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|--|---|--|--|
| <input type="checkbox"/> Boston/Granite Ave.<br>04-3046812 | <input type="checkbox"/> Framingham<br>20-2043301                 | <input type="checkbox"/> Lowell (Saints)<br>45-2979715 | <input type="checkbox"/> Wellesley<br>04-2461479           |
| <input type="checkbox"/> Boston/Western Ave.<br>04-3001031 | <input type="checkbox"/> Greenfield<br>16-1766731                 | <input type="checkbox"/> Marlborough<br>20-2293995     | <input type="checkbox"/> West Yarmouth<br>04-3494613       |
| <input type="checkbox"/> Brockton<br>04-2935687            | <input type="checkbox"/> Harwich<br>04-2103600                    | <input type="checkbox"/> New Bedford<br>04-3043884     | <input type="checkbox"/> Weymouth<br>04-3046796            |
| <input type="checkbox"/> Chelmsford<br>45-2979715          | <input type="checkbox"/> Hyannis<br>Cape Cod Hosp.<br>04-2103600  | <input type="checkbox"/> Palmer<br>04-3454298          | <input type="checkbox"/> Woburn<br>46-2523117              |
| <input type="checkbox"/> Dartmouth<br>04-3043884           | <input type="checkbox"/> Hyannis<br>Wilken's Center<br>04-2103600 | <input type="checkbox"/> Portsmouth, NH<br>02-0501695  | <input type="checkbox"/> Worcester (Shrews.)<br>04-3454298 |
| <input type="checkbox"/> Dedham<br>04-3046812              | <input type="checkbox"/> Leominster<br>04-3561571                 | <input type="checkbox"/> Sandwich<br>04-2220716        | <input type="checkbox"/> Worcester (Mem.)<br>04-3454298    |
| <input type="checkbox"/> Falmouth<br>04-2220716            | <input type="checkbox"/> Lowell (LGH)<br>45-2979715               | <input type="checkbox"/> Springfield<br>04-3454301     | <input type="checkbox"/> Worcester (Univ.)<br>04-3454298   |
|  |   | <input type="checkbox"/> Ware<br>04-3454301            |  |

**PHYSICIAN WRITTEN ORDER FORM**  
**To Schedule Exams: Call 1-800-258-4674**  
**or fax this form to 1-800-253-7569**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Private Health  Auto  W/C  Other Insurance Co.: \_\_\_\_\_

Subscriber ID: \_\_\_\_\_ Authorization: \_\_\_\_\_ Valid Dates: \_\_\_\_\_

Diagnosis (see reverse side for ICD9 codes): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Appt. Date &amp; Time</b>
<b>Request</b>
<input type="checkbox"/> Routine
<input type="checkbox"/> STAT

