



Imaging Order

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Patient Information

Patient Name: _____ DOB: _____ Sex: Male Female
Street Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Email: _____

Ordering Physician Information

Physician Name: _____ NPI#: _____ Facility Name: _____
Office Contact: _____ Phone: _____ Fax: _____

Order(s) Requested

Diagnosis Code(s)

Contrast Needs

- Per Radiologist Protocol
- Without
- With & Without
- With Only (rare for MRI Exams)

Please use ICD-10 codes

Contrast Clearance

Preliminary MRI Safety Screening

For patients needing contrast, we will need to have eGFR labs ordered and completed within 30 days prior* to imaging based on the following:

CT exam WITH orders

- 60 years of age or older
- Renal (kidney) disease

MRI exam WITH orders

- Renal (kidney) disease

***Any patient on dialysis needs labs within 7 days prior to appointment.**

Check all that apply

- Pacemaker, pacer wires, or defibrillator
- Surgical metals (aneurysm clips, neurostimulator, non-cardiac stents, vascular shunt)
- Non-surgical metals (fragments in eye, shrapnel, piercings)
- Blood infusions for iron deficiency in past 3 months

Full MRI Safety Screening will be obtained at time of scheduling and the day of exam.

Exam Comments / Reason for Exam

Surgical History of Area Being Imaged

Payment Information

Self-Pay Bill Insurance Primary Insurance: _____ Insurance ID#: _____
Group #: _____ Subscriber (if different than patient): _____ Subscriber DOB: _____

Physician Signature & Date: _____

Please email or fax the completed order along with copies of insurance cards.
Exams needing a prior authorization, please include relevant office notes with order.