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PHYSICIANS ORDER

Saturday & Extended Evening Hours

ACR Accredited

Let us Pre-Cert for you!

Hardeman Avenue at I-75 **of Macon**

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Patient Name: _____ DOB: ____/____/____ Weight: _____ lbs.
 Patient Contact #: (____) _____ - _____ Patient Alt. #: (____) _____ - _____ Male / Female
 Referring Physician: _____ Phone #: _____
 Based on the patient's history, exam and diagnosis, I have requested the below listed exam(s). I hereby certify that the exam(s) are medically necessary.
 REFERRING PHYSICIAN SIGNATURE: _____ NPI #: _____ Date: ____/____/____
 Appointment Date: _____ Appointment Time: _____
 STAT Call Report to: (____) _____ - _____ FAX Report to: (____) _____ - _____

MRI HIGH-FIELD OPEN

CONTRAST: YES NO

- BRAIN
 - WITH ORBITS WITH IAC'S
 - WITH PITUITARY / SELLA
- BRACHIAL PLEXUS
- SOFT TISSUE NECK
- MRA
 - HEAD wo NECK w / wo
 - RENAL w / wo ADRENALS w / wo
 - AORTIC ARCH w / wo RUNOFF w / wo
 - MRV w / wo
- CERVICAL SPINE MYELOGRAM
- THORACIC SPINE MYELOGRAM
- LUMBAR SPINE MYELOGRAM
- SACRUM
- SHOULDER R L ARTHROGRAM
- SCAPULA R L
- HUMERUS R L
- ELBOW R L ARTHROGRAM
- WRIST R L ARTHROGRAM
- HAND R L
- HIP R L ARTHROGRAM
- FEMUR R L
- LOWER LEG R L
- KNEE R L ARTHROGRAM
- ANKLE R L ARTHROGRAM
- FOOT R L
- PELVIS- SOFT TISSUE
- PELVIS- BONEY
- ABDOMEN
 - MCRP LIVER PANCREAS
 - RENAL ADRENALS
- Other _____

SPECIALTY EXAMS

- BREAST w / wo
- SMALL BOWEL w / wo
- PROSTATE w / wo
- UROGRAPHY w / wo
- DEFOCOGRAPHY w / wo

PATIENT HISTORY

Does the patient have a history of any of the following:

- PACEMAKER
- ANEURYSM CLIPS
- CURRENTLY PREGNANT
- SURGERY WITHIN THE LAST 6 WEEKS
- IMPLANTED DEVICES

DIAGNOSIS CODE

SPECIAL INSTRUCTIONS

CD with patient?

