WISCONSIN RIVER ORTHOPAEDICS
Relieving pain and restoring lives

# OPEN MRI SCHEDULING

**Patient Name:**_____ **DOB:**_____ **Phone:** _____

**Ordering MD:**_____ **Phone:** _____ **Fax:** _____

NPI# _____

**Patient History/Symptoms:** _____

_____

Do you have a **PACEMAKER**? **DEFIBRILLATOR**? **ANEURYSM CLIPS**? _____

***If **YES** to pacemaker or defibrillator, you **CANNOT** have an MRI. Only certain aneurysm clips are MRI compatible.***

Have you had previous studies for a similar problem? ☐Yes ☐No

Date and Facility (MRI, CT, X-Rays, Ultrasound, Nuclear Medicine, PET scan):

_____

***Check the appropriate study. Circle the Laterality (R= RIGHT L=LEFT)***

☐**Shoulder R or L** ☐ Elbow **R or L** ☐ Wrist **R or L** ☐ Hand/Finger **R or L**

☐ Hip **R or L** ☐ Knee **R or L** ☐**Ankle R or L** ☐ Foot R or L

☐**Cervical Spine** ☐**Thoracic Spine** ☐**Lumbar Spine** ☐**Pelvis** ☐**Sacrum**

**OTHER: Please Specify:** _____

**Please indicate:** ☐**Without Contrast** ☐**Without Contrast and With Contrast**

☐ **Creatinine Level Y or N** **Date ordered:**_____ **Facility:** _____ **Int:**_____

**Date of results:**_____ **Creatinine:**_____ **eGFR:**_____

***If contrast is indicated and patient is over age of 70, diabetic, or hx of kidney/renal disease, Patient will need a creatinine level, within 28days prior to exam.*

***Has patient ever had an allergic reaction to MRI contrast/dye? Y or N Explain :* _____.

☐ Orbits X-Ray **Orbit X-ray cleared for MRI procedure: Y or N Approved by:** _____ **Date:** _____

**MRI Precert/Authorization #** _____

**The patient should report to the Wisconsin River Orthopaedics - Open MRI located at:**
**140 24th St South (the corner of Peach Street and Highway 54), Wisconsin Rapids, WI.**
**Phone: 715-424-1881 Fax: 715-424-1898**

**SCHEDULED DATE:** _____ **TIME:** _____ **a.m./p.m.**

**FOLLOW UP APPT:** _____ **TIME:** _____ **a.m./p.m.**

**Ordering MD Signature**:**_____**Date**_____

****I approve the use of contrast, orbits x-ray, creatinine if deemed necessary by Physician/Technologist.**

This form is available online at wroinstitute.com