CARDIAC MRI REQUEST FORM

Please **FAX** to (919) 668-5588
Schedule at (919) 668-5580

Date of Request: _____

FOR INTERNAL USE ONLY		
Scan Date:		
Scan Time:		
Scanner Location:	**N** ☐	**S** ☐
Patient Info Sent?	**Y** ☐	**N** ☐

Patient Name :_____ **MRN:** _____

Phone #: ( ) _____ **DOB:** _____/_____/_____

ORDERING PHYSICIAN	WHERE REPORT SHOULD BE SENT	BOX & FAX #

CONTACT NAME & PHONE #

STUDY DESIRED: PLEASE "X" THE APPROPRIATE BOX(ES)
***NOTE BLOOD FLOW QUANTIFICATION MUST BE ORDERED IN ADDITION IF INDICATED**

		FOR INTERNAL USE ONLY	
X	**Study**	**CPT Code**	**Comments**
	Cardiac MRI Limited Study (non-contrast) *oncology only*	75557	
	Cardiac MRI for Morphology and Viability	75561	
	Cardiac MRI for Morphology with Adenosine Stress Testing	75563	
	MRI/MRA Neck with and without contrast	70549	
	MRI/MRA Chest with and without contrast	71555	
	MRI/MRA Abdomen with and without contrast	74185	
	MRI/MRA Pelvis with and without contrast	72197	
	MRI/MRA Lower Extremity with and without contrast	73725	

Clinical Indication for Exam (please include ICD-10 codes):

Question to be answered by exam:

History of metal in eyes/body (welding, valves, bullets, etc) **Yes** ☐ **No** ☐
**if yes, order orbital films*
Is light sedation required? **Yes** ☐ **No** ☐
*if yes, driver required
Pregnancy/breastfeeding? **Yes** ☐ **No** ☐
**if yes, order HCG or provide clinical information*
Is the patient over 250lbs? **Yes** ☐ **No** ☐

Renal Disease?	No ☐	Yes ☐
*GFR	Result:	Date:
Dialysis	No ☐	Yes ☐

PHYSICIAN SIGNATURE: _____

****Please send clinical note and creatine****