EnVision
MEDICAL IMAGING

915 NATIONAL PARKWAY
SUITE 915-920

SCHAUMBURG, IL 60173

(O) 847.929.6200
(F) 847.929.6201
WWW.ENVISIONMRI.COM

PATIENT'S NAME:_____

PATIENT'S PHONE#:_____ DOB:_____

PHYSICIAN:_____

CLINICAL HISTORY/INDICATION:_____

RQI #/Pre-certification:_____

Date:_____

ICD-10:_____

cc/NAME:_____ FAX NUMBER:_____

PHYSICIAN'S SIGNATURE:_____

PERTINENT CLINICAL DIAGNOSIS REQUIRED, (DO NOT USE"RULE OUT","POSSIBLE", "SUSPECTED" OR "FOLLOW-UP" DIAGNOSIS USE SPECIFIC CODE #'S, SIGNS, SYMPTOMS, PATIENT COMPLAINTS, KNOWN DIAGNOSIS.)

MRI SCREENING

- ☐ PACEMAKER
- ☐ PREGNANT
- ☐ CEREBRAL ANEURYSM CLIPS
- ☐ METALLIC FOREIGN BODY IN EYE
- ☐ HISTORY OF WORKING WITH METAL
- ☐ OCULAR TRAUMA
- ☐ OTHER NON-ORTHOPEDIC METAL IMPLANTS

CT CONTRAST SCREENING

- ☐ DIABETES
- ☐ RENAL DISEASE
- ☐ AGE OVER 60
- ☐ IODINE/CT CONTRAST ALLERGY (PLEASE CALL OUR OFFICE)
- ☐ PREGNANT
- ☐ GLUCOPHAGE/GLUCOVANCE
- ☐ BUN/CRE TESTING

IF ANY OF THE ABOVE ARE CHECKED, BUN/ CREATININE WITHIN 30 DAYS REQUIRED. BUN_____Cr_____DATE___/__/____

☐ INTRAVENOUS CONTRAST PER RADIOLOGIST (IF YOU DO NOT SELECT THIS OPTION, PLEASE SELECT A CONTRAST OPTION WHERE APPLICABLE.)

MRI

wo w/wo	BRAIN
w/wo	IAC'S
w/wo	BRAIN & IAC'S
w/wo	PITUITARY
w/wo	ORBITS
B	BREAST
wo w/wo	CERVICAL SPINE
wo w/wo	THORACIC SPINE
wo w/wo	LUMBAR SPINE
R L w/wo	BRACHIAL PLEXUS
wo	Intracranial MRA
wo w/wo	Carotid/Neck MRA
w/wo	Thoracic Aorta MRA
w/wo	Abdominal Aorta/Renal MRA
w/wo	UE/LE PERIPHERAL MRA
wo w/wo	NECK SOFT TISSUE
wo w/wo	CHEST
wo w/wo	ABDOMEN
wo w/wo	MRCP
wo w/wo	PELVIS
R L B	SHOULDER
R L B	ELBOW
R L B	WRIST
R L B	HIP OSSEOUS & PELVIS
R L B	KNEE
R L B	ANKLE
R L B	FOOT

POST-OP JOINT AND SPINE CT SCAN

(Metal Artifact Suppression Technique)

- ☐ R L Shoulder
- ☐ R L Knee
- ☐ R L Hip
- ☐ R L Spine (Cervical, Thoracic, Lumbar)
- ☐ R L Foot/Ankle

ULTRASOUND

	ABDOMEN COMPLETE
	LIVER/GB/PANCREAS (RUQ)
	KIDNEY/BLADDER
	THYROID
	SCROTAL/TESTICULAR
	PELVIC TRANSABD & TRANSVAG
	CAROTID DOPPLER
	AORTA
R L B	LE ARTERIAL DOPPLER
R L B	LE VENOUS DOPPLER
UE LE	MUSCULOSKELETAL STUDY
	ANKLE BRACHIAL INDEX (ABI)
	OB

MR ARTHROGRAM

R L	SHOULDER
R L	WRIST
R L	HIP
R L	KNEE
R L	( )

X-RAY

	ORBITS for MRI
	CHEST PA & LATERAL
	ABDOMEN KUB (1 view)
3 5 F/E	CERVICAL SPINE
	THORACIC SPINE
3 5 F/E	LUMBAR SPINE
	PELVIS
R L B	HIP
R L B	KNEE
R L B	FOOT
R L B	ANKLE
R L B	SHOULDER
R L B	HAND
R L B	WRIST
R L B	RIBS
R L B	HUMERUS
R L B	ELBOW
R L B	FOREARM
R L B	FEMUR
R L B	TIB - FIB
R L	FINGER/TOES

CT SCAN

wo w/wo w	BRAIN
wo w/wo w	ORBITS
wo	SINUSES
wo	FACIAL BONES
w/wo w	NECK SOFT TISSUE
wo w	CHEST
w	PE CHEST
wo w/wo w	ABDOMEN / PELVIS
wo	RENAL STONE STUDY
w/wo	CT UROGRAM
	CERVICAL SPINE
	THORACIC SPINE
	LUMBAR SPINE
R L B	SHOULDER/ELBOW/WRIST
R L B	HIP/KNEE/ANKLE/FOOT
	3D RECONSTRUCTION
	CT CALCIUM SCORE

CT ANGIOGRAPHY (CTA)

- CAROTID / NECK CTA
- THORACIC AORTA CTA
- ABDOMINAL AORTA CTA
- LE UE PERIPHERAL CTA
- INTRACRANIAL CTA

COMMENTS:

☐ PRIORITY READING - Please provide contact telephone number (_____)