger <input type="checkbox"/> Hand <input type="checkbox"/> _____</p>
<p><b>BRAIN</b></p> <p><input type="checkbox"/> 70551 Brain w/o contrast</p> <p><input type="checkbox"/> 70553 Brain w/ &amp; w/o contrast</p> <p><input type="checkbox"/> 70544 Brain Angio w/o contrast</p> <p><input type="checkbox"/> 70546 Brain Angio w/ &amp; w/o contrast</p> <p><input type="checkbox"/> 70547 Neck Angio w/o contrast</p> <p><input type="checkbox"/> 70549 Neck Angio w/ &amp; w/o contrast</p>	<p><b>LOWER EXTREMITY - JOINT</b></p> <p><input type="checkbox"/> LEFT* <input type="checkbox"/> RIGHT*</p> <p><input type="checkbox"/> 73721 – w/o contrast</p> <p><input type="checkbox"/> 73723 – w/ &amp; w/o contrast</p> <p><input type="checkbox"/> 73222 – Arthrogram</p> <p><i>*Select Body Part*</i></p> <p><input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> _____</p>	<p><b>LOWER EXTREMITY – NON JOINT</b></p> <p><input type="checkbox"/> LEFT* <input type="checkbox"/> RIGHT*</p> <p><input type="checkbox"/> 73718 – w/o contrast</p> <p><input type="checkbox"/> 73720 – w/ &amp; w/o contrast</p> <p><i>*Select Body Part*</i></p> <p><input type="checkbox"/> Thigh <input type="checkbox"/> Lower Leg <input type="checkbox"/> Foot</p> <p><input type="checkbox"/> Toe <input type="checkbox"/> _____</p>
<p><b>SPINE</b></p> <p><input type="checkbox"/> 72141 Cervical w/o contrast</p> <p><input type="checkbox"/> 72156 Cervical w/ &amp; w/o contrast</p> <p><input type="checkbox"/> 72146 Thoracic w/o contrast</p> <p><input type="checkbox"/> 72157 Thoracic w/ &amp; w/o contrast</p> <p><input type="checkbox"/> 72148 Lumbar w/o contrast</p> <p><input type="checkbox"/> 72158 Lumbar w/ &amp; w/o contrast</p>	<p><b>BODY</b></p> <p><input type="checkbox"/> 74181 – w/o contrast</p> <p><input type="checkbox"/> 74183 – w/ &amp; w/o contrast</p> <p><i>*Select Body Part*</i></p> <p><input type="checkbox"/> MCRP <input type="checkbox"/> Liver <input type="checkbox"/> Abdomen</p> <p><input type="checkbox"/> _____</p> <p><b>ENTEROGRAM</b></p> <p><input type="checkbox"/> 74183, 72197 Enterogram</p> <p><b>PROSTATE</b></p> <p><input type="checkbox"/> 72195, 76377 – w/ &amp; w/o contrast w/ 3D Format</p> <p><input type="checkbox"/> 72197 – w/ &amp; w/o contrast</p>	<p><b>CHEST</b></p> <p><input type="checkbox"/> 71550 – w/o contrast</p> <p><input type="checkbox"/> 71552 – w/ &amp; w/o contrast</p> <p><b>BREAST</b></p> <p><input type="checkbox"/> 77049 – Breast Bilateral – w/ &amp; w/o</p> <p><b>CARDIAC</b></p> <p><input type="checkbox"/> 75561 – w/ &amp; w/o contrast</p>
<p><b>OTHER</b></p> <p>CPT: _____</p> <p>BODY PART: _____</p>		

\*Starred fields are required for our automated data extraction system which enables faster scheduling. If fields are incomplete, data is entered manually. Shields will provide information related to appointments, experience, results and more through the email and mobile. We are committed to your privacy and will not share your information with any third party.