REFERRAL / SCHEDULE BY FAX FORM

M.R. Imaging Systems: (P) 318-443-7674 • (F) 318-443-7696
Open Air MRI of CENLA: (P) 318-445-6736 • (F) 318-445-8845

Patient Information

Patient Name ______________________ Tel: ______________ D.O.B.: __________

Patient Work Tel: ______________________ Patient Cell: ______________________

Patient Insurance ______________________ Policy # ______________ Group # ______________

Workers Comp ______________________ Atty ______________ **Authorization #** ______________

Physician Information

Diagnosis – Written and/or ICD-10 Code (Required) ______________________

Physician's Signature (Required) ______________________ Physician Name (please print) ______________________

Address ______________________ Tel: ______________ Fax: ______________

Call Preliminary Reading Tel # ______________________ After Hours Tel # ______________________

Modalities and scans in **RED** are performed exclusively at Open Air MRI of CENLA

CT

CT	w/o	w	w & w/o
☐ Abdomen	☐	☐	☐
☐ Brain	☐	☐	☐
☐ Chest	☐	☐	☐
☐ High Resolution Chest	☐	☐	☐
☐ Upper Extremity ☐ LT ☐ RT	☐	☐	☐
☐ Lower Extremity ☐ LT ☐ RT	☐	☐	☐
Body Part ______________			
☐ Neck	☐	☐	☐
☐ Orbits/Temporal Bone	☐	☐	☐
☐ Pelvis	☐	☐	☐
☐ Renal Stone Protocol	☐	☐	☐
☐ Sinus ☐ Limited ☐ Full	☐	☐	☐
☐ C Spine	☐	☐	☐
☐ L Spine	☐	☐	☐
☐ Sacrums/Coccyx	☐	☐	☐
☐ T Spine	☐	☐	☐
☐ Other__________	☐	☐	☐

PET/CT

- ☐ PET/CT Skull Base—Mid Thigh (F18 FDG)
- ☐ PET/CT Whole Body—Head-Toe (F18 FDG)
- ☐ PET/CT Axumin (F18 Fluciclovine)
- ☐ PET/CT Brain Imaging (F18 FDG)
- ☐ PET/CT Brain Imaging (Amyvid)
- ☐ PET/CT Bone Scan (Sodium Fluoride)
- ☐ PET/CT Pylarify (PSMA/F18 Piflufolstat)

X-Ray

- ☐ Chest PA & LAT
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sinus
- ☐ KUB/Flat/Erect
- ☐ Ribs
- ☐ Pelvis
- ☐ Extremity ☐ LT ☐ RT

Body Part ______________________

MRI

MRI		w/o	w & w/o
Head			
☐ Brain		☐	☐
☐ Volumetric			
☐ IAC		☐	☐
☐ Orbit		☐	☐
☐ Pituitary Gland		☐	☐
☐ Sinus		☐	☐
☐ TMJ		☐	☐
Body			
☐ Abdomen		☐	☐
☐ MRCP			
☐ Adrenal		☐	☐
☐ Chest		☐	☐
☐ Kidney		☐	☐
☐ Liver		☐	☐
☐ Pelvis		☐	☐
☐ Uterus		☐	☐
☐ Soft Tissue Neck		☐	☐
Spine			
☐ Brachial Plexus		☐	☐
☐ Cervical Spine		☐	☐
☐ Thoracic Spine		☐	☐
☐ Lumbar Spine		☐	☐
☐ Sacrum/SI Joints		☐	☐
☐ Other______________			
Joint			
☐ Shoulder	☐ LT ☐ RT	☐	☐
☐ Upper Arm	☐ LT ☐ RT	☐	☐
☐ Elbow	☐ LT ☐ RT	☐	☐
☐ Forearm	☐ LT ☐ RT	☐	☐
☐ Wrist	☐ LT ☐ RT	☐	☐
☐ Hand	☐ LT ☐ RT	☐	☐
☐ Finger	☐ LT ☐ RT	☐	☐
☐ Hip	☐ LT ☐ RT	☐	☐
☐ Thigh/Femur	☐ LT ☐ RT	☐	☐
☐ Knee	☐ LT ☐ RT	☐	☐
☐ Lower Leg	☐ LT ☐ RT	☐	☐
☐ Ankle	☐ LT ☐ RT	☐	☐
☐ Foot	☐ LT ☐ RT	☐	☐
☐ Other Extremity ______________			

MR Angiography

MR Angiography	w/o	w & w/o
☐ Brain	☐	☐
☐ Carotid Artery	☐	☐
☐ Neck	☐	☐
☐ Abdominal Aorta	☐	☐
☐ Thoracic Aorta	☐	☐
☐ Renal	☐	☐
☐ Other ______________		

MR Arthrogram

MR Arthrogram		
☐ Shoulder	RT ☐	LT ☐
☐ Hip	RT ☐	LT ☐
☐ Wrist	RT ☐	LT ☐
☐ Elbow	RT ☐	LT ☐
☐ Knee	RT ☐	LT ☐
☐ Ankle	RT ☐	LT ☐

☐ Check here if your patient is to take a CD with them

☐ STAT – Call Report

Appointment Location:

☐ M. R. Imaging Systems
211 N. 3rd Street, Suite B
Alexandria, LA 71301
NPI: 1780639559

☐ Open Air MRI of CENLA
5413 Jackson Street
Alexandria, LA 71303
NPI: 1528081924

Appointment Date______________ Time______________ Today's Date______________ Initials__________