

Western Maryland Health System **MRI Order Form**

PATIENT NAME: and DOB:

Department of Imaging Examination

	l Scheduling: 866-369-1122	240-964-8888				
	Appointment Date:					
	Appointment Tim	ne:	AM / PM			
Location:		al Center at 12500 Willowbrook Road (nostic Center at 12400 Willowbrook Ro				
Exam:						
76377 - which also needs to be authorized						
76377 □ 3D Reformatting of images on an independent workstation						
e for Pituitary and IAC exams; IACs also require authorization of CPT 76376 for 3D reforma						
it views for patients that may have worked with sheet metal, known foreign metal bodies in their eye(s).						
SPINE 72141 □ 72146 □ 72148 □	Cervical W/O cont Thoracic-Dorsal W Lumbar W/O cont	V/O contrast				

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Sex:[]	M [] F Pregnant? []Yes []No	Indications for	r Exam:		
DAYTIN	IE#					
EVENIN	G#					
[]STAT	r r 11	Poutino				
		vsicians Signature and DATE:				
Kelelili	19 1 119	sicialis dignature and DATE.				
BREAS	<u>T</u>	Note: Each breast MRI will have 3D reconstruc	tion with CPT code	76377 -	which	also needs to be authorized
19085		Breast Biopsy	L□R□			
77059		Breast, BIL W &-or W/O contrast		763	77 🗆	3D Reformatting of images on an independent workstation
77058		Breast, UNI W &-or W/O contrast	L□ R□			
HEAD/E	<u>BRAIN</u>					
70552		Brain (for INSTRA TRAK only)				
70553		Head /Brain W & W/O Contrast	Note: Use this co	de for Pitu	itary an	d IAC exams; IACs also require authorization of CPT 76376 for 3D reforma
70551	Ш	Head W/O Contrast				
70543	닏	MRI Orbit, Face, Neck W & W/O contrast				
76376		3D Reformatting of images on MRI Monito				
70030		Orbits; Foreign Body				ts that may have worked with sheet metal, ral bodies in their eye(s).
BODY		AL 1	weluling and/or have	C KIIOWII IOIE	ayıı illet	al boules in their eye(s).
74183	님	Abdomen W & W/O contrast		ODINE		
74181	H	Abdomen W/O contrast	. \	SPINE 704.44		0 - 1 - 1 - 1 - 1 - 1
72195	\vdash	Pelvis W/O contrast (including bony pelvis	•	72141	\vdash	Cervical W/O contrast
72148	님	Bilateral SI joints or Sacrum & Coccyx w/c	contrast	72146	\vdash	Thoracic-Dorsal W/O contrast
72197		Pelvis W & W/O contrast		72148	Ш	Lumbar W/O contrast
EXTRE		=	. 🗆 . 🗆			
73721	H	Ankle Joint W/O contrast				
73221 73720	H	Elbow Joint W/O contrast		MDA		
73718	H	Foot W & W/O contrast Foot W/O contrast	L R R C	MRA 74185		MBA Abdomon W & W/O contract
73721	H	Hips W/O contrast		70544		MRA Abdomen W & W/O contrast MRA Head W/O contrast
73722	H	Hip MR Arthrogram		70548		MRA Neck W/ contrast
73721	H	Knee W/O contrast		70544	Ħ	MRV Head W/O contrast
73718	Ħ	Femur W/O contrast		70011		Witte Fload W/O Contract
73718	Ħ	Tibia/ Fibula W/O contrast				
73222	\Box	Shoulder MR Arthrogram				
73221	\sqcap	Shoulder W/O contrast				
73218		Humerus W/O contrast	L R	MRA Per	riphera	I Study: When ordering please order the 3 studies below as an order set
73218		Forearm, W/O contrast	L R			uthorization when applicable.
73218		Hand W/O contrast	L□ R□	73725		MRA Bilateral - Lower Extremity/Venous w/Abd Aorta
73221		Wrist Joint W/O contrast	L 🔲 R 🗍	73725		MRA Bilateral - Lower Extremity/Venous w/Abd Aorta
73222		Wrist MR Arthrogram	L 🗆 R 🗀	74185		MRA Abdomen W & W/O contrast
Other N	on-l is	sted Procedure				

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please write in your request below