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

<b>MRI SCAN</b>																																
<input type="checkbox"/> 1.5 High Field <input type="checkbox"/> With Contrast	<input type="checkbox"/> 1.5 High Field Open	<input type="checkbox"/> 3T High Field Open <i>(available Hyannis/Wilken's Ctr., Woburn, Lowell (Saints), and Springfield only)</i>																														
<p><b>Neuro</b></p> <input type="checkbox"/> Brain <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Pituitary <input type="checkbox"/> Temporal Bones / IAC <input type="checkbox"/> Orbits	<input type="checkbox"/> MRA Brain <input type="checkbox"/> MRA Neck (carotid bifurcation) WITH Contrast <input type="checkbox"/> MRA Neck (carotid bifurcation) NO Contrast <input type="checkbox"/> MRV Brain <input type="checkbox"/> Neck / Face	<p style="text-align: center;"><b>Lab Values</b></p> <p>Lab Date: _____</p> <p>Creatinine: _____</p> <p>GFR: _____</p> <p>BUN: _____</p>																														
<p><b>Spine</b></p> <input type="checkbox"/> Lumbar <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic	<input type="checkbox"/> Pelvis <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> MRCP (Biliary)	<p style="text-align: center;"><b>Prostate</b></p> <input type="checkbox"/> Prostate C- / C+ <input type="checkbox"/> Reformat for 3D Quantification <input type="checkbox"/> Other: _____																														
<p><b>Body</b></p> <input type="checkbox"/> Chest / Thorax <input type="checkbox"/> Abdomen	<input type="checkbox"/> Implant Evaluation <input type="checkbox"/> MRCAD	<p style="text-align: center;"><b>PSA Values</b></p> <p><b>** Please provide 3 most recent PSA values **</b></p> <p>Date: _____ Value _____</p> <p>Date: _____ Value _____</p> <p>Date: _____ Value _____</p>																														
<p><b>Breast</b></p> <input type="checkbox"/> Diagnostic	<p><b>Musculoskeletal</b></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Shoulder</td> <td>R</td> <td>L</td> <td><input type="checkbox"/> Ankle</td> <td>R</td> <td>L</td> </tr> <tr> <td><input type="checkbox"/> Elbow</td> <td>R</td> <td>L</td> <td><input type="checkbox"/> Foot</td> <td>R</td> <td>L</td> </tr> <tr> <td><input type="checkbox"/> Wrist</td> <td>R</td> <td>L</td> <td><input type="checkbox"/> Thigh</td> <td>R</td> <td>L</td> </tr> <tr> <td><input type="checkbox"/> Hip</td> <td>R</td> <td>L</td> <td><input type="checkbox"/> Arthrogram</td> <td>R</td> <td>L</td> </tr> <tr> <td><input type="checkbox"/> Knee</td> <td>R</td> <td>L</td> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Shoulder	R	L	<input type="checkbox"/> Ankle	R	L	<input type="checkbox"/> Elbow	R	L	<input type="checkbox"/> Foot	R	L	<input type="checkbox"/> Wrist	R	L	<input type="checkbox"/> Thigh	R	L	<input type="checkbox"/> Hip	R	L	<input type="checkbox"/> Arthrogram	R	L	<input type="checkbox"/> Knee	R	L	<input type="checkbox"/> Other: _____			<p><b>Vascular Imaging</b></p> <input type="checkbox"/> Chest Aorta <input type="checkbox"/> Abdominal Aorta <input type="checkbox"/> Run-off, Lower Ext. <input type="checkbox"/> Renal Arteries MRV: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> Shoulder	R	L	<input type="checkbox"/> Ankle	R	L																											
<input type="checkbox"/> Elbow	R	L	<input type="checkbox"/> Foot	R	L																											
<input type="checkbox"/> Wrist	R	L	<input type="checkbox"/> Thigh	R	L																											
<input type="checkbox"/> Hip	R	L	<input type="checkbox"/> Arthrogram	R	L																											
<input type="checkbox"/> Knee	R	L	<input type="checkbox"/> Other: _____																													

