

# MRI ORDER FORM

Fax: (208) 846-7496

Office: (208) 846-7494

#### **General Information** Today's Date: \_\_\_\_\_ Appointment: Referring Physician: Name (please print) Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ **Patient Registration Information** Patient Name: \_\_\_ (last, first, middle initial) ■ M ■ F Date of Birth (mm/dd/year): \_\_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_ Phone # (home): \_\_\_\_\_ (cell): \_\_\_\_\_ Patient Clinical History or ICD-9 Code (**REQUIRED**): Insurance company: Subscriber: Type of Exam & Screening Pacemaker ☐ Yes ☐ No Cervical Spine Brain Shoulder: L R IV Contrast: No Yes Thoracic Spine ■ IAC Knee: □ L □ R Clinically indicated by radiologist □ L □ R Lumbar Spine Wrist: Pituitary Creatinine level needed if any ■ Sacrum/SI Joints MRA: Ankle: □ L □ R below are checked: ☐ Intra ☐ Extra □ L □ R Foot: ☐ 60 & over History of Renal Disease Diabetic ☐ Treated Hypertension **Report Information** Prior Studies: ☐ No / ☐ Yes, Where \_\_\_\_\_ ■ ASAP □ Report + □ CD □ Films To Physician: Referring physician's signature (REQUIRED):

Patient Instructions & Map on Back (separate appointment brochure available on request)

# **IMAGING EXAM PATIENT INSTRUCTIONS**

### At Home

### Relax and go about your normal daily routine:

- Bring current insurance information with you.
- If you have previous X-rays or Scans of the area that we are to study, please bring them with you to the exam.
- If you feel that you may need medication to relax or if there is potential for you to experience muscle spasms, twitching, aches or pain during the exam, please discuss with your doctor prior to your MRI.

(Note: The less movement you make during the scanning procedure, the clearer the diagnostic images will be. This is very much like taking a picture with your camera and someone moves, causing the image to blur. Holding still helps ensure the physicians are given clear images to better diagnose and treat your medical problem.)

- Eat normally.
- Take prescribed medication on your normal schedule.

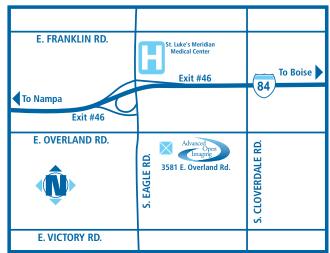
# At the Scanning Site

- Be prepared to answer questions about your medical history.
- You will be fully informed about the scanning procedure.
- Please remove any metallic objects such as jewelry, glasses, hairpins, non-permanent dentures (may not be necessary), and wigs (with metal clips).
- Comfortable, non-magnetic patient clothing (scrubs) will be provided for your use and safety during the exam.

## The Scanning Procedure

- The Technologist will assist you onto the scanning table.
- You will lie on your back during the procedure.
- You will not be able to feel the scanning procedure.
- After the initial scans, all images will be reviewed for quality to ensure your physician receives diagnostic quality images. If any re-scanning is needed, it will be completed at this time. Once acceptable images are confirmed, the scanning will be complete and the patient can go home.
- A report will be prepared and sent to your referring physician. Your physician will then discuss these results directly with you.

# Map & Directions to Advanced Open Imaging



3581 East Overland Road • Meridian, ID 83642

#### **Directions**

#### FROM BOISE:

- From I-84 take Exit 46 (ID-55 to Eagle/McCall).
- Follow signs for ID-55 South.
- Turn LEFT at S Eagle Rd/ID-55.
- Turn LEFT at E Overland Rd.
- Parking Lot Entrance 2nd Driveway on RIGHT, from Overland/Eagle Intersection

#### FROM NAMPA:

- From I-84 take Exit 46 (ID-55 to Eagle/McCall).
- Turn RIGHT at S Eagle Rd/ID-55.
- Turn LEFT at E Overland Rd.
- Parking Lot Entrance 2nd Driveway on RIGHT, from Overland/Eagle Intersection

#### **OFFICE LOCATION (Silverstone Point):**

**3581 E Overland Rd** is on the south side of **Overland**. Our entrance is between the traffic light at **Silverstone Way** and the traffic light at **Eagle Rd on Overland**. We are in the same building as **Met Life Home Loans**, in the back corner. Look for the **blue Advanced Open Imaging sign**.