



Beth Israel Deaconess Hospital
Needham

148 Chestnut Street
Needham, MA 02492

To Schedule an MRI, Call:1-781-453-3044

Fax your order to:1-781-453-5789

Community MRI Consult Line1-781-453-3710

MRI DEPARTMENT 781-453-3712

DOB _____

MRN _____ Address _____

Patients Name _____ City, State _____

Phone Number _____

Insurance Company _____ Authorization # _____

Policy Number _____ Phone _____

Physicians Name _____ Fax _____

Signs & Symptoms _____

Reason for exam _____

"Contrast per Radiologist's Discretion"

Signature: _____ Date: _____

Does patient have renal disease, diabetes, protein in urine, high blood pressure, kidney surgery or gout? Gadolinium in patients with eGFR < 30 requires consultation with a radiologist and signed patient consent.

Yes **Recent Creatinine Level** _____ **Date** _____ No.....No Labs Required

Please check all that apply _____

NEURO

- Brain without contrast
- Brain with and without contrast
- TMJ right left
- Orbits
- IAC
- Pituitary
- Neck (soft tissue)
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Other _____

NEURO MRA

- Head MRA¹
- Head MRV¹
- Head¹ and Neck MRA²
- Head and Neck MRA No Contrast
- Neck MRA (Carotid Bifurcation)²

ORTHO / MSK³

- Pelvis
- Hip right left
- Femur right left
- Knee right left
- Tib/Fib right left
- Ankle right left
- Foot right left
- Shoulder right left
- Humerus right left
- Elbow right left
- Forearm right left
- Wrist right left
- Hand right left
- Upper Extremity MRA² right left
- Other _____

BODY WITH 3D RECONSTRUCTIONS

- Female Pelvis²
- Kidney²
- Liver²
- MRCP²
- Chest Mass²
- Urogram²
- Small Bowel²
- Brachial Plexus²
- Rectal / Perianal Fistual²
- Other _____

BODY MRA

- Abdominal MRA / MRV²
- Chest MRA / MRV²
- Kidney MRA²
- Lower Extremity MRA²
- Pelvic MRA / MRV²

1) Standard Head MRA/MRV is **without** contrast 2) Standard Exam is **with** contrast 3) Contrast exams include 3d reconstructions

APPOINTMENT DATE AND TIME: _____ @ _____