



Phone: 888-MRI-4-NOW (888.674.4669)

Fax: 248.284.2380 • www.PremierMRI.us



Southfield

29275 Northwestern Hwy.
Suite 175
Southfield, MI 48034
(MRI & X-Ray)

Novi

25500 Meadowbrook Road
Suite 150
Novi, MI 48375
(MRI, CT & X-Ray)

Pontiac

44200 Woodward Ave.
Suite 112
Pontiac, MI 48341
(CT & X-Ray)

Clinton Twp./Sterling Hts.

43475 Dalcama
Suite 150
Clinton Twp., MI 48038
(MRI & X-Ray)

Madison Heights

30781 Stephenson Hwy.
Madison Heights, MI 48071
(A true OPEN MRI)

Allen Park

15670 Southfield Road
Allen Park, MI 48101
(3.0 Tesla MRI)

Patient Name _____ Email _____ Phone _____ D.O.B. _____

Primary Insurance _____ Secondary Insurance _____

Diagnosis/Reason _____ ICD 10 Code _____
(Rule Out Diagnosis is not accepted)

Physician Name (please print) _____

Physician Office Phone _____ Fax Number _____

Physician Signature _____ Date _____

Is Sedation Needed? Yes No Is Transportation Needed? Yes No Is Translator Needed? Yes No

MRI

All studies ordered with contrast on patients over 60 or who have a history of diabetes or renal failure, Creatinine and BUN levels are required and may be conducted on site.

Creatine/BUN (if indicated) _____ Date _____

Arthrogram? Yes No

	without Contrast	with & without Contrast
<input type="checkbox"/> Brain MRI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> With NeuroQuant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> With SWI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cine Flow MRI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IAC MRI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Orbit MRI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pituitary MRI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MRCP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pelvis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cervical Spine MRI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lumbar Spine MRI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> With Weight Bearing		
<input type="checkbox"/> Thoracic Spine MRI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ankle MRI <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elbow MRI <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foot MRI <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hip MRI <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knee MRI <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shoulder MRI <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SI Joint MRI <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrist MRI <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/>

Other - Please Specify _____

MRA **MRV**

- Abdomen Chest/Thorax
- Brain Lower Ext.
- Neck (Must be done with contrast)

CT Scans

All studies ordered with contrast on patients who have a history of diabetes or renal failure, Creatinine and BUN levels are required.

Creatinine/BUN (if indicated) 3D Reconstruction Needed

	without Contrast	with Contrast	with & without Contrast
<input type="checkbox"/> Brain CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sinus CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chest CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cervical Spine CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lumbar Spine CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thoracic Spine CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Abdomen CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Abdomen and Pelvis CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kidney (Urogram) CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pelvis CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - Please Specify _____

CTA Scans

- Brain CTA Pulmonary CTA
- Lower Ext. (runoff) CTA Renal CTA
- Neck CTA Other _____

X-Rays (call ahead for availability)

- Cervical Spine Thoracic Spine
- Lumbar Spine Skull
- Chest X-Ray Abdomen (KUB)
- Flexion, Extension & Oblique views
- Other - Please Specify _____

Same or next day appointments are available.

PATIENT INSTRUCTIONS

A medical history is extremely important and must be obtained by our nursing staff prior to your appointment to ensure safety and avoid any unnecessary cancellation or delay of your exam.

ALL PROCEDURES:

- You must bring the prescription from the ordering physician.
- You need to have photo ID, and insurance info (if applicable).
- If your test (CT or MRI) is ordered with contrast please let us know if you've ever experienced difficulty with contrast in the past.
- Unless ordered STAT or same day, a report will be faxed to the ordering physician within 2 business days.

PREPARATION FOR MRI:

- **WHEN YOU SCHEDULE YOUR APPOINTMENT LET US KNOW IF YOU HAVE ANY IMPLANTED ELECTRONIC DEVICE SUCH AS A PACEMAKER, DEFFIBRILATOR, COCHLEAR IMPLANT, INSULIN PUMP, ETC.**
- If your MRI is ordered "With Contrast" and you are over 60 or have a history of kidney problems you may be required to obtain a lab test for BUN/Creatinine prior your MRI. Your physician should provide you with a script for this test.
- Please arrive 30 minutes ahead of your appointment time to complete required paperwork.
- Paperwork is available on-line at www.PremierMRI.us. Bringing completed paperwork to your appointment will require you to arrive only 15 minutes ahead of your scheduled time.
- Medication patches must be removed before entering the MRI.
- **NO METAL** can go into the scanner (zippers, snaps, jewelry, hair clips/pins, etc.)
- Do not wear makeup.
- You may ask your doctor for a mild sedative to take prior to the procedure if you think it will help you relax for the exam.
- **SEDATION PATIENTS MUST be accompanied by a driver who MUST remain in our waiting room until completion of the exam.** (The driver cannot leave our building and come back.) Depending on type of sedation there may be eating/drinking restrictions. Please discuss with our nurse prior to your appointment.

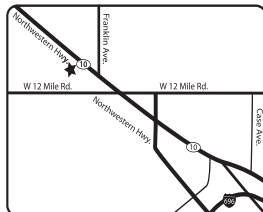
PREPARATION FOR CT:

- Abdomen/Pelvis CT exams may require both intravenous (injected) and oral (drink) contrast.
- If your CT is ordered with contrast you will require BUN/Creatinine lab testing if you have a history of kidney disease, renal failure or diabetes.
- Let the technologist know if you've ever had a reaction to x-ray contrast in the past.

LOCATION & PARKING: Free, well lighted, close, and convenient parking is available adjacent to our offices.

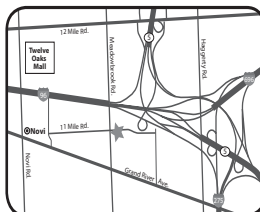
**CANCELLATION COURTESY - 24 HOUR NOTICE REQUIRED FOR ANY STUDY
EACH PATIENT RECEIVES A PERSONALIZED CD OF THEIR STUDY**

Southfield Center MRI, X-ray



29275 Northwestern Highway, Suite 175
Southfield, MI 48034

Novi Center MRI, CT, X-ray



25500 Meadowbrook Road, Suite 150
Novi, MI 48375

Pontiac/ Bloomfield Hills Center CT, X-ray



44200 Woodward Ave., Suite 112
Pontiac, MI 48341

Clinton Township/ Sterling Heights MRI, X-ray



43475 Dalcoma, Suite 150
Clinton Township, MI 48038

Madison Heights A true OPEN MRI



30781 Stephenson Highway
Madison Heights, MI 48071

Allen Park 3.0 Tesla MRI



15670 Southfield Road
Allen Park, MI 48101