

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Primary Insurance \_\_\_\_\_

Ordering Physician \_\_\_\_\_ Ins. # \_\_\_\_\_

Ordering Physician Office Phone Number \_\_\_\_\_ Secondary Ins. \_\_\_\_\_

ICD-10 and Diagnosis \_\_\_\_\_ Secondary Ins.# \_\_\_\_\_

Pre-Cert #/Pre-Approval \_\_\_\_\_

Comments \_\_\_\_\_ Appointment Date/Time \_\_\_\_\_

Precautions / Allergies: Shellfish / **Iodine** \_\_\_\_\_ Date Signed \_\_\_\_\_

**Physicians / ARNP / PA Signature Required: X**

Send copy of report to: \_\_\_\_\_

☐ Orbit X-rays for history of foreign body

<b>PLEASE INITIAL HERE TO FOLLOW RADIOLOGIST PROTOCOLS</b>		
Please <b>CHECK</b> EXAM below		<b>***RADIOLOGIST RECOMMENDED</b>
<b>MRI BRAIN STEM/IAC/PIT</b>	<b>MRI EXTREMITIES OTHER THAN JOINT</b>	<b>MRA (ANGIOGRAPHY)</b>
<input type="checkbox"/> w/o contrast 0072	<b>Upper Ext Right</b> – Humerus,Forearm,Hand	<b>MRA/MRV HEAD</b>
<input type="checkbox"/> w/wo contrast ***Surg or Ca 0154	<input type="checkbox"/> w/o contrast 0193	<input type="checkbox"/> w/o contrast *** 0182
<input type="checkbox"/> w/ contrast 0118	<input type="checkbox"/> w/wo contrast ***Mass or Lump 0174	<input type="checkbox"/> w/wo contrast 0184
<b>MRI ORBIT/FACE &amp; NECK</b>	<input type="checkbox"/> w/ contrast 0195	<input type="checkbox"/> w/ contrast 0183
<input type="checkbox"/> w/o contrast 0082	<b>Upper Ext Left</b> – Humerus,Forearm,Hand	<b>MRA NECK</b>
<input type="checkbox"/> w/wo contrast ***Surg or Ca 0181	<input type="checkbox"/> w/o contrast 0192	<input type="checkbox"/> w/o contrast 0185
<input type="checkbox"/> w/ contrast 0180	<input type="checkbox"/> w/wo contrast ***Mass or Lump 0076	<input type="checkbox"/> w/wo contrast *** 0187
<b>MRI TMJ</b>	<input type="checkbox"/> w/ contrast 0194	<input type="checkbox"/> w/ contrast 0186
<input type="checkbox"/> w/o contrast Bilateral *** 0208	<b>Lower Extremity Right</b> – Femur, Tib/Fib,Foot	<b>MRA Chest</b>
<b>BRACHIAL PLEXUS</b>	<input type="checkbox"/> w/o contrast 0201	<input type="checkbox"/> w/o contrast 0234
<input type="checkbox"/> w/wo contrast *** 0058	<input type="checkbox"/> w/wo contrast ***Mass or Lump 0177	<input type="checkbox"/> w/wo contrast *** 0058
<b>MRI CHEST</b>	<input type="checkbox"/> w/ contrast 0203	<input type="checkbox"/> w/ contrast 0233
<input type="checkbox"/> w/o contrast 0066	<b>Lower Extremity Left</b> – Femur, Tib/Fib,Foot	<b>MRA/MRV Pelvis</b>
<input type="checkbox"/> w/wo contrast *** 0189	<input type="checkbox"/> w/o contrast 0200	<input type="checkbox"/> w/wo contrast *** 0060
<input type="checkbox"/> w/ contrast 0188	<input type="checkbox"/> w/wo contrast ***Mass or Lump 0068	<b>MRA/MRV Abdomen</b>
<b>MRI ABDOMEN</b>	<input type="checkbox"/> w/ contrast 0202	<input type="checkbox"/> w/o contrast 0232
<input type="checkbox"/> w/o contrast 0088	<b>MRI EXTREMITIES ANY JOINT</b>	<input type="checkbox"/> w/wo contrast *** 0054
<input type="checkbox"/> w/wo contrast ***Surg or Ca 0224	<b>Upper Extremity Right</b> – Shoulder,Elbow,Wrist	<input type="checkbox"/> w/ contrast 0231
<input type="checkbox"/> w/ contrast 0223	<input type="checkbox"/> w/o contrast *** 0175	<b>Peripheral Run-Off</b>
<b>MRI PELVIS</b>	<input type="checkbox"/> w/wo contrast ***Infection 0199	<input type="checkbox"/> w/wo contrast *** 0049
<input type="checkbox"/> w/o contrast 0190	<input type="checkbox"/> w/ contrast 0197	<b>MRA EXTREMITIES</b>
<input type="checkbox"/> w/wo contrast ***Surg or Ca 0191	<b>Upper Extremity Left</b> – Shoulder,Elbow,Wrist	<b>Upper Extremity Right</b>
<input type="checkbox"/> w/ contrast 0166	<input type="checkbox"/> w/o contrast *** 0128	<input type="checkbox"/> w/o contrast 0240
<b>MRI SPINE</b>	<input type="checkbox"/> w/wo contrast ***Infection 0198	<input type="checkbox"/> w/wo contrast *** 0243
<b>Cervical Spine</b>	<input type="checkbox"/> w/ contrast 0196	<input type="checkbox"/> w/ contrast 0176
<input type="checkbox"/> w/o contrast 0086	<b>Lower Extremity Right</b> – Hip, Knee,Ankle	<b>Upper Extremity Left</b>
<input type="checkbox"/> w/wo contrast ***Surg or Ca 0160	<input type="checkbox"/> w/o contrast *** 0178	<input type="checkbox"/> w/o contrast 0239
<input type="checkbox"/> w/ contrast 0235	<input type="checkbox"/> w/wo contrast ***Infection 0207	<input type="checkbox"/> w/wo contrast *** 0242
<b>Thoracic Spine</b>	<input type="checkbox"/> w/ contrast 0205	<input type="checkbox"/> w/ contrast 0050
<input type="checkbox"/> w/o contrast 0156	<b>Lower Extremity Left</b> – Hip, Knee,Ankle	<b>Lower Extremity Right</b>
<input type="checkbox"/> w/wo contrast ***Surg or Ca 0158	<input type="checkbox"/> w/o contrast *** 0144	<input type="checkbox"/> w/o contrast 0227
<input type="checkbox"/> w/ contrast 0236	<input type="checkbox"/> w/wo contrast ***Infection 0206	<input type="checkbox"/> w/wo contrast *** 0179
<b>Lumbar Spine</b>	<input type="checkbox"/> w/ contrast 0204	<input type="checkbox"/> w/ contrast 0225
<input type="checkbox"/> w/o contrast 0162	<b>MRI BILAT BREAST</b>	<b>Lower Extremity Left</b>
<input type="checkbox"/> w/wo contrast ***Surg or Ca 0164	<input type="checkbox"/> w/wo contrast *** 0918	<input type="checkbox"/> w/o contrast 0228
<input type="checkbox"/> w/ contrast 0237	<b>Soft Tissue Neck</b>	<input type="checkbox"/> w/wo contrast *** 0052
Other(Please Indicate)	<input type="checkbox"/> w/wo contrast *** 0181	<input type="checkbox"/> w/ contrast 0226

