A Premier Medical Center
Memorial Hospital

325 South Belmont Street
PO Box 15118
York, Pennsylvania 17405

Please call (717) 815-2351 for your MRI screening and Pre-Registration between the hours of 8am-8pm Mon-Fri and 8am-12pm Saturday. This MUST be done prior to your scheduled appointment.

Please use the Outpatient/ER entrance and continue on to the Radiology Department to the 1st doorway to the right.

MRI Out-Patient Request Form

Patient Name ____________________ Birthdate ____________ M ☐ F ☐

Phone Number ____________________

Physician's Signature ____________________ Date Ordered ____________ Date of Testing ____________

Copy To ____________________ **Routine** ☐ **Stat** ☐ **Call Results in AM** ☐

PRE-AUTHORIZATION # ____________________

ICD-9 Codes (Required) 1)__________ **2)** __________ **3)** __________ **4)** __________

Diagnosis ____________________ Symptoms ____________________

PATIENTS OVER 60 YRS MUST HAVE A CREATININE LEVEL DONE WITHIN 30 DAYS OF EXAM AND NO LATER THAN THE DAY PRIOR TO THE EXAM

☐ **Contrast if medically necessary**

☐**MRI Brain** without contrast (70551) with and without contrast (70553)
☐ Headaches ☐ Multiple Sclerosis ☐Pituitary
☐ Seizures ☐ Acoustic Neuroma ☐Orbits ☐ Other: __________
☐ Aneurysm ☐Change in Mental Status ☐Infarct

☐**MRA** ☐Brain w/o (70544) ☐Abdominal Aorta w or w/o (74185)
☐ Carotids/Vertebrals w & w/o (70549) ☐Renal w or w/o (74185)
☐Peripheral Vascular/Lower Ext. w or w/o (73725)
☐Aortic Arch/Thoracic Aorta w or w/o (71555) ☐Other __________

☐**Cervical Spine** ☐ w/o contrast (72141) ☐ w & w/o contrast (72156)
☐**Thoracic Spine** ☐ w/o contrast (72146) ☐ w & w/o contrast (72157)
☐**Lumbar Spine** ☐ w/o contrast (72148) ☐ w & w/o contrast (72158)

☐ **Knee** ☐ w/o contrast (73721) ☐ w & w/o contrast (73723) ☐ Right ☐ Left
☐ Acute Trauma ☐ Meniscal Tear ☐ MCL Tear ☐ Aseptic Necrosis
☐ Chronic Pain ☐ ACL Tear ☐ Chondromalacia ☐ Other __________

☐ **Breast** ☐ Unilateral w & or w/o contrast (77058) ☐ Bilateral w & or w/o contrast (77059)
Mammography must be done first ☐ Right ☐ Left ☐ Implant rupture ☐Mass ☐ Other __________

☐ **Shoulder** ☐ w/o contrast (73221) ☐ w & w/o contrast (73223) ☐ Right ☐ Left
☐ Rotator Cuff ☐ Impingement Syndrome ☐ MR Arthrography (Labral Tear) ☐ Other __________

☐ **Hips** ☐ w/o contrast (73721) ☐ w & w/o contrast (73723) ☐ Right ☐ Left
☐ Aseptic Necrosis ☐ Other __________

☐ **Chest** ☐ without contrast (71550) ☐ with and without contrast (71552)

☐ **Cardiac** ☐ w/o contrast (75552) ☐ w & w/o contrast (75554)

☐ **Abdomen NPO 4 HRS PRIOR** ☐ w/o contrast (74181) ☐ w & w/o contrast (74183)
☐ Liver ☐ Kidneys ☐ Retroperitoneum ☐ IVC Thrombous ☐ Spleen ☐ Adrenals ☐ MR Cholangiography
☐ Other __________

☐ **Pelvis NPO 4 HRS PRIOR** ☐ w/o contrast (72195) ☐ w & w/o contrast (72197)
☐ Uterus ☐ Endometriosis ☐ Cervix ☐ Other __________
☐ Bladder ☐ Prostate ☐ Ovaries

☐ **Other** __________ ☐ without contrast ☐ with and without contrast

Additional Instructions

Abdominal Scans: Nothing to eat or drink four (4) hours prior to exam
Please be advised you will have to change into a gown and/or bottoms for this procedure.

No jewelry, hair pins or clips.
No eye makeup if scheduled for Brain Studies.

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