



949 N. Curtis Road • Boise, ID. 83706

Physician Order Form

www.mricenterofidaho.com

Scheduling Phone 208-947-7002 • 877-674-6625 (Toll Free) Scheduling Fax 208-947-7001 • 800-657-6410 (Toll Free)

Today's Date _____ Hospital _____

Appointment Date _____ Time _____ AM/PM

- Tax ID MRI Center of Idaho # 82-0399319
• NPI MRI Center of Idaho # 1689629917
• Tax ID MRI Mobile # 82-0423387
• NPI MRI Mobile # 1881649234

Patient Name * _____

DOB * _____ SS# _____ M or F

Phone _____ Cell _____ Work _____

Primary Insurance _____ Ins ID# _____

Secondary Ins _____ Ins ID# _____

Authorization # _____

Creatinine _____ Date of Results _____ Contrast Allergies [] Yes [] No Renal Insufficiency [] Yes [] No

Referring Physician _____

Office Fax _____ Phone _____

Diagnosis/Symptoms * _____

Physician Signature * _____ Date * _____

Comparison Exams (please check) [] MRI [] CT [] X-Ray [] Patient to bring [] Office to Send [] None

Screening Questions

[] Yes [] No Has the patient ever had heart, ear, or brain surgery? Explain _____

[] Yes [] No Is the patient post-operative to the area of interest? Explain _____

MRI Exam(s) Ordered *

- [] Spine: Cervical [] Hip L R B [] Abdominal MRA
[] Spine: Thoracic [] Knee L R B [] Thoracic MRA
[] Spine: Lumbar [] Ankle L R B [] Renal Contrast MRA
[] Screening Spine [] Foot L R B [] Brain Intracranial MRA
[] Brain [] Shoulder L R B [] Neck Extracranial MRA
[] IAC's [] Elbow L R B [] Runoff
[] Orbits [] Wrist L R B [] UE
[] Pituitary [] Hand L R B [] LE
[] Abdomen [] TMJ L R B [] Soft Tissue Neck
[] Liver [] Breast L R B
[] MRCP [] Other _____ L R B [] Other _____
[] Adrenals
[] Kidneys [] Arthrogram L R B
[] Pelvis Soft Tissue
[] Pelvis Bone
[] Prostate

The use of contrast will be determined by the Radiologist unless otherwise specified.

* Information required to comply with government regulations.