



APPOINTMENT DATE: / / TIME: : ^{am}/_{pm}

PHYSICIAN'S SIGNATURE: _____

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Compassion Come Together.
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Patient Name: _____ Ht. _____ Wt. _____ DOB _____

Phone: (H) (____) (____) (____) (W) (____) (____) (____) Cell: (____) (____) (____)

Primary Insurance: _____ Claim # _____ Insured ID# _____

Employer _____ Ordering Physician _____ Phone: (____) (____) (____)

Patient will call to schedule Call patient to schedule: (____) (____) (____)

Relevant Prior Imaging Studies: _____ Available At: _____

Report Handling: Mail Results Fax Results E-mail Results Call With Report STAT (check all that apply)

Image Handling: NONE Internet Access (PACS) CD Films (check all that apply)

Delivery: Send with patient Deliver within 48hrs Deliver by: / /
_{m d y}

MRI Gresham • Tigard • Vancouver

Exam Requested: _____

Symptoms & Clinical Indications: _____

Special Instructions: _____

Pacemaker Heart Surgery Brain Surgery Metallic Implants Pregnant Metal Worker/Welder/Grinder

Contrast: Yes No If Needed

If with contrast, labs within 60 days are required with history of renal insufficiency and/or diabetic.

BUN _____ Creatinine _____ Date / /
_{m d y}

CT Tigard • Vancouver

Exam Requested: _____

Symptoms & Clinical Indications: _____

Special Instructions: _____

Contrast: Yes No If Needed

If with contrast, labs within 60 days are required for patients 60 or older, history of renal insufficiency and/or diabetic.

BUN _____ Creatinine _____ Date / /
_{m d y}

X-RAY Tigard

Exam Requested: _____

Symptoms & Clinical Indications: _____

Special Instructions: _____

Gresham
(MRI)
fax: (503) 489-1678
ph: (503) 489-1674

Tigard
(MRI • CT • X-RAY)
fax: (503) 246-9465
ph: (503) 246-6666

Vancouver
(MRI • CT)
fax: (360) 253-3611
ph: (360) 253-2525