

PHYSICIAN ORDER FORM

MRI DEPARTMENT

One Medical Center Drive
Biddeford, ME 04005

Scheduling Phone # (207)283-7171

Fax # (207)283-7006

Patient's Name

Exam Date

Reason for Exam

Signature of Ordering Physician

MAGNETIC RESONANCE IMAGING

- | | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> ABDOMEN-NO CONTRAST (ABD) <input type="checkbox"/> ABDOMEN W/GADOLINIUM (ABDGAD) <input type="checkbox"/> ABDOMEN W/WO GADOLINIUM (ABDGADEXT) <input type="checkbox"/> ANKLE-NO GAD, LEFT (ANKLELT) <input type="checkbox"/> ANKLE-NO GAD, RIGHT (ANKLERT) <input type="checkbox"/> ANKLE W/WO GAD, LEFT (ANKWW/OLT) <input type="checkbox"/> ANKLE W/WO GAD, RIGHT (ANKWW/ORT) <input type="checkbox"/> BRAIN-NO CONTRAST (BRAIN) <input type="checkbox"/> BRAIN W & W/O GAD (BRGAD) <input type="checkbox"/> BRAIN W/GAD (BRGAW) <input type="checkbox"/> CERVICAL SPINE-NO CONTRAST (CSPIN) <input type="checkbox"/> CERVICAL SPINE W/GAD (CSPINW) <input type="checkbox"/> CERVICAL SPINE W & W/O GAD (CSWWGAD) <input type="checkbox"/> ELBOW-NO GAD, LEFT (ELBOWLT) <input type="checkbox"/> ELBOW-NO GAD, RIGHT (ELBOWRT) <input type="checkbox"/> ELBOW W & W/O GAD, LEFT (ELBOWW/OLT) <input type="checkbox"/> ELBOW W & W/O GAD, RIGHT (ELBOWW/ORT) <input type="checkbox"/> FEMUR W/GAD, LEFT (FEMGADLT) <input type="checkbox"/> FEMUR W/GAD RIGHT (FEMGADRT) <input type="checkbox"/> FEMUR-NO GAD, LEFT (FEMURLT) <input type="checkbox"/> FEMUR-NO GAD, RIGHT (FEMUR RT) <input type="checkbox"/> FEMUR W & W/O GAD, LEFT (FEMURLT) <input type="checkbox"/> FEMUR W & W/O GAD, RIGHT (FEMURRT) <input type="checkbox"/> FOOT W/GAD, LEFT (FOOTGADLT) <input type="checkbox"/> FOOT W/GAD, RIGHT (FOOTGADRT) <input type="checkbox"/> FOOT-NO GAD, LEFT (FOOTLT) <input type="checkbox"/> FOOT-NO GAD, RIGHT (FOOTRT) <input type="checkbox"/> FOOT W & W/O GAD, LEFT (FOOTW/WLT) <input type="checkbox"/> FOOT W & W/O GAD, RIGHT (FOOTW/WRT) <input type="checkbox"/> FOREARM-NO GAD, LEFT (FOREARMLT) <input type="checkbox"/> FOREARM-NO GAD, RIGHT (FOREARMRT) <input type="checkbox"/> FOREARM W/GAD, LEFT (FOREGADLT) <input type="checkbox"/> FOREARM W/GAD, RIGHT (FOREGADRT) <input type="checkbox"/> FOREARM W & W/O GAD, LEFT (FORWW/OLT) <input type="checkbox"/> FOREARM W & W/O GAD, RIGHT (FORWW/ORT) <input type="checkbox"/> HIPS-NO GAD, LEFT (HIPS) <input type="checkbox"/> HIPS-NO GAD, RIGHT (HIPS) | <ul style="list-style-type: none"> <input type="checkbox"/> HIPS W & W/O GAD, LEFT (HIPSW/WOUT) <input type="checkbox"/> HIPS W & W/O GAD, RIGHT (HIPSW/WOUT) <input type="checkbox"/> HUMERUS-NO GAD, LEFT (HUMERUSLT) <input type="checkbox"/> HUMERUS-NO GAD, RIGHT (HUMERUSRT) <input type="checkbox"/> HUMERUS W/GAD, LEFT (HUMGADLT) <input type="checkbox"/> HUMERUS W/GAD, RIGHT (HUMGADRT) <input type="checkbox"/> HUMERUS W & W/O GAD LEFT (HUMWW/OLT) <input type="checkbox"/> HUMERUS W & W/O GAD RIGHT (HUMWW/ORT) <input type="checkbox"/> KNEE-NO GAD, LEFT (KNEELT) <input type="checkbox"/> KNEE-NO GAD, RIGHT (KNEERT) <input type="checkbox"/> KNEE