**Patients are required to come to their MRI appointment with a complete list of their current medications, the dosage amounts, and the time that the last dose was taken.**

- Patient Steps:**
1. You must bring this form to the hospital the day of your appointment.
  2. Your Insurance Card must be presented at the time of registration.

Wentworth-Douglass Hospital  
**REQUEST FOR MAGNETIC RESONANCE  
IMAGING (MRI)**



RA0020

7040-112MR  
Rev. 06/28/18

### **What is an MRI?**

MRI is an imaging technique used to obtain cross-sectional images of the body in several planes and sometimes in 3D. The images are obtained using radio frequency and a strong magnetic field that is over 45,000 times stronger than the earth's magnetic field. MRI does NOT use ionizing radiation like most diagnostic imaging procedures, so no X-Rays are used. FDA states there are no known risks or adverse side effects to MRI.

### **How Should I prepare For My Examination**

An MRI Safety Questionnaire must be completed prior to the MRI to ensure you do not have anything in or on your body that would cause problems with the magnetic field in MRI. We recommend wearing clothes without any metal snaps, zippers, buttons, or studs. Leave metal objects such as jewelry, watches and coins at home. Remove all body piercings. We will ask you to remove all metal objects, belts, credit cards, & shoes. Locked security boxes are available for keys, wallets and other essential items.

### **If You Are Having An MRI With & Without Contrast (Gadolinium)**

You will need a Creatinine Level if you are:

- 60 Years or older
- Diabetic
- Have Renal Failure
- Have Renal Disease

If you answer yes to one of the above listed, you must have your Creatinine level drawn 30 days prior to your appointment. Your physician must then fax the Creatinine level 48 hours prior to your appointment to # 1(603) 740-3292.

You may eat, drink and take prescription medications as normal prior to your MRI, **unless you are having an MRC** (study for bile ducts). If you are scheduled for an MRCP, please do not eat or drink anything 4 hours prior to your MRI. After your MRI exam, you may resume all normal activities.

### **What to Expect during the Exam**

The MRI system makes a repetitive tapping and humming noise as it creates the image. During the scan you can rest or listen to music while the images are being taken. To help ignore the noise, we have earplugs available or you may wish to enjoy one of our music selections. You may bring your own CD or iPod if you would like, or even a DVD if you wish to watch a movie on our virtual reality headset, Cinema Vision.

- We will ask you to lie as still as possible.
- You will be in visual and audio contact with the technologist during the entire scan

Any of the following objects or conditions may interfere with your MRI. Please call us immediately and tell us if you:

- Have a prosthetic heart valve
- Have a surgical clip, bone or joint replacement, or any metallic implant
- Have ever held a job in a metal-working industry or one where you may have had metal washed, brushed, flushed and/or removed from your eyes.
- Weigh more than 300 pounds
- Suffer from claustrophobia
- Are unable to lie still or flat for 45 minutes to 2 hours

If you feel you may be claustrophobic, please discuss this with your requesting physician. If you think you may need medication for pain management during your exam, you will need to speak to your requesting physician. It is your requesting physician who will have to prescribe the medication to you in advance.

The Radiologist will interpret your MRI exam. Your requesting physician will then receive the results of your MRI.

### **Hours of Operation**

**Wentworth-Douglass Hospital in Dover N.H.:** Monday-Friday: 6:45am- 8:00pm & Saturday: 7:00am-4:00pm

Our team of MRI professionals is committed to making your visit with us a pleasant experience. If you have any questions in regards to your scheduled MRI exam, please contact us at (603) 740-2660.

Wentworth-Douglass Hospital  
RADIOLOGY DEPARTMENT  
**REQUEST FOR MAGNETIC RESONANCE  
IMAGING (MRI)**



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