# ICD9 DIAGNOSIS CODES *(for reference only)*

MRI Scan Type	CPT	MRI Scan Type	CPT	MRA Scan Type	CPT
<b>Brain</b>	<b>70551 / 70553</b>	<b>Pelvis, Sacrum, Coccyx</b>	<b>72195 / 72197</b>	<b>Brain MRA</b>	<b>70544 / 70546</b>
331.9 Cerebral Degeneration, Unspecified		185 Malignant Neoplasm of Prostate		346.00 Classic Migraine	
340 Multiple Sclerosis		218.9 Leiomyoma of Uterus, Unspecified		433.10 Carotid Artery Stenosis	
346.00 Classic Migraine		620.2 Other and Unspecified Ovarian Cyst		433.20 Occlusion, Stenosis Vertebral Artery without Cerebral Infarction	
348.89 Other Conditions of Brain, Cerebral		715.95 Osteoarthritis, Unspecified, Generalized or Localized Pelvic or Thigh Region		434.91 Cerebral Artery Occlusion with Cerebral Infarction	
434.91 Unspecified Cerebral Artery Occlusion w/Cerebral Infarction				435.9 TIA (Transient Ischemic Attack)	
437.1 Generalized Ischemic Cerebrovascular Disease		719.45 Pain in Joint, Pelvic Region & Thigh		436 Acute Ill-Defined, Cerebro-vascular Disease (Stroke)	
780.2 Syncope & Collapse		724.79 Other Disorder of Coccyx		437.1 Generalized Ischemic Cerebro-vascular Disease	
780.4 Dizziness & Giddiness		789.09 Abdominal Pain, Other Specified Site		437.3 Non-Ruptured Cerebral Aneurysm	
780.39 Other Convulsions				780.2 Syncope & Collapse	
782.0 Disturbance of Skin Sensation		<b>Chest</b>	<b>71552</b>	780.4 Dizziness & Giddiness	
784.0 Headaches		782.2 Localized Superficial Swell, Mass, Lump			
		786.50 Unspecified Chest Pain			
		786.6 Swelling Mass or Lump in Chest			
<b>Cervical</b>	<b>72141 / 72156</b>	<b>Foot, Lower Leg, Thigh</b>	<b>73718 / 73720</b>	<b>Neck MRA</b>	<b>70547 / 70549</b>
721.0 Cervical Spondylosis				346.00 Classic Migraine	
722.0 Cervical Disc Displacement		<b>Knee, Ankle, Hip</b>	<b>73721 / 73723</b>	368.2 Diplopia	
722.4 Degeneration Cervical Intervertebral Disc		715.96 Osteoarthritis, Unspecified Generalized or Localized Lower Leg		433.10 Carotid Artery Stenosis	
723.0 Spinal Stenosis Cervical Region		717.7 Chondromalacia of Patella		434.91 Cerebral Artery Occlusion with Cerebral Infarction	
723.1 Cervicalgia		719.06 Effusion of the Joint, Lower Leg		435.9 TIA (Transient Ischemic Attack)	
723.4 Brachial Neuritis or Radiculitis NOS		719.45 Pain in Joint, Pelvic Region & Thigh		436 Acute ill defined, Cerebro-vascular Disease (Stroke)	
737.30 Scoliosis, Kyphoscoliosis, Idiopathic		719.46 Pain in Joint, Lower Leg		780.2 Syncope & Collapse	
		719.47 Pain in Joint, Ankle & Foot		780.4 Dizziness & Giddiness	
		727.51 Synovial Cyst of the Popliteal Space			
		836.0 Tear Medial Cartilage of Meniscus Knee			
		836.1 Tear Lateral Cartilage Meniscus Knee, Current		<b>Chest MRA</b>	<b>71555</b>
		844.1 Sprain Strain Medial Collateral Ligament of Knee		353.0 Brachial Plexus Lesion	
		844.2 Sprain & Strain of Cruciate Ligament of the Knee		441.2 Thoracic Aneurysm w/o Rupture	
		959.7 Injury, Other & Unspecified, Knee, Leg, Ankle and Foot		441.9 Aortic Aneurysm Unspecified Site without Rupture	
<b>Lumbar</b>	<b>72158 / 72148</b>	<b>Upper Arm, Forearm, Hand</b>	<b>73218 / 73220</b>	<b>Abdomen MRA</b>	<b>74185</b>
721.3 Lumbosacral Spondylosis without Myelopathy				440.0 Atherosclerosis of the Aorta	
722.10 Lumbar Disc Displacement without Myelopathy		<b>Shoulder, Elbow, Hand, Wrist</b>	<b>73221</b>	440.1 Atherosclerosis of Renal Artery	
722.52 Degeneration Lumbar Lumbosacral Intervertebral Disc		715.91 Osteoarthritis, Unspecified Generalized or Localized Shoulder			
724.02 Spinal Stenosis Lumbar Region		719.41 Joint Pain Shoulder		<b>Bilateral Leg MRA</b>	<b>73725</b>
724.2 Lumbago (Low Back Pain)		719.42 Joint Pain Upper Arm		440.20 Atherosclerosis of Native Arteries	
724.5 Unspecified Backache		719.43 Joint Pain Forearm		443.9 Unspecified Peripheral Vascular Disease	
733.13 Pathologic Fracture of Vertebrae Acquired Spondylolisthesis		726.10 Unspecified Disorders or Bursae and Tendons in Shoulder Region		444.9 Embolism, Thrombosis Unspecified Artery	
		840.6 Sprain Supraspinatus		444.22 Embolism & Thrombosis Arteries, Lower Ext.	
		959.3 Injury, Other unspecified Elbow, Forearm, Wrist			
<b>Abdomen &amp; MRCP</b>	<b>74183 / 74181</b>	<b>Breast with &amp; without Contrast</b>	<b>77059</b>		
228.04 Hemangioma Intra-Abdomen Structures		174.9 Malignant Neoplasm Breast (Female) Unspecified Site			
573.8 Other Specified Disorder of Liver		233.0 Carcinoma in Situ of Breast			
574.20 Cholecystitis or Obstruction		V10.3 Personal History of Malignant Neoplasm Breast			
574.50 Calculus of Bile Duct w/o Cholecystitis or Obstruction		V16.3 Family Hx. of Malignant Neoplasm Breast - <i>(Only Covered by Blue Cross)</i>			
577.0 Acute Pancreatitis		<b>***Covered by Medicare Only***</b>			
593.2 Cyst of the Kidney, Acquired		611.8 Other Specified Disorders of the Breast			
789.00 Abnormal Pain, Unspecified Site		611.72 Lump or Mass in Breast			
789.01 Abdominal Pain, Right Upper Quad.		611.79 Other Signs & Symptoms in Breast			
789.07 Abdominal Pain, Generalized		793.80 Abnormal Mammogram, Unspecified			
<b>Enterogram/Enterography</b>	<b>74183 &amp; 72197</b>				

**NOTE:** This list is not intended to be an all-inclusive list of diagnosis codes and is only to be used for reference. All diagnosis codes must be coded to the highest level of specificity. It is the ordering physician's responsibility that the diagnosis information provided accurately reflects his or her current knowledge and the severity of the complaint of condition and can be substantiated by the patient's medical record.