



TAX ID 63-1262177

MRI REFERRAL FORM

FAX 256-704-2398

PHONE

256-705-4602

- Routine
- STAT – Phone for Call Report _____
If STAT order please call for scheduling
- Call Patient to Schedule

- Huntsville**
4715 Whitesburg Drive
Huntsville, AL 35802
- Madison**
33 Hughes Road
Madison, AL 35758

**** PLEASE FAX ALL MEDICAL RECORDS AND DEMOGRAPHIC INFORMATION ****

PATIENT INFORMATION	INSURANCE INFORMATION
Patient Name _____	Insurance _____
Date of Birth _____	Policy Number _____
Home/ Cell _____	Group Number _____
PROVIDER INFORMATION	DIAGNOSIS / HISTORY / SPECIAL INSTRUCTIONS
Provider Name _____	_____
<i>SIGNATURE</i> _____	_____
Phone/ Fax _____	_____
Provider NPI _____	_____
Provider Address _____	_____
Contact Person _____	_____

MRI			
<input type="checkbox"/> Without Contrast	<input type="checkbox"/> With /Without Contrast	<input type="checkbox"/> With contrast	
<input type="checkbox"/> Forearm	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Hip	<input type="checkbox"/> Brain
<input type="checkbox"/> Wrist/ Hand	<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Tib/Fib	<input type="checkbox"/> MRA Neck
<input type="checkbox"/> Elbow	<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Thigh	<input type="checkbox"/> MRA/ MRV Head
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Knee	<input type="checkbox"/> Soft Tissue Neck
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Pelvis/ Sacrum	<input type="checkbox"/> Foot/ Ankle	
<input type="checkbox"/> EXTREMITY _____	<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Bilateral	