



**PATIENT INFORMATION**

Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
 ICD-9 Code/Symptoms: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Relevant Studies/Surgeries:  Yes  No \_\_\_\_\_

**PHYSICIAN INFORMATION**

Referring Physician: **Dr.** \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please Fax this form to: 208.734.5899 and send with patient**

**EXAM(S) REQUESTED**

**MRI**

<input type="radio"/> Brain	<input type="radio"/> Shoulder	<input type="radio"/> L	<input type="radio"/> R
<input type="radio"/> Brain Att: _____	<input type="radio"/> Elbow	<input type="radio"/> L	<input type="radio"/> R
<input type="radio"/> Cervical Spine	<input type="radio"/> Wrist	<input type="radio"/> L	<input type="radio"/> R
<input type="radio"/> Thoracic Spine	<input type="radio"/> Hip	<input type="radio"/> L	<input type="radio"/> R
<input type="radio"/> Lumbar Spine	<input type="radio"/> Knee	<input type="radio"/> L	<input type="radio"/> R
<input type="radio"/> Neck (Soft Tissue)	<input type="radio"/> Ankle	<input type="radio"/> L	<input type="radio"/> R
<input type="radio"/> Other: _____	<input type="radio"/> Foot	<input type="radio"/> L	<input type="radio"/> R

Without Contrast       With AND Without Contrast

**MRA**       Head       Neck       Other: \_\_\_\_\_

**PATIENT EXAM PREPARATION**

On the day of your exam, **please bring this form and insurance information with you to the center.** To ensure your maximum comfort, please wear loose, comfortable clothing free of any metal. If necessary, a gown or scrubs will be provided. Please notify the center if any of the following conditions apply:

- |                                   |   |   |
|-----------------------------------|---|---|
| <input type="radio"/> Pacemaker   | <input type="radio"/> Aneurysm Clips    | <input type="radio"/> Neurostimulator Implants    |
| <input type="radio"/> Pregnancy   | <input type="radio"/> Metallic Implants | <input type="radio"/> Inferior Vena Cava Umbrella |
| <input type="radio"/> Hearing Aid | <input type="radio"/> Cochlear Implants | <input type="radio"/> Artificial Heart Valves     |
| <input type="radio"/> Shrapnel    | <input type="radio"/> Surgical Staples  | <input type="radio"/> History as Metal Worker     |