

McLaren Northern Michigan Outpatient Breast MRI Order Form

Patient's Name Last: _____ First: _____ MI: _____		Date of Birth _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Patient's Address Street: _____ City: _____ State: _____ Zip: _____			
Insurance Information		Patient's Phone Daytime: _____ Cell: _____	
Patient's Height _____	Patient's Weight (a test fit is required if weight is above 270 lbs) _____		
<p>Medical Necessity: Federal regulations require that only tests that are necessary for diagnosis and treatment of a patient's condition be ordered. ICD-10 Code and clinical history for each test is required to prove medical necessity.</p> <p>We would like to remind providers that we cannot accept a diagnosis that includes the terms "PROBABLE", "POSSIBLE", "SUSPECTED", "RULE OUT", or "QUESTIONABLE".</p> <p>Authorization number(s) if required: _____ _____</p>		<p>Pre-Screening</p> <p>Is there any chance that the patient is pregnant? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Is the patient diabetic? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Is there history of kidney problems? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Does patient have pacemaker or defibrillator? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Possibility of metal in eyes? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><small>If yes to metal in eyes, please check box below for "Pre-MRI Orbit X-ray"</small></p> <p>High Blood Pressure? Y <input type="checkbox"/> N <input type="checkbox"/></p>	
<input type="checkbox"/> Draw GFR on Contrast Studies as Indicated Policy		List Allergies: _____ _____	
		Procedure Date and Time: _____	

Please Complete/Print/Sign and Fax to Central Scheduling: Fax# 231.487.7920-Tel# 231.487.3100-Toll Free# 866.487.3100

Reason/Signs and Symptoms for exam: _____

Special Instructions/Comments: _____

MRI Breast Imaging w/wo	CPT#	MRI Breast Imaging wo	CPT#
<input type="checkbox"/> MRI Bilateral Breast w/+wo	77049	<input type="checkbox"/> MRI Bilateral Breast wo	77047
<input type="checkbox"/> MRI Right Breast w/+wo	77048	<input type="checkbox"/> MRI Right Breast wo	77046
<input type="checkbox"/> MRI Left Breast w/+wo	77048	<input type="checkbox"/> MRI Left Breast wo	77046
<input type="checkbox"/> MRI Breast Biopsy (L) (R)	19085		
<input type="checkbox"/> Pre MRI Orbit X-ray	70030	(ICD-10 Code Z0389)	

Please note Breast MRI is extremely sensitive and patients should only be imaged during decreased hormone activity. It is important that the following guidelines are adhered to:

- **Menstrual cycle – day 4, 5, 6, or 7**
- **If taking hormones – must discontinue for at least three (3) weeks prior to MRI**
- **An MRI patient screening questionnaire must be completed prior to exam date** (Separate Form)

For a more accurate diagnosis, we ask that you supply us with any CD's, films and radiology reports from any studies performed outside of McLaren Northern Michigan that may be pertinent to the Breast MRI study. A list of required previous exams and/or reports if available is listed below. Please be advised that a diagnosis and report will not be produced until all pertinent information has been received and reviewed by the Radiologist. Should you require assistance in retrieving any of the requested information from outside of McLaren Northern Michigan, please call the Radiology Customer Service Center @ 231.487.4763. Please have any requested information relating to the Breast MRI sent directly to the Radiology Customer Service Center.

In the spaces below, please indicate where and when the studies (if any) were done.

<input type="checkbox"/> Mammograms (5-to 7 Years)	
<input type="checkbox"/> Ultrasounds related to breast study	
<input type="checkbox"/> Breast related Nuclear Medicine/ Thermoscan	
<input type="checkbox"/> Breast MRI Studies	
<input type="checkbox"/> Breast related pathology/surgical reports	

Form filled out by: _____

Today's Date/Time _____

Office Phone Number: _____

Ordering Physician: _____

Physician Signature (Required): _____