Lakes Imaging Center
Open MRI

Physicians Order/
Scheduling Worksheet

Patient Name: _____

DOB: _____ Phone: (_____) _____

Physician Ordering Test/Facility: _____

MRI Scan of: _____

Diagnosis / Symptoms (include duration & intensity):

_____

_____

Please call our office if the patient is positive for any of the following contraindications:
Pacemaker, aneurism clips, any other internal devices, implants or prosthetics? Y N
Is there a possibility of pregnancy? Y N
Does the patient have a possibility of metal in their eyes? Y N

INSURANCE INFORMATION

Health Plan: _____ ID #: _____ Group #: _____

If Auto or Work Comp

Carrier: _____ Claim #: _____ DOI: _____

INSTRUCTIONS

O Patient already scheduled

Date & Time_____

O Call Patient to Schedule

O Patient will call to schedule

Physicians Signature: _____ Date: _____

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