New Hampshire Open MRI

New Hampshire Open MRI
8 Commerce Avenue, Suite 4
West Lebanon, NH 03784

866.452.4999
603.298.6736
603.298.6737 FAX
info@nhopenmri.com
www.nhopenmri.com

Vermont Open MRI

Vermont Open MRI
620 Hinesburg Road
South Burlington, VT 05403

866.452.4999
802.863.1249
802.863.9979 FAX
info@vtopenmri.com
www.vtopenmri.com

Patient History

Date:_____ Patient Name: _____ Phone: _____

DOB:_____ Height: _____ Weight: _____

Insurance: _____ Policy Number: _____ Prior Authorization: _____

Physician Name: _____ Office Phone: _____ Office Fax: _____

MRI uses a powerful magnet which can disturb metallic objects in the body. Please answer the following questions carefully.

	YES	NO
Do you have a pacemaker or pacemaker wires?	(❑)	(❑)
Have you ever had any metal or rust in your eyes?	(❑)	(❑)
Do you have any metal inside your body, such as bullets, shrapnel, prosthesis, pins, screws or plates?	(❑)	(❑)
If yes, where _____		
Have you ever had heart, brain, eye, or ear surgery?	(❑)	(❑)
Are you claustrophobic?	(❑)	(❑)
Do you wear dentures or have any removable bridgework?	(❑)	(❑)
Are you currently pregnant or breastfeeding?	(❑)	(❑)
Have you ever been diagnosed with cancer?	(❑)	(❑)
If yes, where?_____		
Have you ever had a reaction to CT or MRI Contrast injection?	(❑)	(❑)
Do you wear a hearing aid?	(❑)	(❑)

Please describe your symptoms: _____

How long have you experienced these symptoms:_____

Have you had an injury to the area we are scanning today? If so when? _____

Have you had prior surgery to the area we are scanning today?_____

If yes, when and where? _____

Have you ever had an X-Ray, CT, or MRI on the area we are scanning today?_____

If yes, when and where? _____

Patient Signature: _____

MRI Procedure Request

DIAGNOSIS: _____

BRAIN
- ❑ **70551** w/o
- ❑ **70553** w & w/o
- ❑ **70540** orbit face/neck w/o
- ❑ **70543** orbit face/neck w & w/o
- ❑ **70544** MRA head w/o
- ❑ **70547** MRA neck w/o

PELVIS
- ❑ **72195** w/o contrast
- ❑ **72197** w & w/o contrast

ABDOMEN
- ❑ **74183** w & w/o (LIVER & RENAL)

CERVICAL SPINE
- ❑ **72141** w/o
- ❑ **72156** w & w/o

THORACIC SPINE
- ❑ **72146** w/o
- ❑ **72157** w & w/o

LUMBAR SPINE
- ❑ **72148** w/o
- ❑ **72158** w & w/o

OTHER EXAM
- ❑ _____

EXT JOINT: SHOULDER, ELBOW, WRIST, HIP, KNEE, ANKLE

❑ **73221** upper ext joint w/o	L ❑	R ❑	Bilat ❑
❑ **73223** upper ext joint w & w/o	L ❑	R ❑	Bilat ❑
❑ **73721** lower ext joint w/o	L ❑	R ❑	Bilat ❑
❑ **73723** lower ext joint w & w/o	L ❑	R ❑	Bilat ❑

EXT NON-JOINT: HUMERUS, FOREARM, HAND, FEMUR LOWER LEG, FOOT

❑ **73218** upper ext non-joint w/o	L ❑	R ❑	Bilat ❑
❑ **73220** upper ext non-joint w & w/o	L ❑	R ❑	Bilat ❑
❑ **73718** lower ext non-joint w/o	L ❑	R ❑	Bilat ❑
❑ **73720** lower ext non-joint w & w/o	L ❑	R ❑	Bilat ❑

CONTRAST: ❑ YES ❑ NO
DIABETIC: ❑ YES ❑ NO } IF YES, CREATININE LEVEL
OVER 60: ❑ YES ❑ NO } (WITHIN 90 DAYS OF EXAM): _____

PHYSICIAN SIGNATURE: _____

Office use only

	D	I		D	I
❑ Imgs Req	____/____		❑ Imgs Rec	____/____	
❑ Rpt Req	____/____		❑ Rpt Rec	____/____	
❑ BW Req	____/____		❑ BW Rec	____/____	
❑ Ins.Vrd	____/____		❑ PA Prnt	____/____	