



# 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

We do not accept insurance and all exams are without contrast

**Non contrast MRI(s)**

**Clinical History**

**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	Braselton	Brookhaven
220 South Main St, Alpharetta, Ga 30009 alpharetta@firstlookmri.com phone (678) 336-2177 fax (770) 234-5825	1980 Friendship Road, Hoschton, GA 30548 info@firstlookmri.com phone (470) 639-1262 fax (470) 777-2617	5001 Peachtree Blvd, Brookhaven, GA 30341 brookhaven@firstlookmri.com phone (678) 293-8389 fax (770) 234-5825

\*\*Please give this order to your patient and ask them to schedule themselves online at [www.firstlookmri.com](http://www.firstlookmri.com) or by phone. \*\*

**Thank you!**

**FIRST LOOK MRI**

Power to the Patient