APPOINTMENT DATE
APPOINTMENT TIME
ARRIVAL TIME

TO SCHEDULE BY FAX
Fax to: 761-8940

TO SCHEDULE BY PHONE
Call: 761-8988

IMAGING CENTER Of Louisiana
8338 Summa Ave, Suite 100
Baton Rouge, LA 70809
Ph: (225) 761-8988
Fx: (225) 761-8940

PATIENT INFORMATION

Patient's Name: _____ Date of Birth: _____

Diagnosis/History: _____ SS#: _____ – _____ – _____

Referring Physician Authorization: _____

Phone #: (H) _____ (W) _____ (Cell) _____

Has your patient ever had a previous study of this area? ☐ Yes ☐ No

If yes, where? _____ Which study was done? _____ How long ago? _____

Insurance: _____

Phone #: _____ Member #: _____

Comments: _____

_____

_____

MRI / MRA ORDER

- ☐ MRI Abdomen ___w ___wo Contrast
- ☐ MRI Ankle ___w ___wo Contrast
- ☐ MRI Arm ___w ___wo Contrast
- ☐ MRI Brain ___w ___wo Contrast
- ☐ MRI Cervical ___w ___wo Contrast
- ☐ MRI Elbow ___w ___wo Contrast
- ☐ MRI Finger ___w ___wo Contrast
- ☐ MRI Foot ___w ___wo Contrast
- ☐ MRI Hand ___w ___wo Contrast
- ☐ MRI Hip ___w ___wo Contrast
- ☐ MRI Knee ___w ___wo Contrast
- ☐ MRI Leg ___w ___wo Contrast
- ☐ MRI Lumbar ___w ___wo Contrast
- ☐ MRI Orbits ___w ___wo Contrast
- ☐ MRI Pelvic ___w ___wo Contrast
- ☐ MRI Pituitary ___w ___wo Contrast
- ☐ MRI Shoulder ___w ___wo Contrast
- ☐ MRI Soft Tissue Neck ___w ___wo Contrast
- ☐ Thoracic ___w ___wo Contrast
- ☐ MRI TMJ ___w ___wo Contrast
- ☐ MRI Wrist ___w ___wo Contrast
- ☐ MRI Other ___w ___wo Contrast
  Specify Area _____
- ☐ MRI Extremity ___w ___wo Contrast
  Specify Area _____
- ☐ MRA Brain ☐ MRV Brain
- ☐ MRA Neck ☐ MRA Other _____
- ☐ Cervical MYELOGRAM & CT
- ☐ Thoracic MYELOGRAM & CT
- ☐ Lumbar MYELOGRAM & CT
- ☐ Other MYELOGRAM & CT
- ☐ CT, *Specify Area* _____ _____ ___w ___wo Contrast
- ☐ X-ray, *Specify Area* _____ _____ ___w ___wo Contrast

Diagnosis: _____

Comments: _____

_____

_____

NOT ALLOWED IN MRI: Cardiac Pacemakers, Intracranial Aneurysm Clips, Metallic Foreign Bodies in Eyes