



4701 W. CERMAK CICERO, IL 60804
P. 708-391-8300 F. 708-391-8307

PATIENT NAME: _____ AGE: _____ DATE: _____

REFERRING PHYSICIAN: _____

REFERRING CLINIC: _____

REFERRING PHYSICIAN OFFICE #: () _____ FAX #: () _____

PHYSICIAN'S SIGNATURE: _____

CLINICAL HISTORY/INDICATION: _____

RQI #: _____

Pre-Certification #: _____

ICD-9: _____

MRI SCREENING

PACEMAKER
 PREGNANT
 CEREBRAL ANEURYSM CLIPS
 METALLIC FOREIGN BODY IN EYE
 HISTORY OF WORKING WITH METAL
 OCULAR TRAUMA
 OTHER NON-ORTHOPEDIC METAL IMPLANTS

INTRAVENOUS CONTRAST PER RADIOLOGIST DISCRETION (If you do not select this option, please select a contrast option where applicable.)

X MAGNETIC RESONANCE IMAGING (MRI)			
<input type="checkbox"/> w/o w/wo BRAIN	<input type="checkbox"/> w/o w/wo NECK SOFT TISSUE	<input type="checkbox"/> w/wo BRACHIAL PLEXUS	
<input type="checkbox"/> w/wo IAC/BRAINSTEM	<input type="checkbox"/> w/o w/wo ABDOMEN	<input type="checkbox"/> w/wo BREAST	
<input type="checkbox"/> w/wo ORBITS/PITUITARY	<input type="checkbox"/> w/o MRCP	OTHER:	
<input type="checkbox"/> w/o w/wo CERVICAL SPINE	<input type="checkbox"/> w/o w/wo PELVIS		
<input type="checkbox"/> w/o w/wo THORACIC SPINE	<input type="checkbox"/> R L B SHOULDER		
<input type="checkbox"/> w/o w/wo LUMBAR SPINE	<input type="checkbox"/> R L B ELBOW	COMMENTS:	
<input type="checkbox"/> w/o Intracranial MRA	<input type="checkbox"/> R L B WRIST		
<input type="checkbox"/> w/o w/wo Carotid/Neck MRA	<input type="checkbox"/> R L B HIP/OSSEOUS PELVIS		
<input type="checkbox"/> w/wo Thoracic Aorta MRA	<input type="checkbox"/> R L B KNEE		
<input type="checkbox"/> w/wo Abdominal Aorta/Renal MRA	<input type="checkbox"/> R L B ANKLE	<input type="checkbox"/> w = with contrast <input type="checkbox"/> R = right	
<input type="checkbox"/> w/wo Lower Extremity Run-off MRA	<input type="checkbox"/> R L B FOOT	<input type="checkbox"/> wo = without contrast <input type="checkbox"/> L = left	
		<input type="checkbox"/> w/wo = with & without contrast <input type="checkbox"/> B = bilateral	

PRIORITY READING - Physician must provide a contact name and number.

HAWTHORNE MRI

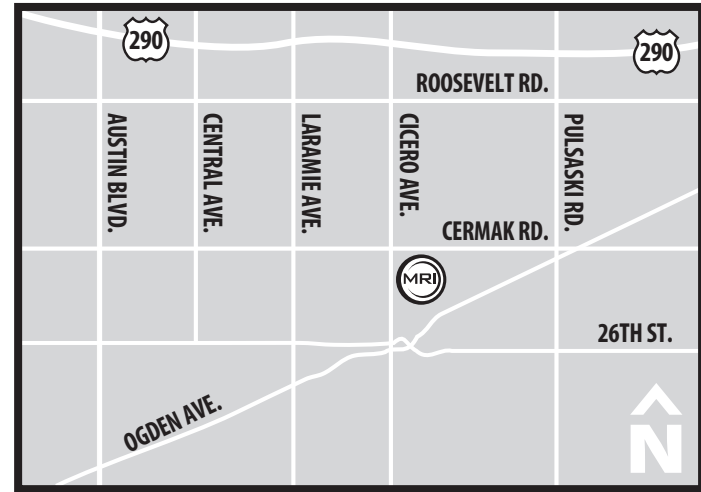
HIGH DEFINITION OPEN BORE IMAGING

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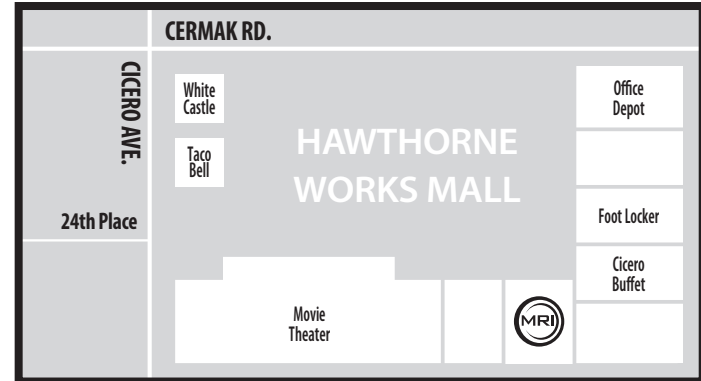


PATIENT INSTRUCTIONS

- PLEASE BRING YOUR INSURANCE CARD.
- Plan to arrive 30 MINUTES BEFORE your scheduled appointment.
- BRING previous X-Rays or scans that are related to your current exam.
- **Diabetic** patients should also fast for 4 hours prior to their exams. Type II diabetics should skip their morning dose of oral medication. Insulin dependent diabetics should consult their physician regarding their insulin dose prior to their exam.
- Otherwise, take prescribed medication according to your physicians instructions.
- **Dialysis** patients should plan to be dialyzed within 24 hours following IV contrast.
- Patients receiving sedation should arrange for transportation to and from the center.
- Abdominal MRI, Pelvic MRI and MRCP patients should fast for at least 4 hours before the exam.
- Patients receiving IV contrast should fast 4 hours before the exam.
- Patients with **Pacemakers** MUST not have MRI examinations.
- Please contact us AS SOON AS POSSIBLE if you have a history of the following:
 - **Brain aneurysm clips**
 - **Artificial heart valve**
 - **Metal in your eyes**
 - **Cochlear implants or ear tubes**
 - **Other implantable devices**
 - **Vascular Filter or Stent**
- Most surgically placed **orthopedic devices** are MRI compatible
- Please call us if you have any questions about MRI safety.



Hawthorne MRI is located in the Hawthorne Works Mall on the Southeast corner of Cicero Ave. and Cermak Road.



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