

# CARDIOVASCULAR MRI PROCEDURE REQUEST

Patient Name: \_\_\_\_\_ MRN: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

If patient has cardiac pacemaker, defibrillator, ICD, aneurysm clips, or metallic foreign body please notify CVMRI technologist at 205.934.9906. Failure to identify the above can be potentially life threatening to the patient.

If patient weighs more than 250 lbs, please call a CVMRI technologist prior to scheduling study.

## DIAGNOSIS:

### REASON STUDY IS REQUESTED:

Please be very specific. Must include enough clinical information to justify use of Cardiac Magnetic Resonance Imaging. Include any pertinent previous diagnostic testing results.

### CARDIAC MRI PROCEDURES REQUESTED:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> VENTRICULAR FUNCTION | <input type="checkbox"/> CONGENITAL          | <input type="checkbox"/> THORACIC AORTA  |
| <input type="checkbox"/> VALVE ASSESSMENT     | <input type="checkbox"/> PERICARDIAL DISEASE | <input type="checkbox"/> ABDOMINAL AORTA |
| <input type="checkbox"/> RULE-OUT MASS        | <input type="checkbox"/> RENAL ARTERIES      | <input type="checkbox"/> ILIOFEMORALS    |
| <input type="checkbox"/> OTHER: _____         |  |  |

### LAB

- STAT Creatinine/I-STAT

## INSURANCE INFORMATION

Primary Carrier: \_\_\_\_\_ Secondary Carrier: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Pre-certification Required:  Yes  No Authorization Number: \_\_\_\_\_

Note: Many insurance companies require pre-certification for Cardiac MRI procedures. Please call the number on the back of the patient's insurance card and obtain an authorization number before scheduling MRI.

Ordered by: \_\_\_\_\_ Extension: \_\_\_\_\_

Date/Time Scheduled: \_\_\_\_\_ CVMRI Technologist: \_\_\_\_\_

Attending MD: \_\_\_\_\_ Referring MD: \_\_\_\_\_

## TO ORDER A MRI OR STUDY

1. Complete request form.
2. Call CVMRI at 205.934.9906 to schedule date & time.
3. Fax request form to CVMR at 205.975.1952.

Boshell Diabetes Building • 1808 7th Avenue South, Suite 101 • Birmingham, AL 35294 • 205.934.9906 Phone • 205.975.1952 Fax