

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 referral form with insurance card(s)—front and back**

**MRI**

**Head**

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

**Spine**

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

**Upper Extremities & Joints**

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

**Lower Extremities & Joints**

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

**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**

- 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 \_\_\_\_\_