



Overlook Medical Park  
6 Tsienneto Road, Suite LL100  
Derry, NH 03038

MRI CT @ Bedford  
160 South River Road, Suite 2100  
Bedford, NH 03110

603.537.1363 Option 3  
MRI/CT Fax: (603) 537-3046

EXAM:  MRI  MRA  CT  CTA

**PATIENT INFORMATION**

Date/Time of Exam: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Carrier: \_\_\_\_\_ Group/Policy: \_\_\_\_\_

Policy Holder/DOB: \_\_\_\_\_ Precert#/Exp Date: \_\_\_\_\_

Name of Authorization Rep: \_\_\_\_\_

**SCAN INFORMATION**

Referring Physician: \_\_\_\_\_ PCP: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Area to be scanned: \_\_\_\_\_ Prior Surgery to areas:  YES  NO

PRIOR STUDIES TO AREA BEING SCANNED:  YES  NO / WHERE: \_\_\_\_\_ WHEN: \_\_\_\_\_

**PRIOR—PLEASE HAVE PATIENT BRING CD OF PRIOR IMAGES ON DAY OF EXAM.**

Primary Diagnosis: \_\_\_\_\_

Signs & Symptoms: \_\_\_\_\_

(A "rule out" diagnosis may accompany a diagnosis for signs and symptoms but is not acceptable by itself)

**If CONTRAST is required: Patients who are over 60, diabetic, or have high blood pressure labs (bun/creat) are required and must be done within 30 days of exam.**

**WARNING!! AN MRI CANNOT BE PERFORMED IF A PATIENT HAS ANY OF THE FOLLOWING:**

Pacemaker or Pacemaker Wires – Defibrillator Device – Cochlear Implant – Small Bowel Endoscopy Capsule

Check if applicable:

Metal in body including eyes  Prior contrast reaction  Claustrophobic  Weighing over 300 lbs.

PHYSICIAN'S SIGNATURE:

DATE:

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