REFERRAL REQUEST

Coosa Valley MRI, LLC
315 W. Hickory St.
Sylacauga, AL 35150
(P) 256.207.2686 • (TF) 866.358.9492
(F) 256.207.2551

Appt. Date ____________________

Arrival Time ____________________

Scan Time ____________________

☐ Call Patient to Schedule

☐ Pre-cert (Must Send Clinical Notes)

PATIENT INFORMATION

Patient Name: ____________________ Sex: ☐M ☐F D.O.B. ____________ SS# ____________

Home Phone: ( ) ____________ Cell Phone: ( ) ____________ Work Phone: ( ) ____________

Primary Insurance: ____________________ Policy No.: ____________ Group No.: ____________

Secondary Insurance: ____________________ Policy No.: ____________ Group No.: ____________

Pre-Certification Approval No. (s) ____________________

REFERRING PHYSICIAN INFORMATION

Referring Physician (Print): ____________________ Office Contact: ____________

Office Phone: ( ) ____________ Office Fax: ( ) ____________ MD Backline or Pager: ____________

CLINICAL INFORMATION

Diagnosis: ____________________

Special Instructions: ____________________

☐ FAX REPORT ☐ STAT REPORT ☐ CALL REPORT ☐ SEND FILM W/PT ☐ SEND FILM BY US MAIL ☐ SEND CD W/PT ☐ SEND CD BY US MAIL

REFERRING PHYSICIAN SIGNATURE: ____________________

(FEDERAL LAW REQUIRES ORIGINAL SIGNATURE OF REFERRING PHYSICIAN)

MRI/MRA PROCEDURE

CPT	X	MRI
74181		ABDOMEN WO ☐ MRCP (GALLBLADDER) NPO 8 hrs
74181		ABDOMEN WO ☐ LIVER ☐ KIDNEY ☐ ADRENAL ☐ PANCREAS (can have light meal)
74183		ABDOMEN W/WO ☐ LIVER ☐ KIDNEY ☐ ADRENAL ☐ PANCREAS (can have light meal)
73222		ARTHROGRAM UPPER EXTREMITY JOINT W ☐ Right ☐ Left ☐ Shoulder ☐ Elbow ☐ Wrist
73722		ARTHROGRAM LOWER EXTREMITY JOINT W ☐ Right ☐ Left ☐ Hip ☐ Knee ☐ Ankle
70551		BRAIN WO
70553		BRAIN W/WO
72141		CERVICAL SPINE WO
72156		CERVICAL SPINE W/WO
70553-59		IAC W/WO
73718		LOWER EXTREMITY WO ☐ Right ☐ Left ☐ Femur ☐ Tib/Fib ☐ Foot
73720		LOWER EXTREMITY W/WO ☐ Right ☐ Left ☐ Femur ☐ Tib/Fib ☐ Foot
73721		LOWER EXTREMITY JOINT WO ☐ Right ☐ Left ☐ Hip ☐ Knee ☐ Ankle
73723		LOWER EXTREMITY JOINT W/WO ☐ Right ☐ Left ☐ Hip ☐ Knee ☐ Ankle
72148		LUMBAR SPINE WO
72158		LUMBAR SPINE W/WO
70543		ORBIT W/WO (Radiologist request a second order of brain W/WO)
72195		PELVIS WO
72197		PELVIS W/WO
70553-59		PITUITARY W/WO
70540		SOFT TISSUE NECK WO
70543		SOFT TISSUE NECK W/WO
72146		DORSAL SPINE WO
72157		DORSAL SPINE W/WO
70336		TMJ WO
73218		UPPER EXTREMITY WO ☐ Right ☐ Left ☐ Upper Arm ☐ Forearm ☐ Hand
73220		UPPER EXTREMITY W/WO ☐ Right ☐ Left ☐ Upper Arm ☐ Forearm ☐ Hand
73221		UPPER EXTREMITY JOINT WO ☐ Right ☐ Left ☐ Shoulder ☐ Elbow ☐ Wrist
73223		UPPER EXTREMITY JOINT W/WO (Not Arthrogram) ☐ Right ☐ Left ☐ Shoulder ☐ Elbow ☐ Wrist ☐ Brachial

MRA			OTHER UNLISTED PROCEDURES
70544		HEAD WO ☐ MRV	
70549		NECK W/WO (preferred)	
70547		NECK WO (Choose only if contrast contraindicated)	
74185		ABDOMEN W ☐ RENAL ARTERIES ☐ MESENTERIC ARTERY ☐ LOWER EXREMITY RUNOFFS	

PATIENT INSTRUCTIONS

- PLEASE BRING SIGNED REFERRAL TO YOUR APPOINTMENT
- PLEASE BRING ALL INSURANCE CARDS / FORMS
- FEEL FREE TO CALL US WITH ANY QUESTIONS YOU MAY HAVE REGARDING YOUR EXAM
- PLEASE CONTACT US IN ADVANCE IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT
- UNLESS OTHERWISE INSTRUCTED BY YOUR PHYSICIAN, TAKE YOUR DAILY MEDICATIONS (INCLUDING PAIN MEDICATION)
- PLEASE LEAVE ALL JEWELRY AND UNNECESSARY VALUABLES AT HOME.
- REMOVE ALL METAL OBJECTS BEFORE YOUR EXAM
- PLEASE ADVISE TECHNOLOGIST IF YOU HAVE ANY OF THE FOLLOWING: PACEMAKER, EAR IMPLANTS, ANEURYSM CLIPS, METAL FRAGMENTS IN ONE OR BOTH EYES, PAIN PUMP IMPLANT, SPINAL CORD STIMULATOR, OR ANY OTHER IMPLANT.

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Harpersville
Alexander City
Home Depot
Childersburg
Chelsea
Hwy 280
Super Walmart
Hwy 280
Hwy 280
Ft. Williams St.
Arby's
Vincent
McDonalds
Hwy 231
Coosa Valley MRI
(inside Coosa Valley Medical Center Hospital)
Sylacauga
South Douglas Ave
Burger King
Pell City
Post Office
Rockford
Broadway Ave.
Talladega
Hwy 21
Hwy 21
Hwy 148
Ashland