

Trios Health Scheduling Center

MRI - Diagnostic Imaging – Physician Order Form

Phone: (509) 221-5441 Fax: (509) 221-7748

Care Center at Southridge: 3730 Plaza Way, Kennewick Southridge Hospital: 3810 Plaza Way, Kennewick

Please Bring ID and Insurance card with you to your appointment.

Patient's Name: _____ Date of Birth: _____
Home Phone: _____ Other Phone: _____ Call Patient to Schedule
Insurance/Payor: _____ Appointment Date/Time: _____ Scheduled by: _____
 Routine STAT Call Report – call # _____ Hold Patient Pregnant Diabetic
 Allergies (specify) _____

Symptoms/History _____
(do not use follow-up, rule out, possible, evaluate or probable)

Physician (print name): _____

Physician Signature/Date: _____

Head and Neck

- Brain with Contrast at Radiologist discretion
- Brain without Contrast
- Brain without and with Contrast
- Brain with intracranial MRA
- IAC's / Brain without and with Contrast
- Orbits / Brain without and with Contrast
- Pituitary / Brain without and with Contrast
- TMJ
- Soft Tissue Neck
- Brachial Plexus

Spine

- Spine C T L
- Lumbar postoperative without and with Contrast

Chest

- Breast
- Breast Biopsy
- Mediastinum
- Chest Wall

Abdomen (requires prep)

- Liver *
- Liver & Pancreas with MRCP *
- MRCP only *
- Adrenals *
- Kidneys *

Pelvis (requires prep)

- General *
- Uterus *

Other (specify) _____

Orthopedic

- Shoulder L R with arthrogram
- Elbow L R
- Wrist L R
- Hips L R
- Knee L R
- Ankle L R
- Foot L R
- Other (specify) _____

MR Angiography

- Aortic arch and subclavian arteries bilateral
- Carotid arteries
- Thoracic aorta (arch to diaphragm)
- Abdominal aorta Celiac/SMA Renal Arteries
- Abdominal aorta and iliac arteries
- Abdominal aorta, iliac and femoral runoff

MR Venography

- Intracranial veins
- Other (specify) _____

* Preparation for Abdomen/Pelvic MRI only

Patient Prep: Nothing to eat or drink for four (4) hours prior to exam.

ENTRANCE "A" - Care Center at Southridge: 3730 Plaza Way, Kennewick, WA 99338. Please check in **20 minutes** before your scheduled appointment in the Diagnostic Imaging department on the first floor of the Care Center unless told otherwise when the appointment is scheduled.

ENTRANCE "C" - Southridge Hospital: 3810 Plaza Way, Kennewick, WA 99338. Please check in **20 minutes** before your scheduled appointment at the Diagnostic Imaging desk located in the hospital through entrance "C", unless told otherwise when the appointment is scheduled.

Scan times vary from 30 to 60 minutes but occasionally may be longer. Wear comfortable clothing without metal (rivets, zippers, etc.) Do not wear jewelry or bring valuables with you to your appointment.

PLEASE FAX FORM TO US AT (509) 221-7748 AND GIVE COPY TO PATIENT TO BRING TO APPOINTMENT. THANK YOU.

Order, MRI



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Form# 1151 Rev Date 06/19

Trios Health

Patient ID
Patient Name: _____
DOB: _____
Physician Name: _____