

APPOINTMENT TIME:

APPOINTMENT DATE:

FOR OFFICE USE ONLY

Order _____
P/C _____
Labs _____



FOR OFFICE USE ONLY

Confirm _____
LM _____
NA _____

Phone 337.494.AMRI (2674) | Fax 337.494.2694 | 2770 3rd Avenue, Suite 125, Lake Charles, LA 70601
Tax ID# 20-2226374 | NPI# 1629174339

MRI REFERRAL FORM

PATIENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____
DOB: _____ SSN: _____ Phone: _____
Address: _____ City: _____ Zip: _____

INSURANCE INFORMATION:

Insurance Name: _____ Phone: _____
Policy #: _____ Group #: _____ Precert Required: No Yes
Precert #: _____ Deductible: _____ Spoke to: _____

PHYSICIAN ORDER:

VERBAL CALLED IN BY: _____

Physician Signature: _____ Date: _____

Diagnosis: _____

CPT CODES

- | | | |
|---|--|---|
| <input type="checkbox"/> ABDOMEN W/O 74181 | <input type="checkbox"/> HIP W/WO 73723 | <input type="checkbox"/> THORACIC SPINE W/O 72146 |
| <input type="checkbox"/> ABDOMEN W/WO 74183 | <input type="checkbox"/> HUMERUS W/O 73218 | <input type="checkbox"/> THORACIC SPINE W/WO 72157 |
| <input type="checkbox"/> ANKLE W/O 73721 | <input type="checkbox"/> HUMERUS W/WO 73220 | <input type="checkbox"/> TOE W/O 73718 |
| <input type="checkbox"/> ANKLE W/WO 73723 | <input type="checkbox"/> IAC'S W/O 70551 | <input type="checkbox"/> TOE W/WO 73720 |
| <input type="checkbox"/> BRACHIAL PLEXUS W/O 73218 | <input type="checkbox"/> IAC'S W/WO 70553 | <input type="checkbox"/> WRIST W/O 73221 |
| <input type="checkbox"/> BRACHIAL PLEXUS W/WO 73220 | <input type="checkbox"/> KNEE W/O 73721 | <input type="checkbox"/> WRIST W/WO 73223 |
| <input type="checkbox"/> BRAIN W/O 70551 | <input type="checkbox"/> KNEE W/WO 73723 | |
| <input type="checkbox"/> BRAIN W/WO 70553 | <input type="checkbox"/> LUMBAR SPINE W/O 72148 | MRA |
| <input type="checkbox"/> BREAST UNILATERAL W/WO 77058 | <input type="checkbox"/> LUMBAR SPINE W/WO 72158 | <input type="checkbox"/> ABDOMINAL (AORTA, RENAL) 74185 |
| <input type="checkbox"/> BREAST BILATERAL W/WO 77059 | <input type="checkbox"/> NECK SOFT TISSUE W/O 70540 | <input type="checkbox"/> HEAD (BRAIN) 70544 |
| <input type="checkbox"/> CERVICAL SPINE W/O 72141 | <input type="checkbox"/> NECK SOFT TISSUE W/WO 70543 | <input type="checkbox"/> THORACIC AORTA 71555 |
| <input type="checkbox"/> CERVICAL SPINE W/WO 72156 | <input type="checkbox"/> ORBITS W/O 70540 | <input type="checkbox"/> NECK/CAROTID 70548 |
| <input type="checkbox"/> ELBOW W/O 73221 | <input type="checkbox"/> ORBITS W/WO 70543 | <input type="checkbox"/> RUN OFF (PELVIS AND BILATERAL LOWER EXTREMITY) |
| <input type="checkbox"/> ELBOW W/WO 73223 | <input type="checkbox"/> PELVIS W/O 72195 | <input type="checkbox"/> PELVIS 72196 |
| <input type="checkbox"/> FACE W/O 70540 | <input type="checkbox"/> PELVIS W/WO 72197 | <input type="checkbox"/> LOWER EXTREMITY 73725/ X2 |
| <input type="checkbox"/> FACE W/WO 70543 | <input type="checkbox"/> PITUITARY W/O 70551 | |
| <input type="checkbox"/> FEMUR/THIGH/ LEG W/O 73718 | <input type="checkbox"/> PITUITARY W/WO 70553 | ARTHROGRAMS |
| <input type="checkbox"/> FEMUR, THIGH/LEG W/WO 73720 | <input type="checkbox"/> SACRUM/COCCYX W/O 72195 | <input type="checkbox"/> ANKLE 73722 |
| <input type="checkbox"/> FOOT W/O 73718 | <input type="checkbox"/> SACRUM/COCCYX W/WO 72197 | <input type="checkbox"/> SHOULDER 73222 & 23350 |
| <input type="checkbox"/> FOOT W/WO 73720 | <input type="checkbox"/> SHOULDER W/O 73221 | <input type="checkbox"/> ELBOW 73222 & 24220 |
| <input type="checkbox"/> FOREARM W/O 73218 | <input type="checkbox"/> SHOULDER W/WO 73223 | <input type="checkbox"/> WRIST 73222 & 25246 |
| <input type="checkbox"/> FOREARM W/WO 73220 | <input type="checkbox"/> SI JOINTS W/O 72195 | <input type="checkbox"/> HIP 73722 & 27093 |
| <input type="checkbox"/> HAND/FINGER W/O 73218 | <input type="checkbox"/> SI JOINTS W/WO 72197 | <input type="checkbox"/> KNEE 73722 & 27370 |
| <input type="checkbox"/> HAND/FINGER W/WO 73220 | <input type="checkbox"/> STEALTH PROTOCOL W/O 70551 | |
| <input type="checkbox"/> HIP W/O 73721 | <input type="checkbox"/> STEALTH PROTOCOL W/WO 70553 | |