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VERMONT RADIOLOGISTS

620 Hinesburg Rd
South Burlington, VT 05403

WEIGHT LBS _____

Patient Name _____ Date of Birth: _____

Ref. Physician _____ Physicians Tel # _____

Patient Home Phone: _____ Work: _____

Insurance Company: _____ Ins. Auth. # _____

INSURANCE AUTHORIZATION MUST BE OBTAINED PRIOR TO SCHEDULING

CARDIAC PACEMAKER YES NO	CEREBRAL ANEURYSM CLIP YES NO	COCHLEAR/MIDDLE EAR IMPLANT? YES NO
INTRAVENTRICULAR SHUNT YES NO	TRIPLE LUMEN/SWAN GANZ/CATH YES NO	EYE INJURY W/METAL? YES NO
KNOWN METAL IN BODY YES NO	CLAUSTROPHOBIA? YES NO	PREGNANT? YES NO

R/O clinical questions to be answered by MRI _____

Patient history _____

Exact anatomical area of interest _____

Any relevant physical findings or lab values _____

What disease is the patient known to have _____

Any relevant prior surgery _____

Code	<u>BRAIN AND BRAIN STEM</u>	Code	<u>CERVICAL SPINE</u>	Code	<u>EXTREMITIES</u>
70551	W/o Contrast	72141	W/o contrast	73218	Upper ext W/o
70553	W/o and with	72156	W/o and with	73220	Upper ext W/o and With
70540	Orbit/face/neck w/o con			73718	Lower ext W/o
70543	Orbit/face/neck W/o and with	Code	<u>THORACIC SPINE</u>	73720	Lower ext W/o and With
70544	MRA Head (cow) W/o	72146	W/o contrast		
70547	MRA Neck(carotid) W/o	72157	W/o and With		
76375	MRA Reconstruction				
Code	<u>PELVIS</u>	Code	<u>LUMBAR SPINE</u>	Code	<u>EXTREMITY JOINTS</u>
72195	Pelvis W/o	72148	W/o contrast	73221	Upper ext joint
72197	Pelvis W/o and With	72158	W/o and With	73721	Lower ext joint

If a patient has had a metal injury to the eye, orbit films must be obtained 48 hours prior to exam, to guarantee time slot given

Please remind patients to bring all relevant comparison films and reports

