



PHYSICIAN'S INFORMATION – To be completed by Dr.'s office and signed by ordering physician, or attach Dr.'s signed prescription.

Today's Date: _____ Type of MRI/MRA: _____

Diagnosis (Include Clinical History): _____ *Specify area(s) to be scanned*

CPT: _____ ICD-10: _____

CPT: _____ ICD-10: _____

Check Box if OK to Defer to Radiologist Discretion for CPT

Patient Weight: _____ Height: _____ Age: _____

▶ **ORDERING PHYSICIAN SIGNATURE:** _____ **PCP:** _____

PRINT Physician's name: _____

Physician office contact person: _____

PH #: (____) _____ FAX #: (____) _____

CC Report to: _____

PATIENT HISTORY

Possibility of Pregnancy? Yes No

Previous surgeries – same area? Yes No

Type: _____

IF PATIENT REQUIRES SEDATION, what type:
(Chart notes required.)

IV Sedation Patient taking own meds.
Sedated patients require driver.

IF HAVING CONTRAST – DOES PATIENT HAVE:

Kidney problems/ Renal disease Yes No
 Hepatic disease/past or pending liver transplant Yes No
 Rx for Hypertension Yes No
 Rx for Diabetes Yes No | Age>60 Yes No
 If Yes to any, requires current labs:
 BUN _____ Cr _____ GFR _____ Date: _____
 Location: _____
 OK to Provide i-Stat lab test at OAI if needed Yes No

Metal Implants (pacemakers, shunts, etc.) or injuries (pins, etc.)? Yes No If Yes, Explain: _____

Porta Cath Yes No History of cancer? Yes No Type/Where: _____

Previous Films? Plain CT MRI Other Where/When: _____

Is the patient claustrophobic? Yes No Unknown

REMINDERS Minor w/parent Sedated patient, needs driver Patient needs assistance Wheelchair/gurney transfer

REQUESTS

Please call patient

FAX or Phone appt. time to office

SCHEDULE

ASAP

Patient's convenience

RESULTS

ASAP – Same day

24 – 48 Hours

PATIENT INFORMATION

Name: (last) _____ (first) _____ (M.I.) _____ DOB: ____/____/____ M F

SS#: ____ - ____ - ____ Home Ph#: _____ Work/Cell #: _____ City: _____

DOI: ____/____/____ Work Auto (State _____) Other **Claim #:** _____

INSURANCE INFORMATION

Primary Insurance: _____ Subscriber: Self Other: _____

Policy #: _____ Group #: _____ **Authorization necessary?** Yes No

Authorization #'s: _____
Auth. Valid from _____ to _____ { Due to pre-auth requirements by most insurance companies please provide CPT and ICD-10 #'s above

Other Insurance: _____ Subscriber: Self Other: _____

Policy #: _____ Group #: _____ **Authorization necessary?** Yes No

Authorization #'s: _____ Auth. Valid from _____ to _____

APPOINTMENT INFORMATION – To be completed by ordering physician staff.

Follow-up Appointment with Doctor: _____

DATE: ____/____/____ TIME: _____ AM PM (Initials: _____ Date: _____)

CPT Codes MRI/MRA

This list has been created as a reference guide **ONLY**. The codes below are only the most common MRI/MRA CPT codes used. Should you have any questions or need assistance please call our scheduling department at 541-608-0350. This form can also be downloaded via our web site at www.oaimaging.com under "Provider Tools."

MRI PROCEDURES

BRAIN	Non contrast	70551
	W&WO Contrast	70553
ORBITS, FACE & NECK	Non contrast	70540
	W&WO Contrast	70543
TM JOINT	Non contrast	70336
CHEST	Non contrast	71550
	W&WO Contrast	71552
CERVICAL SPINE	Non contrast	72141
	W&WO Contrast	72156
CSF FLOW	Non contrast	72141
THORACIC SPINE	Non contrast	72146
	W&WO Contrast	72157
LUMBAR SPINE	Non contrast	72148
	W&WO Contrast	72158
ABDOMEN	Non contrast	74181
	W&WO Contrast	74183
MRCP	Non contrast	74181
	3D Rendering	76377
	W&WO Contrast	74183
PELVIS/SACRUM (S-I JOINTS)	Non contrast	72195
	W&WO Contrast	72197
EXTREMITY - UPPER (ARM, HAND, FINGER)	Non contrast	73218
	W&WO Contrast	73220
JOINT - UPPER (SHOULDER, ELBOW, WRIST)	Non contrast	73221
	W&WO Contrast	73223
EXTREMITY - LOWER (THIGH, LEG, FOOT)	Non contrast	73718
	W&WO Contrast	73720
JOINT - LOWER (HIP, KNEE, ANKLE)	Non contrast	73721
	W&WO Contrast	73723

MRI BREAST

For breast MRI please use OAI's Breast MRI scheduling form.

Forms can be obtained via our web site at www.oaimaging.com (Provider Portal) or by calling scheduling at (541) 608-0350.

MRI ARTHROGRAM

Hospital Bills Also

JOINT UPPER EXTREMITY MR	Shoulder, Elbow, Wrist	73222
JOINT LOWER EXTREMITY MR	Hip, Knee Ankle	73722

MRA - ANGIOGRAMS

BRAIN - MRA	Non contrast	70544
	W/ Contrast	70545
BRAIN - MRV	Non contrast	70544
	W/ Contrast	70545
	W/WO Contrast	70546
NECK – MRA, MRV	Non contrast	70547
	W/ Contrast	70549
ABDOMEN	W/WO Contrast	74185

OTHER SCANS

BONE MARROW	Blood Supply	77084
SPECTROSCOPY		76390

Consideration when to use contrast:

- ▶ Questionable tumor and/or mass
- ▶ Questionable Infection
- ▶ Previous lumbar surgery
- ▶ History of Cancer
- ▶ MS
- ▶ All breast MRI's except implants

All OAI imaging centers are accredited by the American College of Radiology.

