RADIOLOGY ASSOCIATES OF WAUSAU, S.C. **OPEN MRI OF WAUSAU** www.openmriofwausau.com

Referring M.D.: Patient History/Symptoms: Previous Relatted Imaging: (Send images and report to OPEN MRI PRIOR to patient's MRI appointment.) Can patient stand and pivot on their own? No Yes	Patient Name:			_ D.O.B.:		_ Phone:		
Previous Related Imaging: (Send images and report to OPEN MRI PRIOR to patient's MRI appointment.) Can patient stand and pivot on their own? Is there any history of contrast reaction? No Yes Is the patient potentially pregnant? So Yes Is the patient potentially pregnant? No Yes If yes, then include request for x-ray of orbits to screen for metallic foreign body one hour prior to MRI appointment) Contraindications to MRI: Ancurysm clips? Pacemaker? Defibrillator? Other? Prior Surgery in area to be scanned? No Yes If yes, then include request for x-ray of orbits to screen for metallic foreign body one hour prior to MRI appointment) Patient Height: Weight: A. SITE TO BE IMAGED, CIRCLE THE SPECIFIC LOCATION WITHIN EACH ORGAN SYSTEM () Abdomen Liver Biliary (MRCP) Adrenal Kidney () Brain Routine IAC Pituitary Pineal () Brain MRA () Carotid MRA () Chest (plain) Aorta Chest Wall Mediastinum Heart () Destremity Joint(s) () Right Ankle Elbow Foot Finger/Hand Knee Shoulder Wrist Other () Orbits / Face / Neck () TMJ () Pelvis Female Pelvic Organs Hips Sacrum Lumbosacral Plexus () Spine Cervical Thoracic Lumbar () Vascular/MRA – Aorta (Thoracic or Abdominal), Pelvis, Renal Arteries, Abdominal Visceral Arteries () Other Please Specify B. CONTRAST (Circle One): 1. Without 2. Without and With 3. Defer Decision to Radiologist Please mail available correlating films with date of OPEN MRI exam to: OPEN MRI Scheduling c/o Radiology Film Tracking 333 Pine Ridge Blvd Waussau, WT 54401 Important phone numbers: Scheduling	Referring M.D.:		Phone:	_ Fax:				
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Is there any history of contrast reaction? Will patient be bringing sedation? No Yes Is the patient potentially pregnant? No Yes Is there a history of metal in the eyes/orbits? No Yes Is there a history of metal in the eyes/orbits? No Yes Is there a history of metal in the eyes/orbits? No Yes Is there a history of metal in the eyes/orbits? No Yes Is there a history of metal in the eyes/orbits? No Yes If yes, then include request for x-ray of orbits to screen for metallic foreign body one hour prior to MRI appointment) Contraindications to MRI: Aneurysm clips? Prior Surgery in area to be scanned? No Yes (If yes, then describe Patient Height: Weight: A. SITE TO BE IMAGED, TRCLE THE SPECIFIC LOCATION WITHIN EACH ORGAN SYSTEM () Abdomen Liver Biliary (MRCP) Adrenal Kidney () Brain Routine IAC Pituitary Pineal () Carotid MRA () Chest (plain) Aorta Chest Wall Mediastinum Heart () Extremity Joint(s) () Right Ankle Elbow Foot Finger/Hand Knee Shoulder Wrist Other O'Spine Cervical Thoracic Lumbar () Vascular/MRA – Aorta (Thoracic or Abdominal), Pelvis, Renal Arteries, Abdominal Visceral Arteries () Other Please Specify B. CONTRAST (Circle One): 1. Without 2. Without and With 3. Defer Decision to Radiologist Please mail available correlating films with date of OPEN MRI exam to: OPEN MRI Scheduling clo Radiology Film Tracking 333 Pine Ridge Blvd Wausau, WI 54401 Important phone numbers: Scheduling — 715-847-2020 or Toll-free Res-616-5611 After scheduling please FAX this form to — 715-241-5411 / Attention: Open MRI Scheduling The patient should report to Aspirus Weston Clinic, 4005 Community Center Drive, Weston, WI (Map and directions are available at www.openmriofwausau.com) Appointment Date: Time: Ti								
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