

DOWNEY MRI

POWERED BY **RAYUS**
RADIOLOGY

DOWNEY MRI CENTER

High-Field Open MRI and High-Field MRI

8515 E. Florence Ave., Suite 100

Downey, CA 90240

P: 562.904.1340

F: 562.869.8606

E: DowneyOrders@insighthealth.com



INSIGHT IMAGING - GARFIELD

High-field Oval MRI and CT

555 N. Garfield Ave.

Monterey Park, CA 91754

P: 626.572.0912

F: 626.572.4609

E: GarfieldOrders@insighthealth.com

Appointment date and time		Patient DOB		O M O F
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #	
Insurance name		Insurance ID #	Authorization #	
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Date of injury	Patient height	Patient weight	

(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include **specific** clinical indications (such as location, context and severity) to support medical necessity for each test.

Clinical Decision Support (CDS)

Required for Medicare Part B

Modifier (determination)

G-code (vendor)

Is the exam/procedure related to an injury? No Yes **If yes** Initial Subsequent or Sequela

MRI

CT

With contrast Without contrast With/Without contrast

With contrast Without contrast With/Without contrast
 3D reconstruction

NEURO

- Brain Orbits
- IAC
- Pituitary
- Neck (soft tissue)

SPINE

- Cervical
- Thoracic
- Lumbar

BODY

- Chest
- Abdomen
- Pelvis
- MRCP w/3D reconstruction

MSK UPPER EXTREMITY

- Elbow L R
- Finger L R
- Forearm L R
- Hand L R
- Humerus L R
- Shoulder L R
- Wrist L R

MSK LOWER EXTREMITY

- Ankle L R
- Foot L R
- Hips L R
- Pelvis L R
- Knee L R
- Pelvis (bone anatomy)
- Pelvis (organ)
- Tibia/Fibula L R

MRA

- Brain
- Neck/Carotids
- Renal arteries
- Abdomen (aorta)
- Upper extremity L R

Lower extremity L R

Other _____

OTHER

NEURO

- Brain Orbits
- Facial bones
 - Maxilla
 - Mandible
- Sinus
- IAC/Temporal bones
- Neck (soft tissue)

SPINE

- Cervical
- Thoracic
- Lumbar

BODY

- Chest
- Abdomen
- Pelvis
- Abdomen & pelvis
- Urogram (IVP)
- Enterography
- Kidney stone protocol

MSK

- Extremity L R

CTA

- Brain
- Abdomen
- Abdomen/pelvis
- Chest to rule out aneurysm
- Neck/Carotids
- Aorta-iliac runoff
- Chest to rule out pulmonary embolism

Other _____

OTHER

REPORTING METHOD

STAT/ASAP STAT: Call report _____

Provider name (print)	Provider location City/Zip	Phone #	Fax #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date	

PATIENT PREPARATION

Please bring any previous X-rays or scans of the area we are to study.

MRI

Please arrive 30 minutes prior to exam. If you have been scheduled for an MRI and have the following implants or devices, **please call us immediately**:

- Pacemaker/Cardiac defibrillator
- Cerebral aneurysm clips
- Stents/Vascular filter Implants in the last six weeks
- Metallic particles in your eyes
- Battery packs (i.e., stimulators, etc.)
- Medication pumps
- Tissue expanders

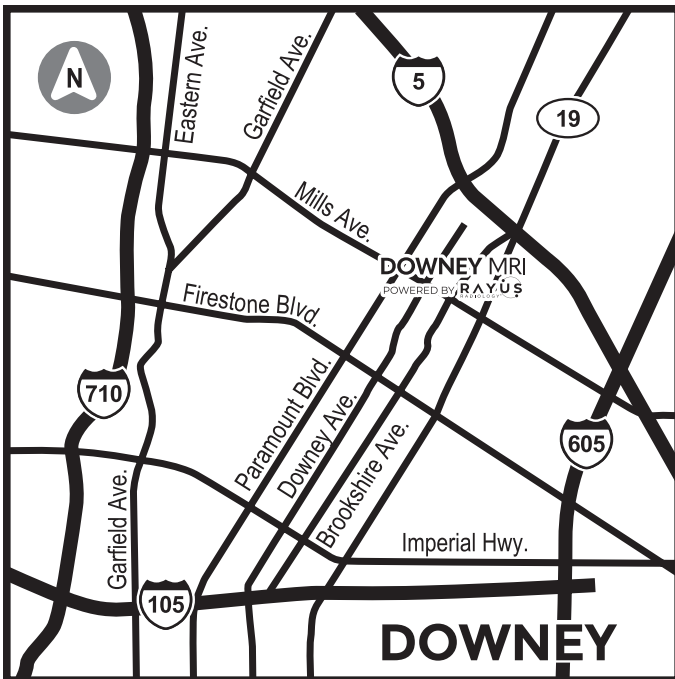
If you have been given an implant product card by your provider, please have the card available so that we can verify your safety before the MRI examination.

CT - If you are allergic to iodine, contact us.

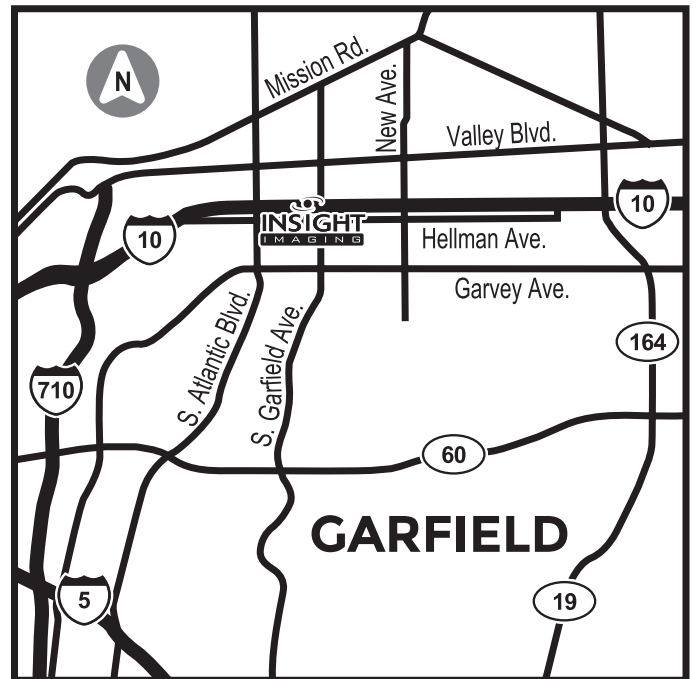
Spine - No preparation necessary.

Head/Neck/Orbits - Nothing to eat or drink four hours prior to study (for some exams, call center to check). Arrive 30 minutes prior to exam.

Abdomen/Pelvis - Nothing to eat or drink four hours before the exam. Arrive one hour before your exam for prep.



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