

Affiliated Diagnostic of Oakland, UC

26550 Northwestern Highway - Southfield, MI 48076

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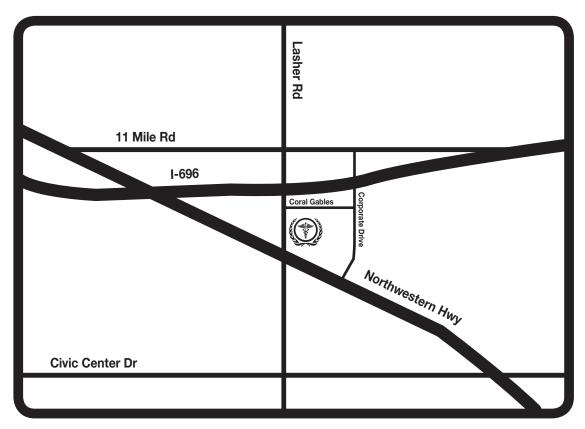
Patient Name	· · ·								
Physician Sign x	Patient Name			DOB	Phone		Work	c Phone	
Telephone	Street Address City,				Zip				
Any patient with a pacemaker, an intracranial aneurism clip, metal in eyes, or who is pregnant may NOT have an MRI. MRI/MRA PROCEDURE HEAD W/Contrast Brain O O O O Shoulder Brain O O O O O O Shoulder Brain O O O O O O Shoulder Brain O O O O O O O Shoulder Brain O O O O O O O O Shoulder Brain O O O O O O O O O O O O O O O O O O O	Referring DR. Name Physician S				Sign X				
Any patient with a pacemaker, an intracranial aneurism clip, metal in eyes, or who is pregnant may NOT have an MRI. MRI/MRA PROCEDURE HEAD W/Contrast W/O Contrast W/	Telephone Fax Repor				t To				
Any patient with a pacemaker, an intracranial aneurism clip, metal in eyes, or who is pregnant may NOT have an MRI. MRI/MRA PROCEDURE HEAD W/Contrast W/O Contrast D W/O Contrast W/O Contrast W/O Contrast D W/O Contrast W/O Contrast W/O Contrast D W/O Contrast W/O C	Diagnosis:								
Any patient with a pacemaker, an intracranial aneurism clip, metal in eyes, or who is pregnant may NOT have an MRI. MRI/MRA PROCEDURE HEAD W/Contrast W/O Contrast D W/O Contrast W/O Contrast W/O Contrast D W/O Contrast W/O Contrast W/O Contrast D W/O Contrast W/O C									
MRI/MRA PROCEDURE	Special Instructions								
MRI/MRA PROCEDURE									
MRI/MRA PROCEDURE	_								
MRI/MRA PROCEDURE HEAD W/Contrast W/O Contrast W&W/O Contrast MUSCULOSKELETAL W/Contrast W/O Contrast W&W/O Contrast Brain O O Upper Extremities W/Contrast W/O Contrast V/O Contrast W/O Contrast Upper Extremities O									
HEAD	meta	l in eye	s, or wl	าo is preg	gnant mag	у ИОТ	have a	an MRI.	
HEAD	MDI/MDA DDOOEDII	MD/MDA DDOOEDUDE							
Brain	MRI/MRA PROCEDU	IKE			MRI/MRA PROCEDURE				
IACS	HEAD	W/Contrast	W/O Contrast	W&W/O Contrast	MUSCULOSKE	LETAL	W/Contrast	W/O Contrast	W&W/O Contrast
Pituitary O O Elbow □R □L O O Orbits, Face, Neck O O Wrist □R □L O O TMJ □R □L O O Humerus □R □L O O SPINE W/Contrast W/O Contrast W&W/O Contrast Cower Extremities O	Brain	0	0	0	Upper Extremitie	es			
Orbits, Face, Neck O O O Wrist IR IL O O TMJ IR IL O O O Humerus IR IL O O O SPINE W/Contrast W/O Contrast W&W/O Contrast Waw/O Contrast Radius & Ulna IR IL O O O Cervical Spine O O O Hip IR IL O O O Lumbar Spine O O O Femur IR IL O O O Sacrum/Coccyx O O Femur IR IL O O O O MRA ANGIOGRAM W/Contrast W/O Contrast Makle IR IL O O O O MRA Head/COW O O O Foot IR IL O O O O MRA Chest (Aorta) O O O <	IACs	0	0	0	Shoulder	\square R \square L	0	0	0
