

# The Painless and Comfortable MRI & CT Center, Without the Wait.



26454 Woodward Ave. • Royal Oak, MI 48067  
Tel: (248) 543-SCAN (7226) • Fax: (248) 399-7226

## YOUR APPOINTMENT IS ON

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Scan Type:     MRI     CT

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ SS No.: \_\_\_\_\_  
DOB: \_\_\_\_\_ Home Tel.: \_\_\_\_\_ Work Tel.: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Patient Address \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Group No.: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ ID No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_  
Authorization No.: \_\_\_\_\_ Date of Accident: \_\_\_\_\_  
Attorney Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

### PHYSICIAN INFORMATION

Patients with pacemakers, intracranial aneurysm clips or who may be pregnant are excluded from having an MRI.

Referring Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Office Contact: \_\_\_\_\_ Ext.: \_\_\_\_\_  
Comparison Films: \_\_\_\_\_ Fax Report to: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Special Instructions from referring physician: \_\_\_\_\_

Would you like us to contact your office with your patient's appointment date and time?     YES     NO

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### MRI/MRA PROCEDURE

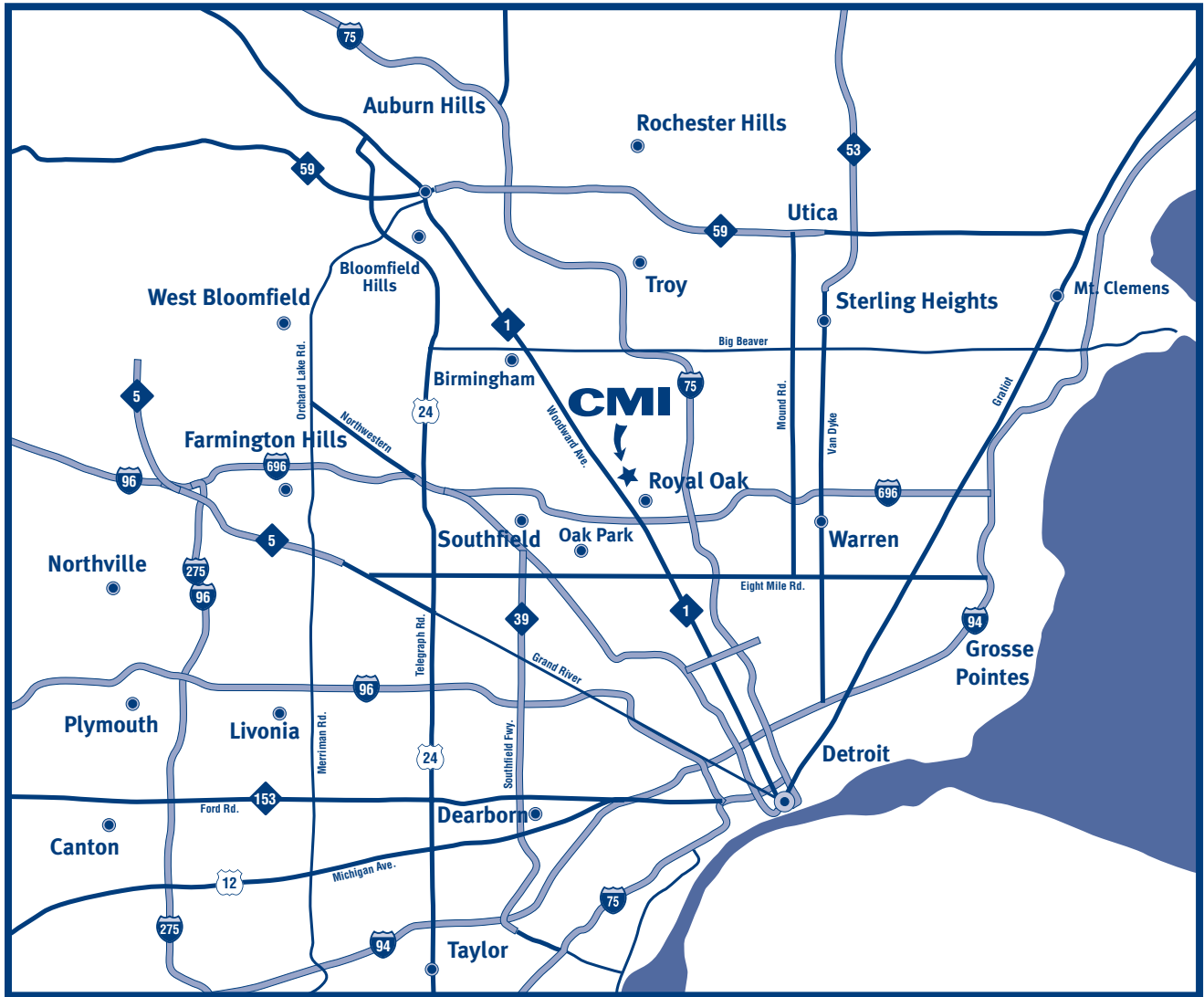
HEAD/SPINE	WITHOUT CONTRAST	WITH & WITHOUT CONTRAST
Brain	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
IAC's		<input type="checkbox"/> 70553
Pituitary		<input type="checkbox"/> 70553
Orbits	<input type="checkbox"/> 70540	<input type="checkbox"/> 70543
Cervical Spine	<input type="checkbox"/> 72141	<input type="checkbox"/> 72156
Thoracic Spine	<input type="checkbox"/> 72146	<input type="checkbox"/> 72157
Lumbar Spine	<input type="checkbox"/> 72148	<input type="checkbox"/> 72158
Sacrum/Coccyx	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197
Sacroiliac Joints	<input type="checkbox"/> 73721	<input type="checkbox"/> 73723
BODY/SOFT TISSUE	WITHOUT CONTRAST	WITH & WITHOUT CONTRAST
Neck	<input type="checkbox"/> 70540	<input type="checkbox"/> 70543
Brachial Plexus <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Chest	<input type="checkbox"/> 71550	<input type="checkbox"/> 71552
Abdomen	<input type="checkbox"/> 74181	<input type="checkbox"/> 74183
Pelvis	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197
MUSCULOSKELETAL	WITHOUT CONTRAST	
Shoulder	73221	<input type="checkbox"/> R <input type="checkbox"/> L
Elbow	73221	<input type="checkbox"/> R <input type="checkbox"/> L
Wrist	73221	<input type="checkbox"/> R <input type="checkbox"/> L
Hand	73218	<input type="checkbox"/> R <input type="checkbox"/> L
Hip	73721	<input type="checkbox"/> R <input type="checkbox"/> L
Femur	73718	<input type="checkbox"/> R <input type="checkbox"/> L
Knee	73721	<input type="checkbox"/> R <input type="checkbox"/> L
Lower Leg	73718	<input type="checkbox"/> R <input type="checkbox"/> L
Ankle	73721	<input type="checkbox"/> R <input type="checkbox"/> L
Foot	73718	<input type="checkbox"/> R <input type="checkbox"/> L
MR ANGIOGRAM	WITHOUT CONTRAST	WITH & WITHOUT CONTRAST
MRA Head/COW	<input type="checkbox"/> 70544	<input type="checkbox"/> 70546
MRA Neck/Carotids	<input type="checkbox"/> 70547	<input type="checkbox"/> 70549

