AIC Medical Imaging

10561 Jeffreys St, Unit 111
Henderson, NV 89052

Call to Schedule • 702-757-4058 **Fax Order • 702-757-4065**

Please bring this completed order, your insurance card, and a photo ID with you to your appointment.

Today's date: _____ Appointment date: _____ Appointment time: _____

Patient Name: _____ DOB: ___/___/_____ ☐ M or ☐ F Patient Phone: _____
(last) (first) MM DD YYYY

Diagnosis/Current Symptoms/History: _____ ICD 10 Code: _____

Physician Signature: _____ Phone: _____ Fax: _____

Print Physician Name: _____

Additional Report to: _____ Phone: _____ Fax: _____

Attorney Name: _____ Phone: _____ Fax: _____

MRI
(with reconstruction as indicated)

- ☐ Brain
- ☐ Brain & IAC
- ☐ Brain & Pituitary
- ☐ IAC Only
- ☐ Pituitary Only
- ☐ Orbits
- ☐ Neck Soft Tissue
- ☐ Spine:
  - cervical _____
  - thoracic _____
  - lumbar _____
- ☐ Abdomen (indicate area of interest below)

_____

- ☐ MRCP
- ☐ Adrenals
- ☐ Pelvis

- ☐ Extremity: left ____ right ____
  - body part: _____
- ☐ **Other:**

_____

- ☐ **Without contrast**
- ☐ **With & without contrast**

- ☐ 3D Recon
- ☐ SWI
- ☐ TBI
- ☐ DTI

MR Angiography (MRA)

- ☐ Brain
- ☐ Neck - Carotids
- ☐ Chest
- ☐ Aorta
- ☐ Renals
- ☐ **Other:**

_____

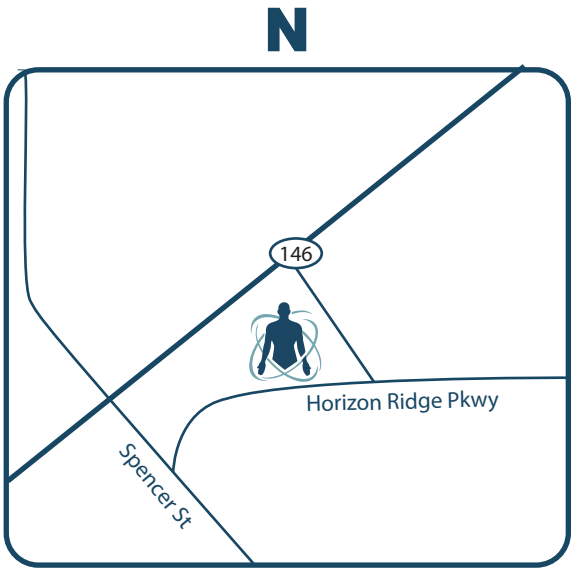
- ☐ **Without contrast**
- ☐ **With & without contrast**

X-RAY

- ☐ Skull
- ☐ Orbits
- ☐ Sinuses:
  - waters _____
  - limited _____
  - complete _____
- ☐ Shoulder: left ____ right ____
- ☐ Neck Soft Tissue
- ☐ Chest: PA ____ PA/LAT ____
- ☐ Ribs (w/ PA Chest):
  - left ____ right ____
- ☐ Spine:
  - cervical ____
  - thoracic ____
  - lumbar ____
- ☐ KUB
- ☐ Acute Abdominal Series
- ☐ Hip: left ____ right ____
- ☐ Bilateral Hips (w/ pelvis)
- ☐ Pelvis
  Indicate area of interest: _____
- ☐ **Extremity:** left ____ right ____

- ☐ **Other:**

_____



MAP NOT TO SCALE

MRI GENERAL INSTRUCTIONS:

All MRI Exams: Notify office immediately if you have a **cardiac pacemaker, aneurysm clip, AICD (Cardiac Defibrillator), implanted device of any kind, or possible metal in your eye.**

MRI of the Abdomen: Nothing to Eat or Drink 4 hours prior to the exam.

***Note:** Some MRI exams require lab work prior to your visit, please inquire when scheduling.

Visit us at **www.aicmedicalimaging.com**