Orbits, Face, Neck O O Wrist □R□L O O TMJ□R□L O O Humerus □R□L O O SPINE W/Contrast W/O Contrast W&W/O Contrast Lower Extremities U O O Cervical Spine O O O Hip □R□L O O O Lumbar Spine O O O Femur □R□L O O O Sacrum/Coccyx O O Knee □R□L O O O MRA ANGIOGRAM W/Contrast W/O Contrast W&W/O Contrast Ankle □R□L O O O MRA Head/COW O O Foot □R□L O O O O MRA Chest (Aorta) O O D BODY/SOFT TISSUE W/Contrast W&W/O Contrast W&W/O Contrast W&W/O Contrast Weather O O O O O O O <td>Pituitarv</td> <td>0</td> <td>0</td> <td>0</td> <td>Elbow</td> <td></td> <td>0</td> <td>0</td> <td>0</td>	Pituitarv	0	0	0	Elbow		0	0	0
TMJ	•	Ô	0	0			Ô	0	0
SPINE W/Contrast W/O Contrast W&W/O Contrast Radius & Ulna □ R □ C O O Cervical Spine O O O Hip □ R □ C O O Thoracic Spine O O O Femur □ R □ C O O Lumbar Spine O O Knee □ R □ C O O Sacrum/Coccyx O O Knee □ R □ C O O MRA ANGIOGRAM W/Contrast W/Contrast Ankle □ R □ C O O MRA Head/COW O O Foot □ R □ C O O MRA Neck/Carotids O O O Foot □ R □ C O O MRA Chest (Aorta) O O O Neck O O O MRA Lower Extremities O O O Abdomen O O O		_		0				_	
SPINE W/Contrast W/Contrast W&W/O Contrast Lower Extremities Cervical Spine O O O Hip D O	11110B11 BE	0					_	_	_
Cervical Spine O O Hip R L O O Thoracic Spine O O Femur R L O O Lumbar Spine O O Knee R L O O Sacrum/Coccyx O O Knee R L O O MRA NGIOGRAM W/Contrast W/Contrast WAW/O Contrast Ankle R L O O MRA Head/COW O O O Foot R L O O MRA Neck/Carotids O O O BODY/SOFT TISSUE W/Contrast W&W/O Contrast MRA Chest (Aorta) O O O BRODY/SOFT TISSUE W/Contrast W&W/O Contrast MRA Upper Extremities O O O D O O MRA Pelvis O O O Abdomen O O O MRA Abdomen O O O<	SPINE	W/Contrast	W/O Contrast	W&W/O Contrast			O		
Thoracic Spine O O O Femur □R □L O	Cervical Spine	0	0	0			_		
Lumbar Spine O O O Femuration □R □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	'	0	0	0	'		_	_	1 = =
Sacrum/Coccyx O O Knee Tib/Fib IR IL O O O MRA ANGIOGRAM W/Contrast W/O Contrast W&W/O Contrast Ankle IR IL O O O MRA Head/COW O O O Foot IR IL O O O O MRA Neck/Carotids O O O BODY/SOFT TISSUE W/Contrast W&W/O Contrast MRA Chest (Aorta) O O Neck O O O MRA Abdomen/Rentals O O Brachial Plexus IR IL O O O MRA Upper Extremities O O O Chest O O MRA Lower Extremities O O Abdomen O O O MRA Pelvis O O O MRCP O O O MRA Abdomen O O O MRCP O O O MRA Lower Extremities O O O MRCP	•	0	0	0	Femur		O	_	1 -
MR ANGIOGRAM W/Contrast W/O Contrast W&W/O Contrast Ankle □R □L O O O MRA Head/COW O O O Foot □R □L O O O MRA Neck/Carotids O O O BODY/SOFT TISSUE W/Contrast W/O Contrast W&W/O Contrast MRA Chest (Aorta) O O Neck O O O MRA Abdomen/Rentals O O O Brachial Plexus □R □L O O O MRA Upper Extremities O O O Chest O O O MRA Lower Extremities O O O Abdomen O O O MRA Lower Extremities O O O MRCP O O O MRA Abdomen O O O MRCP O O O MRA Pelvis O O O O O O O O	•			_	Knee		0	_	0
MRA Head/COW O O Foot IR IL O O O MRA Neck/Carotids O O O BODY/SOFT TISSUE W/Contrast W&W/O Contrast MRA Chest (Aorta) O O Neck O O O MRA Abdomen/Rentals O O O Brachial Plexus IR IL O O O MRA Upper Extremities O O O Chest O O O MRA Lower Extremities O O O Abdomen O O O MRA Lower Extremities O O O MRCP O O O MRA Abdomen O O O MRCP O O O OTHER (please be specific) O O O O O O O	Sacrum Goccyx	Ū			Tib/Fib	\Box R \Box L	0	_	0
