



Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Insurance: \_\_\_\_\_

Appointment date: \_\_\_\_\_ Appointment time: \_\_\_\_\_ Authorization/AUC: \_\_\_\_\_

Insurance (Please fax front and back of patient's card and any clinical information to 828.250.0142)

Clinical indications/Signs/Symptoms: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_

MRI	CT	REPORT DELIVERY
<p><b>CONTRAST</b></p> <p><input type="radio"/> Radiologist Discretion</p> <p><input type="radio"/> W/O      <input type="radio"/> W/ &amp; W/O</p>	<p><b>CONTRAST</b></p> <p><input type="radio"/> Radiologist Discretion</p> <p><input type="radio"/> W/      <input type="radio"/> W/O</p>	<p><input type="radio"/> STAT Fax Fax#: _____</p> <p><input type="radio"/> Call Report Cell or backline #: _____</p> <p><b>Standard Report in 24-48 hours.</b></p>
<p><input type="radio"/> Brain</p> <p><input type="radio"/> MRA Brain</p> <p><input type="radio"/> Brain (Pituitary)</p> <p><input type="radio"/> Brain (IAC)</p> <p><input type="radio"/> Brain (Orbits)</p> <p><input type="radio"/> MRA Carotids</p> <p><input type="radio"/> MRA: _____</p> <p><input type="radio"/> Cervical Spine</p> <p><input type="radio"/> Thoracic Spine</p> <p><input type="radio"/> Lumbar Spine</p> <p><input type="radio"/> Soft Tissue Neck</p> <p><input type="radio"/> Chest</p> <p><input type="radio"/> Abdomen</p> <p><input type="radio"/> MRCP</p> <p><input type="radio"/> Pelvis</p> <p><input type="radio"/> Shoulder    R    L</p> <p><input type="radio"/> Elbow        R    L</p> <p><input type="radio"/> Wrist         R    L</p> <p><input type="radio"/> Hand         R    L</p> <p><input type="radio"/> Hip            R    L</p> <p><input type="radio"/> Knee          R    L</p> <p><input type="radio"/> Ankle         R    L</p> <p><input type="radio"/> Foot          R    L</p> <p><input type="radio"/> Prostate</p> <p><input type="radio"/> Other: _____</p> <p>_____</p>	<p><input type="radio"/> Head</p> <p><input type="radio"/> Orbits</p> <p><input type="radio"/> Limited Sinus</p> <p><input type="radio"/> Paranasal Sinus Stereotactic Protocol: _____</p> <p><input type="radio"/> Facial Bones</p> <p><input type="radio"/> Abdomen &amp; Pelvis</p> <p><input type="radio"/> Abdomen</p> <p><input type="radio"/> Pelvis</p> <p><input type="radio"/> Chest</p> <p><input type="radio"/> Lumbar Spine</p> <p><input type="radio"/> Cervical Spine</p> <p><input type="radio"/> Thoracic Spine</p> <p><input type="radio"/> Soft Tissue Neck</p> <p><input type="radio"/> CT Angiography of: _____</p> <p>_____</p> <p><input type="radio"/> Extremity: _____</p> <p><input type="radio"/> Other: _____</p> <p>_____</p> <p><b>Advanced Imaging</b></p> <p><input type="radio"/> 3D Reconstruction</p>	<p><b>X-RAY</b></p> <p><input type="radio"/> Chest</p> <p><input type="radio"/> KUB</p> <p><input type="radio"/> Abd-Supine &amp; Upright</p> <p><input type="radio"/> Abd Series (incl. PA CXR)</p> <p><input type="radio"/> Cervical Views: _____</p> <p><input type="radio"/> Thoracic Views: _____</p> <p><input type="radio"/> Lumbar Views: _____</p> <p><input type="radio"/> Pelvis</p> <p><input type="radio"/> Ribs                      Rt      Lt</p> <p><input type="radio"/> Hip                        Rt      Lt</p> <p><input type="radio"/> Shoulder                Rt      Lt</p> <p><input type="radio"/> Wrist                     Rt      Lt</p> <p><input type="radio"/> Hand                     Rt      Lt</p> <p><input type="radio"/> Knee                     Rt      Lt</p> <p><input type="radio"/> Ankle                    Rt      Lt</p> <p><input type="radio"/> Foot                     Rt      Lt</p> <p><input type="radio"/> Other: _____</p>
	<p><b>IMPLANT</b></p> <p>Brand: _____</p> <p>Model #: _____</p> <p><input type="radio"/> Pacemaker (no MRI)</p> <p><input type="radio"/> Neurostimulator</p> <p><input type="radio"/> Other: _____</p>	<p><b>COMPARISON STUDIES</b></p> <p>Date of service: _____</p> <p>Location: _____</p> <p>Type of study: _____</p>
		<p><b>ARTHROGRAM</b></p> <p><input type="radio"/> Arthrogram of: _____</p> <p>_____</p> <p><b>Followed by MRI, CT, or X-ray (Circle one)</b></p>

