

# OUTPATIENT MEDICAL IMAGING ORDER

# ValleyOpenMRI

To **SCHEDULE**, make changes to an existing appointment or for other assistance, call **Valley Open MRI** directly at **(540) 536-0057**.  
Hours of Operation: Monday – Friday, 8:30AM – 5:00pm

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ Check-in Time: \_\_\_\_\_

Your test(s) will be performed at:  Valley Open MRI, 1830 Amherst Street  
(map on back) (Behind Hurst Hospitality House )

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis (please provide ICD9 code): \_\_\_\_\_

Ordered Procedure (if not listed below): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician/PA/NP Signature: \_\_\_\_\_

Specialty to read:  Radiology  Neurology Additional information: \_\_\_\_\_

Copy to Dr. \_\_\_\_\_ Call to Dr. \_\_\_\_\_ Fax to: \_\_\_\_\_

### Directions for Ordering: Place X in Desired Boxes to Order Exam

	EXAM	WITH CONTRAST	WITHOUT CONTRAST	WITH / WITHOUT CONTRAST	RIGHT	LEFT	SPECIFY AREA
<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	Example: knee, elbow, shoulder, etc.
	MRI TMJ JOINT (S)		70336				
	MRI HEAD/BRAIN	70552	70551	70553			
	MRI ORBIT/FACE/NECK	70542	70540	70643			
	MRI PITUITARY			70553			
	MRI CHEST	71551	71550	71552			
	MRI ABDOMEN	74182	74181	74183			
	MRI SPINE CERVICAL	72142	72141	72156			
	MRI SPINE THORACIC	72147	72146	72157			
	MRI SPINE LUMBAR	72149	72148	72158			
	MRI PELVIS	72196	72195	72197			
	MRI UPPER EXTREMITY	73219	73218	73220			
	MRI JOINT UPPER EXTREMITY	73222	73221	73223			
	MRI LOWER EXTREMITY	73719	73718	73720			
	MRI JOINT LOWER EXTREMITY	73722	73721	73723			
	MRA HEAD/BRAIN	70545	70544	70546			
	MRA CAROTID/NECK	70548	70547	70549			
	MRA CHEST	71555	71555	71555			
	MRA PELVIS	72198	72198	72198			
	MRA UPPER EXTREMITY	73225	73225	73225			
	MRA LOWER EXTREMITY	73725	73725	73725			
	MRA ABDOMEN	74185	74185	74185			
	OTHER:						

**MRI PRE-SCREENING RADIOGRAPHS**

ORBIT RADIOGRAPHS

OTHER(SPECIFY): \_\_\_\_\_

**PATIENT LABEL**