

MRI CENTER OF IDAHO

949 N. Curtis Road • Boise, Idaho 83706 • 208-949-7000

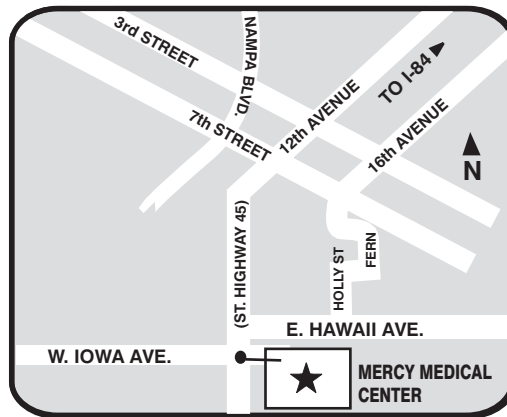
- At exit 49, keep **LEFT** onto **49** towards I-184 / City Center
- At exit 1A, road name changes to **I-184**
- At exit 2, turn **RIGHT** onto **Ramp** towards Curtis Road
- Turn **RIGHT** (South) onto **N Curtis Rd**
- Enter from **Norwood** or **Emerald**

From I-184 W

- At exit 2, turn **RIGHT** onto **Ramp** towards Curtis Road / Fairview Ave.
- Turn **LEFT** (South) onto **N Curtis Rd**
- Enter from **Norwood** or **Emerald**

PARKING & CHECK-IN

Parking is available in front of the building. Proceed in the door marked **MRI Center of Idaho S-5** and check in at the front desk.



MERCY MEDICAL CENTER

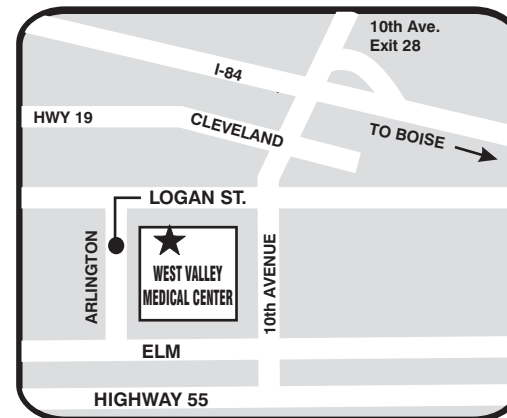
1512 12th Avenue Road • Nampa, Idaho 83686 • 208-463-5000

From I-84 W / US-30 toward Ontario

- Take exit 35/ID-55 toward Marsing
- Turn **LEFT** onto **Nampa Blvd [ID-55]**
- **Nampa Blvd** becomes **Yale Street**
- Bear **LEFT** on **7th St S**
- Turn **RIGHT** on **12th Ave S [ID-45]**
- Bear **LEFT** to follow **ID-45**
- Turn **LEFT** on **W. Iowa Ave.**

PARKING & CHECK-IN

Parking is available in the hospital's main parking lot. Proceed in the front door to the information desk and you will be directed to registration.



WEST VALLEY MEDICAL CENTER

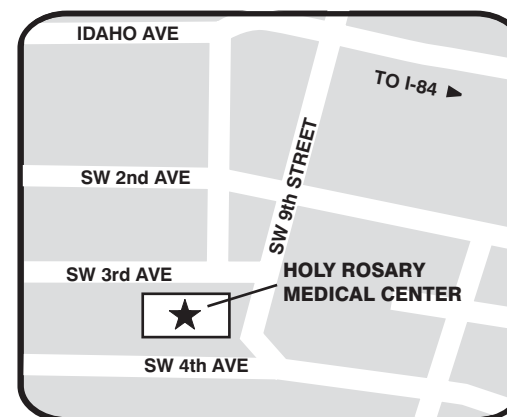
1717 Arlington Ave. • Caldwell, Idaho 83605 • 208-455-3900

From I-84 W / US-30 W toward Ontario

- At exit 28, turn **RIGHT** onto **Ramp** towards 10th Ave. / City Center
- Turn **LEFT** (South) onto **(N) 10th Ave [N Illinois Ave]**
- Keep **STRAIGHT** onto **(N) 10th Ave**
- Turn **RIGHT** (West) onto **E Logan St**
- Turn **LEFT** into the Main Lot/Emergency Entrance

PARKING & CHECK-IN

Parking is available in the hospital's main parking lot. Proceed in the front door to the information desk and you will be directed to registration.



