Affiliated Diagnostic of Oakland, LLC

26550 Northwestern Highway ▪ Southfield, MI 48076
phone: 248-809-3350 ▪ fax: 248-809-3531
www.affiliateddiagnostic.com

Patient Name _____ DOB_____ Phone_____ Work Phone_____

Street Address _____ City, State, Zip_____

Referring DR. Name_____ Physician Sign X_____

Telephone _____ Fax Report To _____

Diagnosis: _____

_____

Special Instructions _____

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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&W/O Contrast
Brain	○	○	○
IACs	○	○	○
Pituitary	○	○	○
Orbits, Face, Neck	○	○	○
TMJ_____ ☐R ☐L	○	○	○

SPINE	W/Contrast	W/O Contrast	W&W/O Contrast
Cervical Spine	○	○	○
Thoracic Spine	○	○	○
Lumbar Spine	○	○	○
Sacrum/Coccyx	○	○	○

MR ANGIOGRAM	W/Contrast	W/O Contrast	W&W/O Contrast
MRA Head/COW	○	○	○
MRA Neck/Carotids	○	○	○
MRA Chest (Aorta)	○	○	○
MRA Abdomen/Rentals	○	○	○
MRA Upper Extremities	○	○	○
MRA Lower Extremities	○	○	○
MRA Pelvis	○	○	○
MRA Lower Extremities	○	○	○
MRA Abdomen	○	○	○

OTHER *(please be specific)*

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MRI/MRA PROCEDURE

MUSCULOSKELETAL	W/Contrast	W/O Contrast	W&W/O Contrast
Upper Extremities			
Shoulder ☐R ☐L	○	○	○
Elbow ☐R ☐L	○	○	○
Wrist ☐R ☐L	○	○	○
Humerus ☐R ☐L	○	○	○
Radius & Ulna ☐R ☐L	○	○	○
Lower Extremities			
Hip ☐R ☐L	○	○	○
Femur ☐R ☐L	○	○	○
Knee ☐R ☐L	○	○	○
Tib/Fib ☐R ☐L	○	○	○
Ankle ☐R ☐L	○	○	○
Foot ☐R ☐L	○	○	○

BODY/SOFT TISSUE	W/Contrast	W/O Contrast	W&W/O Contrast
Neck	○	○	○
Brachial Plexus ☐R ☐L	○	○	○
Chest	○	○	○
Abdomen	○	○	○
Pelvis	○	○	○
MRCP	○	○	○
Sacro-Iliac Joints	○	○	○

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.

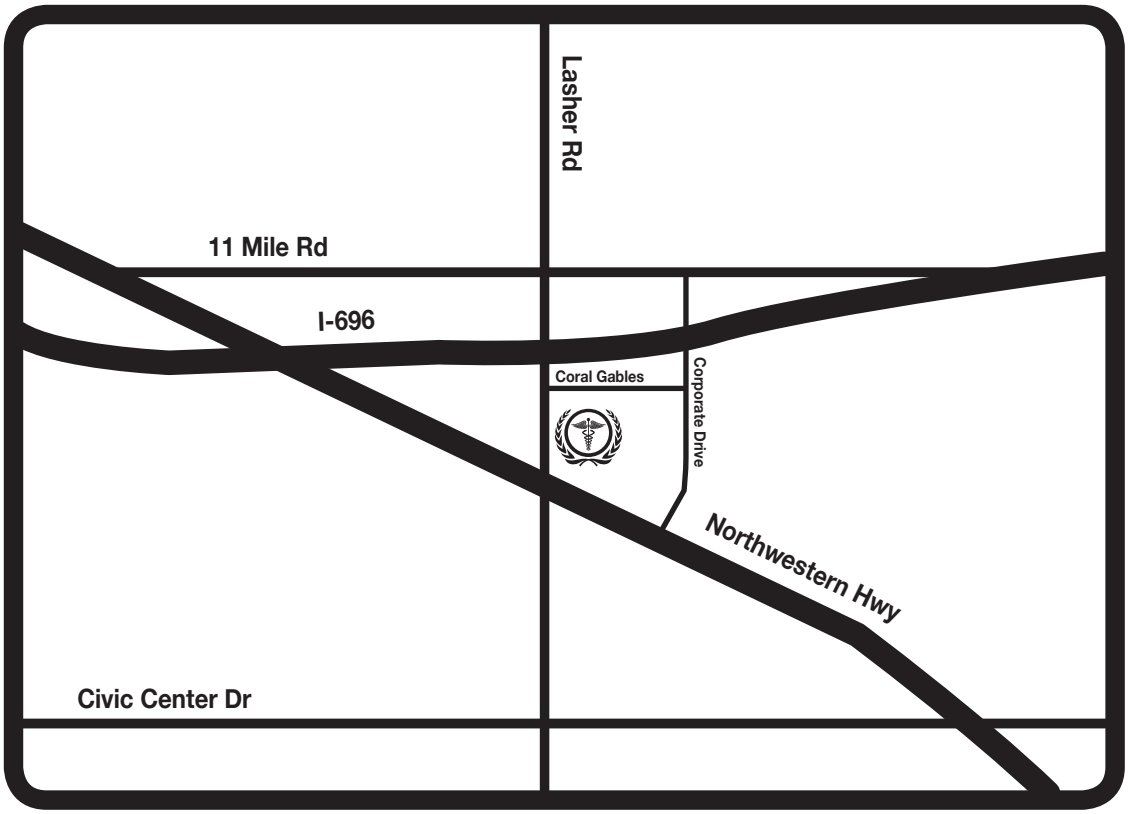
YOU MUST BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

All Physicians certified by the American Board of Radiology

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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