



Physician Order Form

Office Details

Care Provider _____

Fax Number _____

(Office Phone and/or Email) _____

Patient Information

Patient's Name _____

Date of Birth _____

Patient's Phone Number _____

Patient's Email Address _____

MRI Exam without contrast

**** Please note - we do not accept insurance and all exams are without contrast ****

MRI(s) without contrast _____

Clinical History _____

Location for scan _____

Special instructions _____

Diagnosis code (ICD-10) _____

Contraindications to MRI

Cardiac pacemaker	Internal Defibrillator	Implanted hearing aid (i.e. cochlear implant)
Metal in eye (machinist, grinder, welder)	Intracranial aneurysm clips or coil	Neurostimulator
Insulin Pump	Implanted electronic devices	First trimester Pregnancy

Locations

Alpharetta, Georgia 220 South Main St Ste. K, Alpharetta, GA 30009 phone (678) 336-2177 fax (770) 234-5825	Braselton, Georgia 1980 Friendship Road Ste. 102, Hoschton, GA 30548 phone (470) 639-1262 fax (470) 777-2617	Brookhaven, Georgia 5001 Peachtree Blvd Ste. 110, Atlanta, GA 30341 phone (678) 293-8389 fax (770) 234-5825
Plano, Texas 5960 West Parker Rd Ste. 256, Plano, TX 75093 phone (945) 260-2220 fax (972) 767-4874	Centennial, Colorado 6997 S University Blvd P1-110, Centennial, CO 80122 phone (720) 541-5530 (720)773-9710	

Thank you! Please give this form to your patient and encourage them to schedule themselves online or by calling a center. We will also call them to schedule.

FIRST LOOK MRI
Power to the Patient