MRI IMAGING REFERRAL FORM

25 Riviera Blvd. Lake Havasu City, AZ 86403 Phone: 928.923.6658

Patient Information

Patient Name (as stated on insurance card): _____ DOB: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Insurance: _____ Insurance Phone #: _____

ID #: _____ Authorization #: _____

Clinical HX/DX and Special Instructions: _____

_____

No patients with pacemakers, aneurysm clips, foreign bodies in the eyes or cochlear implants

Provider Information

Referring Provider Name: _____ NPI: _____

Office Name: _____ Office Phone #: _____

Address: _____ City: _____ State: _____

Referring Provider Signature: _____

❒ Routine Fax: _____ ❒ **Stat Fax:** _____ ❒ **Stat Call:** _____

MRI

❒ BRAIN/HEAD	❒ IAC	❒ PITUITARY				
❒ ORBIT	❒ FACE	❒ SINUS	❒ NECK			
❒ CERVICAL						
❒ THORACIC						
❒ LUMBAR	❒ LUMBAR PLEXUS				❒ RIGHT	❒ LEFT
❒ PELVIS	❒ SACRUM/COCCYX					
❒ SI JOINTS						
❒ CHEST	❒ MEDIUSTINUM					
❒ ABDOMEN	❒ KIDNEY	❒ ADRENAL	❒ MRCP	❒ LIVER		
❒ UPPR EXT NON JNT	❒ FINGER	❒ THUMB	❒ HAND		❒ RIGHT	❒ LEFT
	❒ FOREARM	❒ HUMERUS			❒ RIGHT	❒ LEFT
❒ UPPR EXT JNT	❒ SHOULDER	❒ ELBOW	❒ WRIST		❒ RIGHT	❒ LEFT
	❒ BRACHIAL PLEXUS				❒ RIGHT	❒ LEFT
❒ LWR EXT NON JNT	❒ FEMUR	❒ TIB/FIB	❒ MID FOOT		❒ RIGHT	❒ LEFT
	❒ FOREFOOT/TOES				❒ RIGHT	❒ LEFT
❒ LWR EXT JNT	❒ HIP	❒ KNEE	❒ ANKLE/HEEL		❒ RIGHT	❒ LEFT

❒ **W/O CONTRAST**	❒ **W/ & W/O CONTRAST**

*** W/O contrast or W/ & W/O contrast must be noted ***

MRA

❒ MRA ABDOMEN		❒ W/ W/O				
❒ MRA CHEST		❒ W/ W/O				
❒ MRA PELVIS		❒ W/ W/O				
❒ MRA HEAD	❒ MRA NECK	❒ W/ W/O	❒ W/O	❒ W/		
❒ MRA UPPR EXT	❒ MRA LWR EXT	❒ W/ W/O			❒ RIGHT	❒ LEFT