HOLY ROSARY MEDICAL CENTER

351 S. W. Ninth Street • Ontario, Oregon 97914 • 541-881-7120

From I-84 W toward Ontario

- Entering Oregon
- At exit 376A, turn **RIGHT** onto **Ramp** towards US-30-Br / US-20 / US-26 / Ontario
- Turn **RIGHT** (West) onto **US-30 Bus [E Idaho Ave]**
- Keep **STRAIGHT** onto **SR-201 [W Idaho Ave]**
- Turn **LEFT** (South) onto **SR-201 [SW 2nd St]**
- Turn **RIGHT** (West) onto **SR-201 [SW 4th Ave]**
- Go **STRAIGHT** through the stoplight at **SW 9th St**
- Take the **1st RIGHT** into the hospital's main parking lot (East Entrance)
- **OR** Take the **2nd RIGHT** by the Emergency Entrance (West Entrance)

PARKING & CHECK-IN

Parking is available in either the **East Entrance Parking Lot (Main Entrance)** or the **West Entrance Parking Lot (Emergency Entrance)**. Proceed in the front door to the information desk and you will be directed to registration.

949 N Curtis Road
Boise, ID 83706
208-947-7002
877-674-6625 (toll free)

PHYSICIAN ORDER FORM

Please fax back to:
208-947-7001
800-657-6410 (toll free)
www.mricenterofidaho.com

Today's Date _____
Appointment Date and Time _____ Tax ID MRI Center of Idaho #82-0399319
Scan Location _____ Tax ID MRI Mobile # 82-0423387

PATIENT INFORMATION

Patient Name _____ **M or F** _____ **D.O.B** ____/____/____
(last) (first)
Patient Phone _____
(home) (work) (cell)

INSURANCE INFORMATION *(Please fax both sides of the insurance card)*

Primary Insurance _____ **ID#** _____
Pre-Authorization Number _____

REPORT/CONTACT INFORMATION

Referring Physician _____
Referral Contact _____ **Phone** _____ **Fax** _____
 Fax Written Report Send films with patient STAT phone report

Reason For Exam _____

Prior Surgeries _____

Comparison Films: (circle) MRI, CT, X-ray Patient to bring Office to send None

- Y or N** Does the patient have a cardiac implant or pacemaker?
- Y or N** Has the patient ever had heart, ear or brain surgery?
- Y or N** Has the patient ever had an incident of metal fragments into the eyes?
- Y or N** Is the patient post-operative on the area of interest?
- Y or N** Has the patient had any surgery in the past six weeks?
- Y or N** Does the patient have claustrophobia?

MRI EXAM REQUESTED

- Routine Exam Without Contrast With and Without Contrast With Contrast if indicated by Radiologist
- Head:** (circle) Brain, Internal Auditory Canal (IAC), Pituitary
- Vascular:** (circle) Intracranial MRA, Neck MRA, Renal Contrast MRA, Thoracic MRA, Abdominal MRA
- Spine:** (circle) Cervical, Thoracic, Lumbar (L1- S1), Sacrum (S2 - S5), Screening Spine
- Joint:** (circle) Hip, Knee, Ankle, Elbow, Shoulder, Temporal Mandibular Joint (TMJ)
 Left Right
- Abdomen:** (circle) Magnetic Resonance Cholanigopancreatogram (MRCP), Adrenals, Liver, Kidneys, Female Pelvis
- Misc:** (circle) Pelvis (bony), Prostate, Breast, Foot, Soft Tissue
- Other:** _____

*Information required to comply with government regulations.
*The signs/symptoms noted above accurately reflect the patient's condition or diagnosis and my signature certifies that I am the treating physician for the patient.

Signature: _____