CLEARVIEW MRI

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PATIENT NAME ______________________ DOB ____________ DATE/TIME OF EXAM ______________

ORDERING DR. ______________________ PATIENT PHONE ______________

INSURANCE CO ______________________ CLAIM/ID # ____________ AUTH # ____________

SYMPTOMS/CLINICAL ____

MRI EXAMS: ALL CENTERS

- ☐ MRI Brain ....☐ w/ & w/o Contrast
- ☐ MRI Pituitary w/ & w/o Contrast
- ☐ MRI IAC w/ & w/o Contrast
- ☐ MRI Cervical ....☐ w/ & w/o Contrast
  - ☐ w/ Flexion & Extension
- ☐ MRI Cranio-Cervical
- ☐ MRI Thoracic ....☐ w/ & w/o Contrast
- ☐ MRI Lumbar ....☐ w/ & w/o Contrast
  - ☐ w/ Flexion & Extension
  - ☐ w/ Axial Loading
  - ☐ w/ SI Joints
- ☐ MRA Brain / Head / COW
- ☐ MRA Neck/Carotids w/ Contrast
- ☐ MRV Brain
- ☐ MRI Abdomen
- ☐ MRI Pelvis
- ☐ MRI Hip .... L ....R
- ☐ MRI Knee .... L ....R
- ☐ MRI Knee Replacement Protocol
  Vendor ______________________ L ....R
- ☐ MRI Ankle....................................... L ....R
- ☐ MRI Foot / Toes.............................. L ....R
- ☐ MRI Shoulder .... L ....R
- ☐ MRI Elbow...................................... L ....R
- ☐ MRI Wrist .... L ....R
- ☐ MRI Hand / Finger........................... L ....R
- ☐ MR Arthrogram Shoulder................. L ....R
- ☐ MR Arthrogram Wrist...................... L ....R
- ☐ MR Arthrogram Hip.......................... L ....R
- ☐ MR Arthrogram Other______________________
  .... L ....R
- ☐ MRI Other ______________________

X-RAY EXAMS: MT. SCOTT AND BRIDGEPORT CENTERS ONLY

- ☐ X-RAY Cervical Spine 3V
- ☐ X-RAY Cervical Spine 3V
  Open Mouth L/R Lateral Bending
- ☐ X-RAY Cervical Spine 3V
  Lower Cervical Lat Bending
- ☐ X-RAY Cervical Spine 5V
  FLEX / EXT
- ☐ X-RAY Cervical Spine 5V OBL
- ☐ X-RAY Cervical Spine
  7V FLEX / EXT / OBL
- ☐ X-RAY Thoracic Spine
- ☐ X-RAY Lumbar Spine 3V
- ☐ X-RAY Lumbar Spine 5V
  FLEX / EXT
- ☐ X-RAY Lumbar Spine 5V OBL
- ☐ X-RAY Lumbar Spine 5V
  w/ Lateral Bending
- ☐ X-RAY Lumbar Spine
  7V FLEX / EXT / OBL
- ☐ X-RAY Scoliosis Full Spine
  1 view (14” x 50”)
- ☐ X-RAY Standing Bilateral Bone
  Length Study & Upright AP Pelvis
- ☐ X-RAY Standing Bilateral Bone
  Length ONLY
- ☐ X-RAY Postural Series – includes
  AP Thoracolumbar & AP / LAT Pelvis
- ☐ X-RAY Chamberlain’s Stress Study
  for Pelvis / SI
- ☐ X-RAY Pelvis
- ☐ X-RAY Hip ....L......... R
- ☐ X-RAY Knee ....L......... R
- ☐ X-RAY Ankle.................L......... R
- ☐ X-RAY Foot ....L......... R
- ☐ X-RAY Shoulder ....L......... R
- ☐ X-RAY Elbow................L......... R
- ☐ X-RAY Wrist ....L......... R
- ☐ X-RAY Hand ....L......... R
- ☐ X-RAY Chest 2V PA / LAT
- ☐ X-RAY Ribs Bilateral
  Unilateral...L......... R
- ☐ X-RAY Abdomen Upright / Supine
- ☐ XR Other ______________

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