



# 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

*Please use ICD-10 codes*

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

### 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:

*Check all that apply*

#### CT exam WITH orders

#### MRI exam WITH orders

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

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- 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

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

*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.