W & W/O GAD, LEFT (KNEEWW/OLT) <input type="checkbox"/> KNEE W & W/O GAD, RIGHT (KNEEWW/ORT) <input type="checkbox"/> LUMBAR SPINE W/GAD (LSWG) <input type="checkbox"/> LUMBAR SPINE W & W/O GAD (LSWWGAD) <input type="checkbox"/> LOWER EXTREMITY W/GAD (LWGADO) <input type="checkbox"/> MRA ABDOMEN W/GAD (MRAABD) <input type="checkbox"/> MRA CHEST W/GAD (MRACH) <input type="checkbox"/> MRA INTRACRANIAL (MRACOW) <input type="checkbox"/> MRA EXTRACRANIAL, NECK (MRACRDS) <input type="checkbox"/> MRI FEMORAL ILIACS (MRAILS) <input type="checkbox"/> MRA LOWER EXTREMITY W/WO GAD (MRAEXT) <input type="checkbox"/> MRA NECK W/WO GAD-SUBCLAVSTEE (MRANECKEXT) <input type="checkbox"/> MRA PELVIS W OR W/O GAD (MRAPEL) <input type="checkbox"/> MRI CHEST-BRACHIAL PLEX-NO GAD (MRCHE) <input type="checkbox"/> MRI CHEST-BRACHIAL PLEX W/GAD (MRCHEGADO) <input type="checkbox"/> MRI CXR-BRACH PLEX W&W/O GAD (MRCHGADEXT) <input type="checkbox"/> MR CHOLANGIO-PANCREATOGRAPHY (MRCP) <input type="checkbox"/> MRI IAC W & W/O GAD (MRIAC) <input type="checkbox"/> MRI LUMBAR SPINE (MRLS) <input type="checkbox"/> MRI PELVIS-NO CONTRAST (MRPELV) <input type="checkbox"/> MRI PITUITRY W & W/O GAD (MRPIT) <input type="checkbox"/> MRA ABDOMEN-RENALS (MRREN) <input type="checkbox"/> MR VENOGRAHY-HEAD (MRV) | <ul style="list-style-type: none"> <input type="checkbox"/> MRI ORBIT FACE AND/OR NECK (OFN) <input type="checkbox"/> ORBIT/FACE/NECK W/WO GAD (OFNEXT) <input type="checkbox"/> ORBIT/FACE/NECK W/GAD (OFNGAD) <input type="checkbox"/> PELVIS W/WO GAD (PELVGADEXT) <input type="checkbox"/> PELVIS W/GAD (PELVWG) <input type="checkbox"/> SHOULDER W & W/O GAD, LEFT (SHDWW/OLT) <input type="checkbox"/> SHOULDER W & W/O GAD, RIGHT (SHDWW/ORT) <input type="checkbox"/> SHOULDER-NO GAD , LEFT (SHOULDERLT) <input type="checkbox"/> SHOULDER-NO GAD, RIGHT (SHOULDERRT) <input type="checkbox"/> SHLD LT W/GAD POST ARTHRO (SHWLT) <input type="checkbox"/> SHLD RT W/GAD POST ARTHRO (SHWRT) <input type="checkbox"/> THORACIC SPINE (THPIN) <input type="checkbox"/> THORACIC SPINE W/GAD (THPINW) <input type="checkbox"/> THORACIC SPINE W & W/O GAD (THPINWWG) <input type="checkbox"/> TIB/FIB-NO GAD, LEFT (TIB/FIBLT) <input type="checkbox"/> TIB/FIB-NO GAD, RIGHT (TIB/FIBRT) <input type="checkbox"/> TIB/FIB W & W/O GAD, LEFT (TIBIAGADLT) <input type="checkbox"/> TIB/FIB W & W/O GAD, RIGHT (TIBIAGADRT) <input type="checkbox"/> TEMPOROMANDIBULAR JOINTS (TMJT) <input type="checkbox"/> TOTAL SPINE W & W/O GAD (TOTGAD) <input type="checkbox"/> UPPER EXT LT NON-JT W/O GAD (UEXTGADLT) <input type="checkbox"/> UPPER EXT RT NON-JT W/O GAD (UEXTGADRT) <input type="checkbox"/> WRIST-NO GAD, LEFT (WRISTLT) <input type="checkbox"/> WRIST-NO GAD, RIGHT (WRISTRRT) <input type="checkbox"/> WRIST W & W/O GAD, LEFT (WRISWW/OLT) <input type="checkbox"/> WRIST W & W/O GAD, RIGHT (WRISWW/ORT) |
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DEAR PATIENT: PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR APPOINTMENT TO REGISTER.