Provider name (printed): \_\_\_\_\_ Provider signature: \_\_\_\_\_

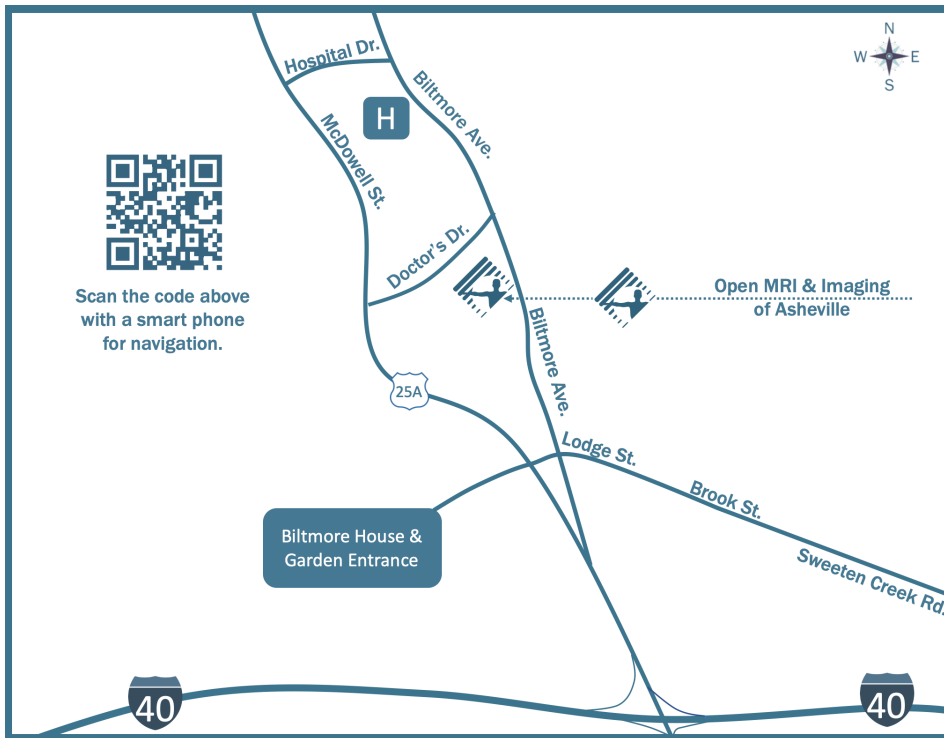
Office phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

# PATIENT INSTRUCTIONS

BRING THIS ORDER WITH YOU TO YOUR SCHEDULED EXAM

VISIT US ONLINE AT [WWW.ASHEVILLEOPENMRI.COM](http://WWW.ASHEVILLEOPENMRI.COM) FOR DRIVING DIRECTIONS AND TO LEARN MORE ABOUT OUR IMAGING FACILITY AND SERVICES.

## Our Location



Scan the code above with a smart phone for navigation.



### Open MRI & Imaging of Asheville

675 Biltmore Avenue, Ste. A

Asheville, NC 28803

Phone: 828.250.0181

Fax: 828.250.0142

### MRI (Magnetic Resonance Imaging)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

**Do not wear eye makeup or mascara for ANY Brain & Neck studies. Do not wear any jewelry or hairpins. Wear comfortable clothing.**

#### Let us know if you have:

- Metallic fragments in your eyes or previous injury to the eye involving a metal object
- Any type of implanted mechanical pump
- Any type of surgery within the past 8 weeks
- A history of cancer
- A pacemaker
- An aneurysm clip
- Any metallic implant
- Any type of implanted stimulator

#### Let us know if you are:

- Allergic to CT or MRI contrast
- Claustrophobic
- Pregnant/Nursing
- In need of special assistance

### CT (Computed Tomography)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.



Open MRI & Imaging of Asheville

[www.AshevilleOpenMRI.com](http://www.AshevilleOpenMRI.com)