



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

REFERRAL REQUEST

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	