

## MRI ORDER FORM

\*The patient **cannot** have an MRI if they have a pacemaker, pacer wires, defibrillator, cerebral or arterial aneurysm clips.

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Body part to be imaged: \_\_\_\_\_

Is the patient:  claustrophobic?  over 350 lb.?  diabetic? Has the patient:  worked with metal?

**If YES to any of the above, please call 319-338-3606 and speak with a scheduler.**

Symptoms: \_\_\_\_\_

\_\_\_\_\_

History: \_\_\_\_\_

\_\_\_\_\_

Has this procedure been pre-certified?  Yes Pre-cert# \_\_\_\_\_  No

Signature of Physician: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_

Physician NPI: \_\_\_\_\_

Fax report to Dr. \_\_\_\_\_ Fax # \_\_\_\_\_

MRI Order Instructions

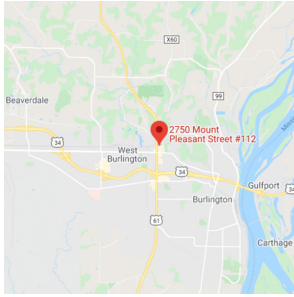
**PLEASE BRING THIS FORM AND YOUR INSURANCE CARDS  
WITH YOU WHEN YOU REPORT FOR YOUR MRI**





## Iowa City

2751 Northgate Dr  
Iowa City, IA 52245



## Burlington

2750 Mt. Pleasant Street, Suite 112  
Burlington, IA 52601



## Fairfield

2000 South Main Street  
Fairfield, IA 52556



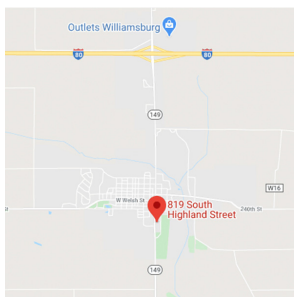
## Muscatine

2104 Cedarwood Drive, Suite 102  
Muscatine, IA 52761



## Washington

400 East Polk Street  
Washington, IA 52353



## Williamsburg

819 S Highland St  
Williamsburg, IA 52361