McLaren

THUMB REGION

1100 S. Van Dyke, Bad Axe, MI 48413

(989) 269-1565

Authorization #_____

(if required)

Appt Date _____ Time_____

Patient Height _____ | Patient Weight _____

Clinical Signs/Symptoms (REQUIRED)

_____

_____

_____

Patient Name_____

Patient DOB_____

Ordering Physician_____

Ordering Signature_____

Required

Phone_____

Fax Report To_____

Supervising Physician_____

Description	Without Contrast	Without & With Contrast
MRI Head/Neck		
MRI Brain		
MRI IAC		
MRI Pituitary		
MRI Orbits		
MRI Face/Parotid		
MRI Neck (Soft Tissue)		
MRI TMJ ☐ RT ☐ LT		
MRI Spine		
MRI Cervical Spine		
MRI Thoracic Spine		
MRI Lumbar Spine		
MRI Sacrum/Coccyx		
MRI Sacro-Iliac Joints		
MRI Body/Chest		
MRI Abdomen ☐ Liver ☐ Kidneys ☐ Adrenals ☐ Pancreas		
MRCP		
MRI Pelvis ☐ Bony ☐ Female ☐ Soft Tissue		
MRI Chest		
MRI Brachial Plexus ☐ RT ☐ LT		
MRA Angiogram		
MRA Brain (Circle of Willis)		
MRV Brain (Sagittal Sinus)		
MRA Neck/Carotids		
MRA Abdomen ☐ AAA ☐ Renal Artery		
MRA Chest/Aorta		
MRA Lower Extremity Run off		

Description	Without Contrast	Without & With Contrast
MRI Extremities/Joints		
MRI Shoulder ☐ RT ☐ LT		
MRI Scapula ☐ RT ☐ LT		
MRI Elbow ☐ RT ☐ LT		
MRI Wrist ☐ RT ☐ LT		
MRI Hand ☐ RT ☐ LT		
MRI Upper Arm/Humerus Biceps ☐ RT ☐ LT		
MRI Forearm/Ulna/Radius ☐ RT ☐ LT		
MRI Femur/Thigh ☐ RT ☐ LT		
MRI Lower Leg ☐ RT ☐ LT		
MRI Hip ☐ RT ☐ LT		
MRI Knee ☐ RT ☐ LT		
MRI Ankle ☐ RT ☐ LT		
MRI Foot ☐ RT ☐ LT ☐ Fore Foot (toes to Metatarsals) ☐ Mid Foot (metatarsals to tarsals) ☐ Hind Foot (tarsals to calcaneus) ☐ Entire Foot (toes to calcaneus)		

Other

If Authorization HAS been obtained, please call (989) 269-1565 to schedule an appointment.

If Authorization HAS NOT been obtained, please FAX a SIGNED copy of this request to (734) 259-6241.

PATIENT INFORMATION

- **Do not wear any jewelry (watches, earrings, necklaces, body piercings, etc.). Wedding rings are allowed. Wear comfortable, non-metallic clothing.**

- **<u>For abdomen scans and MRCP's only</u>: Nothing to eat or drink 6 hours before your exam. You may take your medication.**

- **McLaren Thumb Region Hospital will call you to verify your medical and safety history, answer any questions you may have, and confirm your appointment.**

- **A 24-hour notice is required to reschedule your appointment.**

MRI SCREENING QUESTIONS

1.	History of Surgery (Pacemaker, Aneurysm Clips, etc.)		YES			NO
2.	History of Metal in Eyes		YES			NO
3.	Implants of any Kind		YES			NO
4.	Claustrophobia/Sedation		YES			NO
5.	History of Cancer		YES			NO
6.	Previous Back Surgery		YES			NO
7.	History of Kidney Disease/Renal Failure		YES			NO
8.	Diabetic/CHF/High Blood Pressure/Multiple Myeloma		YES			NO
9.	Allergies/Reactions (Radiology Contrast, etc.)		YES			NO

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