



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

- List of locations including Auburn, ME; Boston/Granite Ave.; Boston/Tufts Medical Center; Boston/Western Ave.; Brockton; Chelmsford; Concord; Dartmouth; Dedham; Falmouth; Framingham; Greenfield; Harwich; Hyannis (CC Hosp.); Hyannis (Wilken's Ctr.); Leominster; Lewiston, ME (Central Maine); Lowell (Main Campus); Lowell (Saints Campus); Marlborough; New Bedford; Newburyport (AJ Hosp.); Palmer; Portsmouth, NH; Sandwich; Springfield; Topsham, ME; Wellesley; West Yarmouth; Westford (Emerson Hosp.); Weymouth; Winchester (Highland Ave.); Woburn (Unicorn Park); Worcester (Shrews.St.); Worcester (Memorial); Worcester (University).

Table with 2 columns: APPT. DATE & TIME, REQUEST (Routine, STAT)

PATIENT INFORMATION

Patient Name, DOB, SSN, Weight, Phone, Cell, Insurance Co, Subscriber ID, Employer of Policy Holder, Authorization, Valid Dates, Translation Services Needed?

INJURY & PAIN INFORMATION

Diagnosis (ICD-10 codes), Date of Injury, Location of Pain, Severity of Pain (SEVERE, MODERATE, MILD), Mechanism of Injury, History

REFERRING PHYSICIAN INFORMATION

Physician Name, Phone, Address, Office Location (if different), Physician Signature

MRI SCAN INFORMATION

TECHNOLOGY (1.5T High-field, 1.5T High-field Open, 3T High-field Open), With and Without Contrast, NEUROLOGY, SPINE, BODY, BREAST, MUSCULOSKELETAL, VASCULAR IMAGING, Lab Values, Prostate, PSA Values