



PORT HURON

# MRI ORDER FORM

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1221 Pine Grove Avenue • Port Huron, Michigan • 48060 • Phone (810) 989-3292 • Fax (810) 985-2692

**Please Print**

Patient's Name: \_\_\_\_\_ (First) (Middle Initial) (Last) DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Weight: \_\_\_\_\_

Clinical Signs/Symptoms/Diagnosis (Required) \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Physician Signature (Required): \_\_\_\_\_ Office Fax: ( ) \_\_\_\_\_

Description	Without Contrast	Without & With Contrast	Description	
<b>HEAD</b>			<b>EXTREMITIES/JOINTS</b>	
Brain	<input type="checkbox"/>	<input type="checkbox"/>	Hand Right <input type="checkbox"/> Left <input type="checkbox"/>	
Pituitary	N/A	<input type="checkbox"/>	Wrist Right <input type="checkbox"/> Left <input type="checkbox"/>	
IAC	N/A	<input type="checkbox"/>	Forearm Right <input type="checkbox"/> Left <input type="checkbox"/>	
Orbits	N/A	<input type="checkbox"/>	Elbow Right <input type="checkbox"/> Left <input type="checkbox"/>	
Soft Tissue Neck	N/A	<input type="checkbox"/>	Humerus Right <input type="checkbox"/> Left <input type="checkbox"/>	
TMJ	<input type="checkbox"/>	N/A	Shoulder Right <input type="checkbox"/> Left <input type="checkbox"/>	
<b>SPINE</b>			<input type="checkbox"/> With Arthrogram	
Cervical Spine	<input type="checkbox"/>	<input type="checkbox"/>	Brachial Plexus Right <input type="checkbox"/> Left <input type="checkbox"/>	
Thoracic Spine	<input type="checkbox"/>	<input type="checkbox"/>	Foot Right <input type="checkbox"/> Left <input type="checkbox"/>	
Lumbar Spine	<input type="checkbox"/>	<input type="checkbox"/>	Ankle Right <input type="checkbox"/> Left <input type="checkbox"/>	
Sacrum/Coccyx	<input type="checkbox"/>	<input type="checkbox"/>	Tibia/Fibula Right <input type="checkbox"/> Left <input type="checkbox"/>	
Lumbar Plexus	<input type="checkbox"/>	<input type="checkbox"/>	Knee Right <input type="checkbox"/> Left <input type="checkbox"/>	
<b>BODY</b>			Femur/Thigh Right <input type="checkbox"/> Left <input type="checkbox"/>	
Liver	N/A	<input type="checkbox"/>	Hip Right <input type="checkbox"/> Left <input type="checkbox"/>	
Kidneys	N/A	<input type="checkbox"/>	SI Joint Right <input type="checkbox"/> Left <input type="checkbox"/>	
Adrenals	N/A	<input type="checkbox"/>	<b>MRA</b>	
Pancreas	N/A	<input type="checkbox"/>	MRA Head/Brain <input type="checkbox"/>	
MRCP	<input type="checkbox"/>	N/A	MRA Neck/Carotids W/O & W Contrast <input type="checkbox"/>	
Screening Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	MRA Chest <input type="checkbox"/>	
Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	MRA Abdomen/Renal W/O & W Contrast <input type="checkbox"/>	
Chest	<input type="checkbox"/>	<input type="checkbox"/>	MRA Pelvis <input type="checkbox"/>	
<b>BREAST</b>			Run Off Lower Extremities <input type="checkbox"/>	
Breast/Unilateral			Other <input type="checkbox"/>	
Right <input type="checkbox"/> Left <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>OTHER</b>	
Breast/Bilateral	<input type="checkbox"/>	<input type="checkbox"/>	<b>(Be Specific)</b>	
<input type="checkbox"/> Creatinine Level (if warranted)				

You must bring this prescription with you on the day of your appointment. Exam cannot be completed without it.

# Patient Instructions

- Most exams require no preparation. You may eat, drink and take medications prior to your test. **(MRI Pancreas and MRCP require no eating or drinking 6 hours prior to test).**
- Wear comfortable clothing with no metal zippers or snaps.
- You will be asked to place everything you brought with you into a locker during the exam. (Jewelry, watches, credit cards, piercings, dentures, wigs and hairpins).
- Patients with **cardiac pacemakers** or **some implanted devices cannot be scanned** because the MRI uses a large magnetic field.
- If you have a history as a metalworker or have metal objects implanted in your body either by surgical procedure (such as stent replacement) or accident (such as shrapnel or metal shavings), please notify MRI personnel when scheduling your appointment.
- Please bring this order form to your appointment and any pertinent X-Rays, CAT scan, Ultrasound, Nuclear Medicine, or MRI films/CD.
- **Please bring your picture ID and insurance card with you the day of your appointment.**

