

Chiropractic MRI Order

Patient Name: _____ Appt. time: _____ Date: _____

Patient Phone Number: (Home) _____ (other) _____

Date of Birth: _____ Social Security: _____

Chart Diagnosis/ICD Code: _____

Signs and Symptoms: _____

Rule-out/Clinical Information: _____

Anatomy to be Imaged

- | | | |
|-------------|-------------------------------------|---------------------------------------|
| Cervical | <input type="checkbox"/> w/contrast | <input type="checkbox"/> w/o contrast |
| Lumbar | <input type="checkbox"/> w/contrast | <input type="checkbox"/> w/o contrast |
| Thoracic | <input type="checkbox"/> w/contrast | <input type="checkbox"/> w/o contrast |
| Other _____ | <input type="checkbox"/> w/contrast | <input type="checkbox"/> w/o contrast |
| Shoulder | <input type="checkbox"/> left | <input type="checkbox"/> right |
| Knee | <input type="checkbox"/> left | <input type="checkbox"/> right |
| Hip | <input type="checkbox"/> left | <input type="checkbox"/> right |
| Other _____ | <input type="checkbox"/> left | <input type="checkbox"/> right |

Indication

- Spinal Indications
- Hnp
- Spondylosis / Facet Djd
- Spondylotic Myelopathy
- Stenosis (Central Canal / Ivf)
- Fracture (Acute Vs Remote)
- Fracture (R/o Pathologic Fx)
- Spondylolysis (Active Vs Inactive)
- Marrow Pathology (Tumor, Etc)*
- Spinal Cord / Nerve (Tumor, M.s., Other.)*
- Spinal Cord (Post Traumatic)
- Post Operative (Contrast For L-spine)*
- Subluxation
- Abnormal X-ray Finding (Specify): _____
- Other _____

Please mark X or circle the location of suspected pathology



*Contrast Routinely Used For :
 - Post Op Lumbar Spine
 - Cord / Nerve Tumor, M.s., Other Path
 - Certain Bone / S.t. Masses, Tumors, Mets Etc.

- Extremity
- Muscle / Tendon Injury
- Bone Injury
- Osteochondral Injury / Path
- Ligament Injury
- Meniscal Tear
- Labral Tear
- Arthrosis
- Loose Body
- Joint / S.t. Swelling
- Soft Tissue Mass
- Post Op
- Subluxation
- Abnormal X-ray Finding (Specify): _____
- Other _____

Requested by: _____ Phone: _____

Provider's Signature: _____ Insurance: _____

Authorization: _____

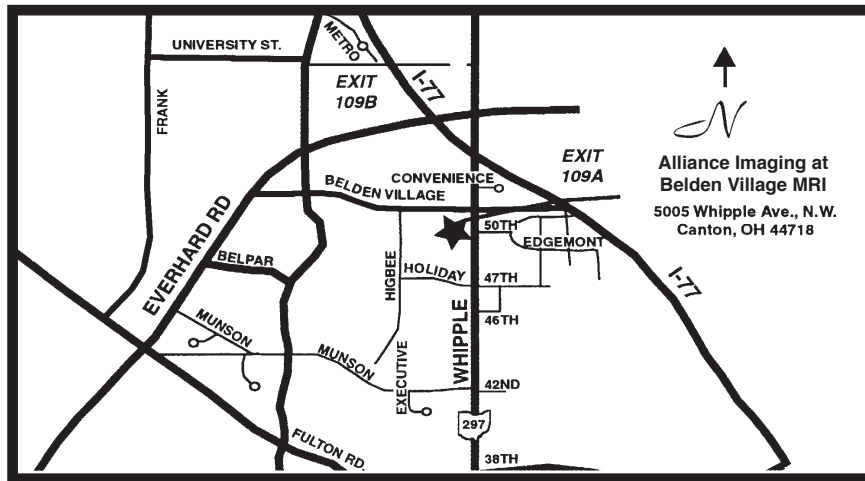
 **ALLIANCE IMAGING**
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Map not to scale