Imaging Order

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Grand Rapids, MI 49505
Phone: 616-980-9050
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office@theimagingcenter.org

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

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.

Preliminary MRI Safety Screening

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: _____

Has the patient had previous imaging studies? No ▢ Yes ▢ If Yes, please attach a copy of the previous imaging report below

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.

The Imaging Center Tax ID: 88-0910212 NPI: 1164224184