CLEARVIEW MRI

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PATIENT NAME _____ DOB _____ PATIENT PHONE _____

ORDERING DR. _____ MEDICARE AUC # _____

INSURANCE CO _____ CLAIM/ID # _____ AUTH # _____

SYMPTOMS/CLINICAL _____

MRI EXAMS:

☐ WITH CONTRAST IF INDICATED

- ☐ MRI Brain
  - ☐ Pituitary Protocol
  - ☐ IAC Protocol
  - ☐ Trigeminal Protocol
- ☐ MRA Brain/Head/COW
- ☐ MRI Cervical Spine
- ☐ MRA Neck/Carotids
- ☐ MRI Cranio-Cervical
- ☐ MRI Thoracic Spine
- ☐ MRI Lumbar Spine
- ☐ SI Joints
- ☐ MRI Abdomen
- ☐ MRI Pelvis
  - ☐ Female Pelvis Protocol
- ☐ MRI Breast
- ☐ MRI Other _____

- ☐ MRI Hip .....L.....R
- ☐ MRI Knee .....L.....R
- ☐ MRI Ankle/Hindfoot .....L.....R
- ☐ MRI Midfoot .....L.....R
- ☐ MRI Forefoot .....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 _____

X-RAY EXAMS:

Cervical Spine

- ☐ Routine-AP/LAT/APOM
- ☐ Routine & FLEX/EXT
- ☐ Routine & Obliques
- ☐ Routine FLEX/EXT & Obliques

Thoracic Spine

- ☐ AP / LAT / Swimmer's

Lumbar Spine

- ☐ Routine-AP/LAT/SPOTS
- ☐ Routine & FLEX/EXT
- ☐ Routine & Obliques
- ☐ Routine FLEX/EXT & Obliques

- ☐ Lower **Cervical** L/R Lateral Bending
- ☐ Open Mouth **Cervical** L/R Lateral Bending
- ☐ AP **Lumbar** L/R Lateral Bending
- ☐ Scoliosis Study - Full Spine 1V
- ☐ Standing Bilateral Bone Length Study & Upright AP Pelvis
- ☐ Standing Bilateral Bone Length Study ONLY
- ☐ Postural Series – includes AP Thoracolumbar & AP / LAT Pelvis
- ☐ Chamberlain's Stress Study for Pelvis / SI

- ☐ Pelvis
- ☐ Hip .....L.....R
- ☐ Knee .....L.....R
- ☐ Ankle .....L.....R
- ☐ Foot .....L.....R
- ☐ Shoulder .....L.....R
- ☐ AC Joints w/& w/o weights
- ☐ Elbow .....L.....R
- ☐ Wrist .....L.....R
- ☐ Hand .....L.....R
- ☐ Ribs Bilateral
- ☐ Ribs Unilateral ...L.....R
- ☐ Chest 2V PA / LAT
- ☐ Other _____

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