



MRI Order Form

Fax: (208) 846-7496

Office: (208) 846-7494

General Information

Today's Date: _____

Appointment Date: _____ Time: _____

Call Patient to Schedule Exam

Referring Physicians Name (please print): _____

Physicians Phone #: _____ Physicians Fax #: _____

Patient Registration Information

Patient Name: _____
(Last, First, Middle Initial)

M F

Date of Birth (mm/dd/year): _____ Weight: _____ Height: _____

Phone # (home): _____ (mobile): _____ (work): _____

Patient Clinical History

REQUIRED:

Insurance company: _____

ID#: _____

Authorization: _____

Type of Exam Screening

Cervical Spine Brain Shoulder: L R

Thoracic Spine IAC Knee: L R

Lumbar Spine Pituitary Wrist: L R

Sacrum MRA: Ankle: L R

SI Joints Intra Intra Foot: L R

Other: _____

Pacemaker Yes No

IV Contrast: No Yes
 Clinically indicated by radiologist

Creatinine level needed if any below are checked:
 60 & over
 History of Renal Disease
 Diabetic
 Treated Hypertension

Report Information

ASAP Prior Studies: No / Yes, Where: _____

To Physician: Report + CD

Referring Physician's signature (REQUIRED): _____

Patient Instructions & Map on Back (separate appointment brochure available upon request)

3581 East Overland Road • Meridan, ID 83642

IMAGING EXAM PATIENT INSTRUCTIONS

At Home

Relax and go about your normal daily routine:

- Bring current insurance information with you.
- If you have previous X-rays or Scans of the area that we are to study, please bring them with you to the exam.
- If you feel that you may need medication to relax or if there is potential for you to experience muscle spasms, twitching, aches or pain during the exam, please discuss with your doctor prior to your MRI.

(Note: The less movement you make during the scanning procedure, the clearer the diagnostic images will be. This is very much like taking a picture with your camera and someone moves, causing the image to blur. Holding still helps ensure the physicians are given clear images to better diagnose and treat your medical problem.

- Eat normally.
- Take prescribed medication on your normal schedule.

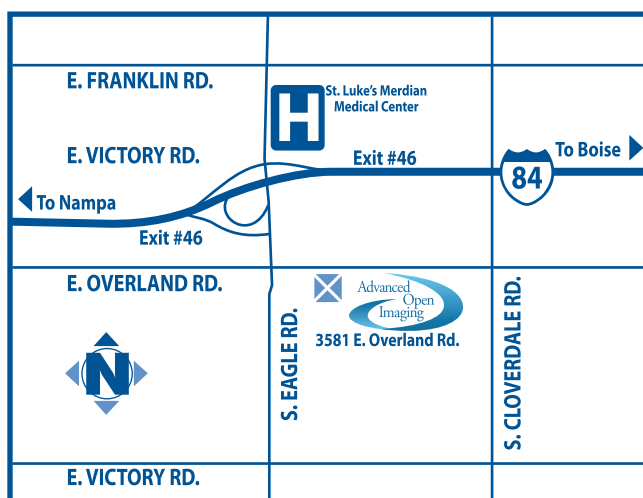
At the Scanning Site

- Be prepared to answer questions about your medical history.
- You will be fully informed about the scanning procedure.
- Please remove any metallic objects such as jewelry, glasses, hairpins, and wigs (with metal clips).
- All PIERCINGS/ANCHORS . . . MUST BE REMOVED . . . prior to arrival.
- Comfortable, non-magnetic patient clothing (scrubs) will provided for your use and safety during the exam.

The Scanning Procedure

- The Technologist will assist you onto the scanning table.
- You will lie on your back during the procedure.
- You will not be able to feel the scanning procedure.
- After the initial scans, all images will be reviewed for quality to ensure your physician receives diagnostic quality images. If any re-scanning is needed, it will be completed at this time. Once acceptable images are confirmed, the scanning will be complete and the patient can go home.
- **A Report will be prepared and sent to your referring physician. You physician will then discuss these results directly with you.**

Map & Directions to Advanced Open Imaging



Directions

FROM BOISE:

- From I-84 take Exit 46 (ID-55 to Eagle/McCall).
- Follow signs for ID-55 South.
- Turn LEFT at S. Eagle Rd/ID-55.
- Turn LEFT at E. Overland Rd.

FROM NAMPA:

- From I-84 take Exit 46 (ID-55 to Eagle/McCall).
- Turn RIGHT at S. Eagle Rd/ID-55.
- Turn LEFT at E. Overland Rd.

OFFICE LOCATION (Silverstone Point):

Enter parking lot on the RIGHT side (2nd entrance on Overland) and proceed to the last building entrance (SW corner) to address #3581.

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