

Department of Radiology

MSU Clinical Center, Ste D100 (D-Wing)
840 Service Rd, East Lansing, MI 48824



Tax ID 386005984
NPI 1891747614

Patient Name _____ DOB _____ Phone _____

Diagnosis/ICD Code(s) _____

Reason for Test or Referral/Signs & Symptoms _____

Injury Date _____ Male Female Weight _____

Insurance Type(s) _____ Preauthorization # _____

Please fax MR Referral Form with insurance card(s)—front and back

MRI

Head MRI

- Brain
- Iac (Internal Auditory Canals)
- Orbits
- Pituitary
- TMJ (Temporo-Mandibular Joint)

Spine MRI

- Cervical
- Thoracic
- Spinal Cord _____
- Lumbar (LS/Lumbo Sacral)
- Sacrum
- Sacroiliac (S.I.) Joint

Upper Extremities & Joints MRI

- Shoulder
- Scapula
- Upper Arm (Humerus)
- Elbow
- Lower Arm (Radius/Ulna)
- Wrist
- Hand

Lower Extremities & Joints MRI

- Hip
- Upper Leg (Femur)
- Knee
- Lower Leg (Tibia/Fibula)
- Ankle (Includes Achilles)
- Foot

MR PRE-SCREENING

Please answer the following questions to assist with scheduling.

- Pacemaker YES NO
- Aneurysm Clip YES NO
- Metal (e.g. metal in eyes, surgical implants, etc.) YES NO
- Stent(s) YES NO
- Prior surgery to the area being scanned YES NO
- Pregnant YES NO

MR ANGIOGRAPHY (MRA)

- Head Angiography (Cerebral)
- Neck Angiography (Carotid & Vertebral)
- Upper Extremity Angiography
- Chest Angiography
- Spinal Canal Angiography
- Abdomen/Renal Angiography
- Pelvis Angiography
- Lower Extremity Angiography

MISCELLANEOUS MR

- Neck (Soft Tissue)
- Brachial Plexus
- Chest
- Breast MRI (Bilateral)
Attn: Lt Rt
- Breast Biopsy (MRI-Guided)
- Abdomen (NPO 4 hours)
- Pelvis (NPO 4 hours)
 Sports Hernia
- Spectroscopy
(Also select anatomy)
- Magnetic Resonance Venogram (MRV)
- Other _____

MRI/ARTHROGRAMS

- MRI/Arthrogram Shoulder
- MRI/Arthrogram Elbow
- MRI/Arthrogram Wrist
- MRI/Arthrogram Hip
- MRI/Arthrogram Knee
- MRI/Arthrogram Ankle

MR exams with and/or without contrast will be performed per Radiologist's protocol. If you would NOT like contrast administered, check this box: Please explain: _____

Referring Physician/Provider Information

Signature or stamp **X** _____
Printed Name _____

Form filled out by _____
Office Phone _____
Office Fax _____