Open Multi-Positional MRI Center
Hampton Roads Orthopaedics & Sports Medicine
HROSM
Keeping Bodies in Motion

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MRI Pre-certification/Order Concierge Form

Patient Name: _____ Date of Birth: _____

SSN: _____Patient Phone: _____

Primary Insurance Co: _____Policy #_____ Group #:_____

Secondary Insurance Co: _____Policy #_____ Group #:_____

Contrast: ☐ Without ☐ With ☐ Without & Without ☐ Right ☐ Left ☐ Bilateral

Bun & Creatinine indicators, for patients receiving contrast: renal disease, over 60, hypertension, diabetes, severe liver disease, liver transplant or pending transplant. These labs should be drawn within 30 days of scheduled MRI exam.

☐ CD ☐ Film ☐ Flexion ☐ Extension ☐ Other_____

☐ Brain ☐ Orbital ☐ Pituitary ☐ IACs ☐ Pelvis ☐ Neck

☐ L-Spine ☐ C-Spine ☐ T-Spine ☐ Shoulder ☐ Elbow ☐ Wrist

☐ Hand ☐ Hip ☐ Knee ☐ Ankle ☐ Foot ☐ Lower Extremity

Diagnosis/ICD9 Codes_____ Is the patient claustrophobic ☐ Yes ☐ No

DOES THE PATIENT HAVE ANY OF THE FOLLOWING?

☐ Pacemaker (IF YES, PATIENT CAN NOT HAVE A MRI) ☐ Heart Valve ☐ Aneurysm Clips

☐ Foreign Body (i.e. bullets, BB pellets, Shrapnel, etc.) ☐ Cardiac Stent (present card) ☐ Retinal Tack

Has the patient ever worked in a metal shop? ☐ Yes ☐ No

Has the patient ever been struck in the eyes with metal? ☐ Yes ☐ No If yes, they may need to have an orbital x-ray prior to their MRI scan.

Does the patient have a date of injury? ☐Yes ☐No If yes, please give date and accident type.

_____

Has patient completed physical therapy? ☐Yes ☐No If yes, please give dates and how long patient was in treatment. Was there any relief reported by the patient? ☐Yes ☐No

_____

Has the patient been treated with NSAIDS? ☐Yes ☐No If yes, please give duration, type and dosage

_____

What were the findings on physical exam? You may attach office notes for this section. Please include any findings on X-ray.

_____

_____

Referring Provider Name: _____ Signature_____

Phone: _____Fax: _____

TO BE COMPLETED BY HROSM:
The appointment date and time for the referred patient is: _____