CAROLINA NeuroSurgery & Spine ASSOCIATES

# Upright /Traditional MRI Referral Form

Date of Referral: ___/___/______ CNSA MRN# ____________

Insurance Provider: ____________

Authorization # ____________ Valid: ___/___/___ to ___/___/___

Patient: ____________ Date of birth: ___/___/___ Sex: ____ Height: ______ Weight: ______

Patient Phone: ____________ Is patient claustrophobic? No ____ Yes ____ (If yes, Mild ____ Severe _____)

Diagnosis Code: ____________

Physician Name: ____________ Signature: ____________

Physician NPI: ____________ Phone: ____________ Fax: ____________

Physician Address: ____________

| Please circle location of scan: | (Upright/Traditional MRI)<br>225 Baldwin Ave.<br>Charlotte, NC 28204 | (Traditional MRI)<br>14135 Ballantyne Corp. Pl, Suite 100<br>Charlotte, NC 28277 | (Traditional MRI)<br>110 Lake Concord Rd.<br>Concord, NC 28025 |
|---|---|---|---|

**ALL MRI REQUESTS SHOULD BE FAXED TO (704) 831-2983 Questions please call (704) 831-2984**

**VERY IMPORTANT: If patient has a pacemaker/cardiac defibrillator, any metal objects in their body, or if patient might be pregnant, please notify our practice before patient's appointment.**

## Upright MRI (0.6T) scans below

| | |
|---|---|
| ☐ **Routine Brain**<br>☐w/o ☐ w-w/o | ☐ **Wrist** ☐**L** ☐**R**<br>☐w/o (without contrast only) |
| ☐ **IAC's**<br>☐w/o ☐ w-w/o | ☐ **Hand** ☐**L** ☐**R**<br>☐w/o (without contrast only) |
| ☐ **Pituitary**<br>☐w/o ☐ w-w/o | ☐ **Shoulder*** ☐**L** ☐**R**<br>☐w/o (without contrast only) |
| ☐ **Orbits**<br>☐w/o ☐ w-w/o | ☐ **Bony Pelvis****<br>☐w/o ☐ w-w/o |
| ☐ **Cervical Spine**<br>☐w/o ☐ w-w/o<br>☐flexion/extension | ☐ **Hip**** ☐**L** ☐**R**<br>☐w/o ☐ w-w/o<br>☐ **Knee**** ☐**L** ☐**R**<br>☐w/o ☐ w-w/o |
| ☐ **Thoracic Spine**<br>☐w/o ☐ w-w/o | |
| ☐ **Lumbar Spine**<br>☐w/o ☐ w-w/o<br>☐flexion/extension | |

## Traditional MRI (1.5T) scans below

| | |
|---|---|
| ☐ **Routine Brain**<br>☐w/o ☐w & w/o | ☐ **Soft Tissue Neck** ☐w/o ☐w-w/o<br>☐ **MRA Neck/Carotids** ☐w/o ☐ w-w/o |
| ☐ **MRA Brain**<br>☐w/o ☐w & w/o | ☐ **Cervical Spine** ☐w/o ☐ w-w/o<br>☐ **Thoracic Spine** ☐w/o ☐ w-w/o |
| ☐ **MRV Brain**<br>☐w/o ☐w & w/o | ☐ **Lumbar Spine** ☐w/o ☐ w-w/o<br>☐ **Brachial Plexus** ☐**L** ☐**R** ☐w/o ☐ w-w/o |
| ☐ **Pituitary Protocol**<br>☐w/o ☐w & w/o | ☐ **Shoulder** ☐**L** ☐**R** ☐w/o ☐ w-w/o<br>☐ **Elbow** ☐**L** ☐**R** ☐w/o ☐ w-w/o |
| ☐ **IAC's**<br>☐w/o ☐w & w/o | ☐ **Wrist** ☐**L** ☐**R** ☐w/o ☐ w-w/o<br>☐ **Hand** ☐**L** ☐**R** ☐w/o ☐ w-w/o |
| ☐ **Orbits**<br>☐w/o ☐w & w/o | ☐ **Bony Pelvis** ☐**L** ☐**R** ☐w/o ☐ w-w/o<br>☐ **Femur** ☐**L** ☐**R** ☐w/o ☐ w-w/o |
| ☐ **C-spine, ltd T-spine, Ltd Brain with Cine flow using CNSA Chiari Protocol**<br>☐w/o | ☐ **Tibia/Fibula** ☐**L** ☐**R** ☐w/o ☐ w-w/o<br>☐ **Ankle** ☐**L** ☐**R** ☐w/o ☐ w-w/o<br>☐ **Foot** ☐**L** ☐**R** ☐w/o ☐ w-w/o |

***Laying on side in open scanner** ****Laying on back in open scanner**

**If ordering Contrast MRI & patient has history of renal kidney deficiency/decreased function, kidney cancer or polycystic kidney disease Creatinine lab results are required within 3 days of appointment date**