## PEDIATRIC/CONGENITAL CARDIAC MRI REQUEST FORM

	FOR INTERNAL USE ONLY	
Please <b>FAX</b> to (919) 668-5588	Scan Date:	
<b>Schedule</b> at (919) 668-5580	Scan Time:	
Schedule at (919) 000-0000	Scall fille.	
	Scanner Location:	N S
Date of Request:	Patient Info Sent?	Y . N .
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B.C. (N		
Patient Name :	MRN:	
Phone #: ( )	DOB:/_	/
ORDERING PHYSICIAN WHERE REPORT SHOULD BE SE		BOX & FAX #
		2 2/
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CONTACT NAME & PHONE #		1
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STUDY DESIRED: PLEASE "X" THE APPROPRIATE BOX(ES)		
*NOTE BLOOD FLOW QUANTIFICATION MUST BE ORDERED IN ADDITION	N IF INDICATED	
	FOR INTERNAL	USE ONLY
X Study	CPT Code	Comments
Cardiac MRI Limited Study (non-contrast) oncology only	75557	Comments
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:		
	Renal	
TP-6	Disease? No	Yes
History of metal in Yes No	Disease:	
cycs/body (welding,		
valves, bullets, etc)	*OFD D #	D. L.
*if yes, order orbital films	*GFR Result:	Date:
Is light sedation required? Yes No No	District No.	
*if yes, driver required	Dialysis No	Yes
Pregnancy/breastfeeding? Yes No		
*if yes, order HCG or provide clinical information		
Is the patient over 250lbs? Yes No		
Is an address of the sign of t		
Is anesthesia required?* Yes No		
*if yes, please explain sedation level needed		
PHYSICIAN SIGNATURE:		

<sup>\*\*</sup>Please send clinical note and creatine\*\*