Southlake MRI
& Diagnostic Center

One Cambridge Sq. • 108 East 90th Dr. Merrillville, IN 46410
Phone: 219-795-1801 • Fax: 219-795-1802

PATIENT INFORMATION

Name _____Date:_____

Phone _____ Date of Birth _____/_____/_____

Diagnosis_____

Physician Comments:_____

Referring Physician Signature _____

Print Physician Name_____

Physician Phone number _____ Office Fax:_____

X-RAY:

- ☐ Head: [Circle] Skull / Facial Bones / Nasal Bones
- ☐ Soft Tissue Neck
- ☐ Spine [Circle]: Cervical / Thoracic / Lumbar / Flexion / Extension/ Obliques
- ☐ Sacrum / Coccyx
- ☐ Chest
- ☐ Scoliosis Study: AP / LAT
- ☐ Shoulder: [Circle] L - R
- ☐ Knee: [Circle] L - R
- ☐ Abdomen
- ☐ Pelvis
- ☐ Hip:[Circle] L – R
- ☐ Extremity Specify [Circle] L – R _____
- ☐ Other_____

MRI: IV Contrast: Without _____Without & With _____

*If a patient is 70 years or older, diabetic, has a history of kidney disease, active heart failure, multiple myeloma and the exam is ordered with IV contrast lab results dated within 1 month are needed prior to scheduling for:

BUN_____ Creatinine_____ egfr_____ Date Drawn ___/___/___

- ☐ Head: [Circle] Brain / Orbit / Pituitary / IAC
- ☐ TMJ
- ☐ Soft Tissue Neck
- ☐ Spine: [Circle] Cervical/Thoracic/Lumbar
- ☐ Abdomen - Attn:_____
- ☐ Pelvis – Attn:_____
- ☐ Foot: [Circle] L - R
- ☐ Ankle: [Circle] L - R
- ☐ Hip: [Circle] L – R
- ☐ Shoulder: [Circle] L – R
- ☐ Knee: [Circle] L – R
- ☐ Extremity Specify [Circle] L – R _____
- ☐ Other _____

MRA:

*If a patient is 70 years or older, diabetic, has a history of kidney disease, active heart failure, multiple myeloma and the exam is ordered with IV contrast lab results dated within 1 month are needed prior to scheduling for:

BUN_____Creatinine_____ egfr_____ Date Drawn___/___/___

- ☐ Head (without IV contrast)
- ☐ Neck/Carotids
- ☐ Thoracic Aorta
- ☐ Abdominal Aorta
- ☐ Renals
- ☐ Lower Extremities
- ☐ Pelvis

CTA:

*If a patient is 70 years or older, diabetic, has a history of kidney disease, active heart failure, multiple myeloma, hypertension, Liver disease, current use of non steroidal antinflammatory drugs, and the exam is ordered with IV contrast lab results dated within 1 month are needed prior to scheduling for:

BUN_____ Creatinine_____

egfr_____ Date Drawn ___/___/___

- ☐ Head
- ☐ Carotids
- ☐ Renals/mesentaric arteries
- ☐ Thoracic Aorta
- ☐ Abdominal Aorta

CT:

Oral Contrast: Without _____With _____

IV Contrast: Without _____With _____Without & With _____

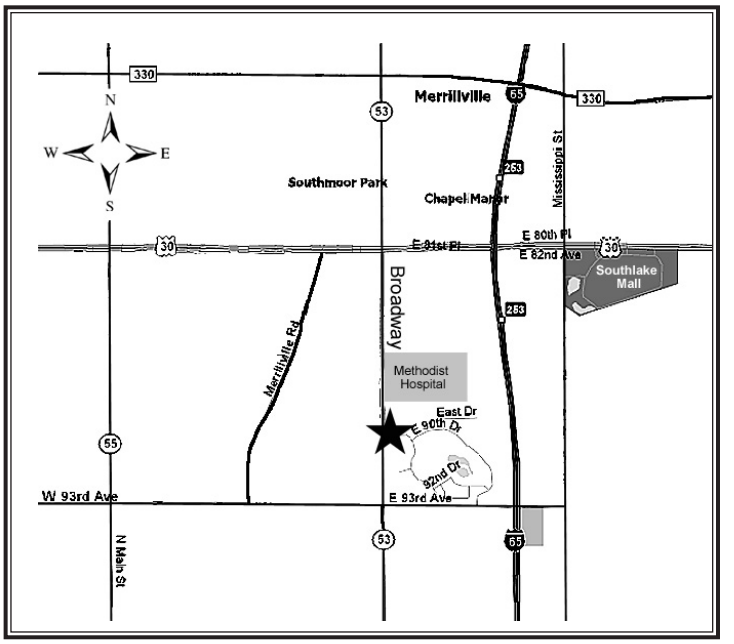
*If a patient is 70 years or older, diabetic, has a history of kidney disease, active heart failure, multiple myeloma, hypertension, Liver disease, current use of non steroidal antinflammatory drugs, and the exam is ordered with IV contrast lab results dated within 1 month are needed prior to scheduling for:

BUN_____ Creatinine_____egfr_____Date Drawn ___/___/___

- ☐ Head
- ☐ Abdomen (only)
- ☐ Pelvis (only)
- ☐ Abdomen & Pelvis
- ☐ Chest
- ☐ Chest: High Resolution
- ☐ Urogram
- ☐ Enterography
- ☐ Renal Stone Protocol
- ☐ Orbits / Pituitary / IAC
- ☐ Sinuses / Facial Bones
- ☐ Soft Tissue Neck
- ☐ Spine: [Circle] Cervical / Thoracic / Lumbar
- ☐ Extremity Specify [Circle] L – R _____

MRI & CT PATIENTS

Please call ahead for screening and instructions. Oral contrast may need to be picked up prior to your appointment. **795-1801**



Southlake MRI & Diagnostic Center
One Cambridge Sq. •108 East 90th Dr.
Merrillville, Indiana 46410
Phone: 219-795-1801 • fax: 219-795-1802

Take Broadway to 90th Drive, go East on 90th Drive pass mailboxes in median on 90th Drive to second entrance on the left to our parking lot.