#### CT PROCEDURE

HEAD/NECK	WITHOUT CONTRAST	WITH CONTRAST	WITH & WITHOUT CONTRAST
Head or Brain	<input type="checkbox"/> 70450	<input type="checkbox"/> 70460	<input type="checkbox"/> 70470
Orbit	<input type="checkbox"/> 70480	<input type="checkbox"/> 70481	<input type="checkbox"/> 70482
Sinus	<input type="checkbox"/> 70486	<input type="checkbox"/> 70487	<input type="checkbox"/> 70488
Neck	<input type="checkbox"/> 70490	<input type="checkbox"/> 70491	<input type="checkbox"/> 70492
SPINE/PELVIS			
Cervical Spine	<input type="checkbox"/> 72125	<input type="checkbox"/> 72126	<input type="checkbox"/> 72127
Thoracic Spine	<input type="checkbox"/> 72128	<input type="checkbox"/> 72129	<input type="checkbox"/> 72130
Lumbar Spine	<input type="checkbox"/> 72131	<input type="checkbox"/> 72132	<input type="checkbox"/> 72133
Pelvis	<input type="checkbox"/> 72192	<input type="checkbox"/> 72193	<input type="checkbox"/> 72194
CHEST/BODY			
Chest	<input type="checkbox"/> 71250	<input type="checkbox"/> 71260	<input type="checkbox"/> 71270
Abdomen	<input type="checkbox"/> 74150	<input type="checkbox"/> 74160	<input type="checkbox"/> 74170
LOWER/UPPER EXTREMITY			
Upper Extremity	<input type="checkbox"/> 73200	<input type="checkbox"/> 73201	<input type="checkbox"/> 73202
Lower Extremity	<input type="checkbox"/> 73700	<input type="checkbox"/> 73701	<input type="checkbox"/> 73702
CT ANGIOGRAPHY			
CTA Head	<input type="checkbox"/> 70496		
CTA Neck	<input type="checkbox"/> 70498		
CTA Chest	<input type="checkbox"/> 71275		
CTA Abdomen	<input type="checkbox"/> 74175		
CTA Pelvis	<input type="checkbox"/> 72191		

OTHER: \_\_\_\_\_

CPT: \_\_\_\_\_



*Conveniently located in Royal Oak, just 1/2 mile north of I-696 on Woodward  
(across from The Detroit Zoo)*



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IT'S AS EASY AS 

JKL	GHI	DEF
5	4	3

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*visit our website [www.CMIdiagnostics.com](http://www.CMIdiagnostics.com)*

**IMPORTANT INSTRUCTIONS AND THINGS TO KNOW ABOUT YOUR MRI AND CT PROCEDURE**

Please arrive 15 minutes prior to your scheduled appointment. Please contact our office within 24 hours of your scheduled appointment if you need to reschedule your appointment. Please bring previous MRIs, Cat Scans or X-rays of the area being scanned on your scheduled appointment. Should you have any questions, please refer to the phone number above.