Homer Glen
OPEN MRI & IMAGING

Physician Order Form

MRI | MRA | CT | Ultrasound | X-Ray | Fax (708) 301-4641

PATIENT

Patient name | Date of birth | Phone | Cell

Insurance / authorization #

Clinical information (signs, symptoms, diagnosis / ICD-10)

MRI

Scanner ☐ High-Field MRI ☐ Open MRI ☐ Either

Contrast ☐ Without only ☐ With and without

HEAD

- ☐ Brain
- ☐ IAC's
- ☐ Orbits
- ☐ Pituitary
- ☐ Posterior fossa
- ☐ Sinuses

SPINE

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum / Coccyx
- ☐ Sacroiliac joints

LOWER EXTREMITY

☐ Hip	☐ L	☐ R	☐ B
☐ Knee	☐ L	☐ R	☐ B
☐ Ankle	☐ L	☐ R	☐ B
☐ Foot	☐ L	☐ R	☐ B
☐ Toes	☐ L	☐ R	☐ B
☐ Upper leg	☐ L	☐ R	☐ B
☐ Thigh	☐ L	☐ R	☐ B
☐ Lower leg	☐ L	☐ R	☐ B
☐ Fibula / Tibia	☐ L	☐ R	☐ B

OTHER

- ☐ Neck (soft tissue)
- ☐ Abdomen
- ☐ Pelvis

UPPER EXTREMITY

☐ Shoulder	☐ L	☐ R	☐ B
☐ Elbow	☐ L	☐ R	☐ B
☐ Ulna	☐ L	☐ R	☐ B
☐ Wrist	☐ L	☐ R	☐ B
☐ Hand / Finger	☐ L	☐ R	☐ B
☐ Upper arm	☐ L	☐ R	☐ B
☐ Radius	☐ L	☐ R	☐ B
☐ Humerus	☐ L	☐ R	☐ B
☐ Forearm	☐ L	☐ R	☐ B
☐ Lower arm	☐ L	☐ R	☐ B

Arthrogram (joint and side)

Other MRI / special instructions

MRA

Contrast ☐ Without only ☐ With and without

☐ Circle of Willis / Brain ☐ Carotid arteries

Please fax this order with any recent lab results (BUN and creatinine or GFR) for contrast studies to (708) 301-4641. We will call your patient to schedule. Physician offices receive priority same-day or next-day booking.

Patient name

Date of birth

CT SCAN

Contrast ☐ Without only ☐ With and without ☐ Oral

- ☐ Abdomen / Pelvis
- ☐ Abdomen
- ☐ Pelvis
- ☐ Chest
- ☐ Neck (soft tissue)
- ☐ Sinuses
- ☐ Mandible
- ☐ Brain
- ☐ Orbits
- ☐ Temporal bones
- ☐ Cervical spine
- ☐ Thoracic spine
- ☐ Lumbar spine
- ☐ Upper extremity ☐ L ☐ R ☐ B
- ☐ Lower extremity ☐ L ☐ R ☐ B
- ☐ Post discogram

Angiogram / extremity / other CT (please specify)

ULTRASOUND

- ☐ Abdomen
- ☐ Transvaginal / Pelvic
- ☐ Thyroid
- ☐ Testicular
- ☐ Prostate
- ☐ OB
- ☐ Aorta
- ☐ Kidneys / Ureter / Bladder
- ☐ Venous Doppler ☐ L ☐ R ☐ B
- ☐ Arterial Doppler ☐ L ☐ R ☐ B
- ☐ Carotid Doppler / Duplex ☐ L ☐ R ☐ B
- ☐ Breast ☐ L ☐ R ☐ B

Other ultrasound

X-RAY

- ☐ Arthrogram
- ☐ Chest
- ☐ Cervical spine
- ☐ Thoracic spine
- ☐ Lumbar spine
- ☐ Pelvis
- ☐ Shoulder ☐ L ☐ R ☐ B
- ☐ Elbow ☐ L ☐ R ☐ B
- ☐ Wrist ☐ L ☐ R ☐ B
- ☐ Hand ☐ L ☐ R ☐ B
- ☐ Hip ☐ L ☐ R ☐ B
- ☐ Knee ☐ L ☐ R ☐ B
- ☐ Ankle ☐ L ☐ R ☐ B
- ☐ Foot ☐ L ☐ R ☐ B

Other X-ray

RESULTS

Give CD to patient? ☐ Yes ☐ No Deliver CD to physician's office? ☐ Yes ☐ No

Comparison with a previous study? ☐ Yes ☐ No Radiology reading: ☐ M.D. ☐ D.C. ☐ D.P.M.

Report priority: ☐ Routine (within 24 hours) ☐ **STAT**

REQUESTING PHYSICIAN

Physician name | NPI | Phone | Fax

Physician signature | Date

Homer Glen OPEN MRI & IMAGING

MRI of the Foot & Ankle

Physician order | Fax (708) 301-4641

PATIENT

Patient name

Date of birth

Home phone

Other phone

Insurance

Authorization / RQI #

Signs and symptoms

X-ray or other imaging findings

IMAGE THE FOLLOWING

Ankle / mid / hind foot ☐ Right ☐ Left

Forefoot (metatarsals & phalanges) ☐ Right ☐ Left

INDICATIONS

- ☐ Tendon pathology
- ☐ Fracture or contusion
- ☐ Heel pain
- ☐ Ligament injury
- ☐ Mass (ganglion, neuroma, etc.)
- ☐ Osteomyelitis
- ☐ Plantar fibromatosis
- ☐ Talar dome lesion
- ☐ Tarsal coalition
- ☐ Tarsal tunnel

Tendon (if tendon pathology)

Other indication

CONTRAST

☐ Without contrast ☐ With contrast ☐ Contrast at discretion of radiologist ☐ History of renal disease

Location of suspected pathology (describe area, or mark on a copy of your notes)

REQUESTING PHYSICIAN

Physician name

Phone

Fax

Physician signature

Date

Homer Glen
OPEN MRI & IMAGING

Exam Preparation

Please share this page with your patient

High-Field MRI / Open MRI / MRA

Wear loose, comfortable clothing with no metal buttons, snaps or zippers. Jewelry, hair pins and removable metal must be removed before the exam. Unless told otherwise, eat and take your medications as usual. Tell us about any implants, devices or metal in your body, and bring a list of current medications.

MRI Arthrogram

Please call at least 24 hours ahead if you take blood thinners (such as warfarin), have diabetes, have a contrast allergy, are being treated for an infection, or are claustrophobic. You will give written consent before the exam.

CT

You may be asked not to eat or drink for a few hours before a contrast exam. If you are over 60, diabetic, or have a history of kidney disease, bring BUN and creatinine (or GFR) results from the past 60 days. If you are allergic to iodine, your physician may order a 13-hour pre-medication prep.

Ultrasound

Abdominal exams: you may be asked not to eat or drink for up to 12 hours beforehand. Pelvic exams: drink up to six glasses of water two hours before your exam and arrive with a full bladder.

X-Ray

No preparation is needed. Please tell the technologist if you are, or could be, pregnant.

What to bring

Insurance card, photo ID, this order or your referral, any prescription information, and your completed patient forms (available at homerglenimaging.com/patients.html).

LOCATION & HOURS

Homer Glen Open MRI & Imaging

14833 Founders Crossing, Homer Glen, IL 60491
Phone (708) 301-4664 | Fax (708) 301-4641 | info@mri-open.com
Monday - Friday 6:00am - 6:00pm | Saturday 8:00am - 2:00pm | Sunday closed

Most exams can be scheduled the same or next day, and we do our best to send results to the referring physician within 24 hours.