Bitterroot Imaging LLC | OPEN MRI

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Physician Order Form

Patient Name _____ Weight _____ Phone No. _____
D.O.B _____ Insurance Carrier _____ Pre Authorized? ☐ Yes ☐ No ☐ N/A
Referring Physician _____ Phone _____ Fax _____
Diagnostic Code(s) _____
Reason for Scan (symptoms) _____

Diagnostic Test Ordered

Brain
Neck Soft Tissue
Cervical Spine
Lumbar Spine
Thoracic Spine
Abdomen
Pelvic
Shoulder
Knee
Wrist
Elbow
Hip
Ankle
Upper Ext. (non-joint)
Lower Ext. (non-joint)

(Please Circle as Appropriate)

Weight – Up to 500lbs

Without Contrast
Without Contrast Followed by With Contrast
(advise patient to hydrate prior to scan)

Right Left

Diag. Code(s) _____
_____
_____
_____

_____
Physician's Signature

Comparison Films? When _____ Where _____

- Does the patient have a cardiac implant or pacemaker? ☐ Yes ☐ No
- Has the patient ever had heart, ear, or brain surgery? ☐ Yes ☐ No
- Has the patient ever had an incident of metal fragments in the eyes? ☐ Yes ☐ No
- Is the patient post-operative on the area of interest? ☐ Yes ☐ No
- Has the patient had any surgeries in the past six weeks? ☐ Yes ☐ No

Does the patient have Claustrophobia? ☐ Yes ☐ No Need meds? ☐ Yes ☐ No
Does the patient need pain medication to lie still during scan w/o moving? ☐ Yes ☐ No
If yes to meds, please prescribe. (We do not disperse meds.)

Note: Patients having a brain or neck scan often still need meds to relieve claustrophobia because of the coil apparatus surrounding the head/neck/face.