MRA Neck/Carotids O O BODY/SOFT TISSUE W/Contrast W&W/O Contrast MRA Chest (Aorta) O O Neck O O O MRA Abdomen/Rentals O O Brachial Plexus R L O O MRA Upper Extremities O O Chest O O O MRA Lower Extremities O O Abdomen O O O MRA Pelvis O O Pelvis O O O MRA Lower Extremities O O MRCP O O O MRA Abdomen O O MRCP O O O OTHER (please be specific) O O O O O O	MR ANGIOGRAM	W/Contrast	W/O Contrast	W&W/O Contrast	Ankle	\square R \square L	0	0	0
MRA Chest (Aorta) O O BODY/SOFT TISSUE W/Contrast W&W/O Contrast MRA Chest (Aorta) O O Neck O O O MRA Abdomen/Rentals O O Brachial Plexus DR DL O O MRA Upper Extremities O O Chest O O O MRA Lower Extremities O O Abdomen O O O MRA Lower Extremities O O O MRCP O O O MRA Abdomen O O MRCP O O O O OTHER (please be specific)	MRA Head/COW	0	0	0	Foot	\square R \square L	0	0	0
MRA Chest (Aorta) O O O Neck O O MRA Abdomen/Rentals O O O Brachial Plexus DR DL O O MRA Upper Extremities O O O Chest O O O MRA Lower Extremities O O O Abdomen O O O MRA Lower Extremities O O O MRCP O O O MRA Abdomen O O O MRCP O O O OTHER (please be specific) O O O O O O O	MRA Neck/Carotids	0	0	0	DODY/OOFT TI	00115			
MRA Abdomen/Rentals O O O O O O O O O O O O O O O O O O O	MRA Chest (Aorta)	0	0	0		1920E			
MRA Upper Extremities O O O O Chest O O O O O O O O O O O O O O O O O O O	` '	0	0	0					
MRA Lower Extremities O O O Abdomen O O MRA Pelvis O O O Pelvis O O MRA Lower Extremities O O O MRCP O O MRA Abdomen O O O O O O OTHER (please be specific) O O O O O O		_	_		Brachial Plexus		_		_
MRA Pelvis MRA Lower Extremities O MRA Abdomen O O Pelvis O MRCP Sacro-Iliac Joints O O O O O O O O O O O O O					Chest				
MRA Lower Extremities O O O MRCP O O O O O O O O O O O O O O O O O O O					Abdomen		0		
MRA Lower Extremities O O O MRCP O O O O O O O O O O O O O O O O O O O		_			Pelvis		0	0	0
OTHER (please be specific)					MRCP				
OTHER (please be specific)	MRA Abdomen	O	0	1 0	Sacro-Iliac Joints	S			
	OTHER (please be specific)							-	-
A courtesy call is required within 24 hours of your scheduled appointment if you need to reschedule.					A courtesy call is required within 24 hours of your scheduled appointment if you need to reschedule.				
All prior x-rays, scans and MRIs will be needed for this appointment.									

YOU MUST BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

INSURANCE & SCHEDULING INSTRUCTIONS

- 1. If necessary, the referring physician must obtain prior authorizations and or referrals from the patient's insurance.
- 2. Appointments are scheduled after all insurance requirements are met.
- 3. This requisition form, proper identification and insurance cards are required at the time of the appointment.
- 4. If the patient needs to be sedated for the MRI, driving themselves is prohibited, please ask about our transportation services.

LOCATION



South of 11 Mile • North of Northwestern Highway • East of Lasher Road • West of Corporate Drive



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