



# Great Lakes MRI of Michigan

MRI Interpretations provided by Cleveland Clinic Dept. of Radiology

**FREE TRANSPORTATION AVAILABLE**

To schedule an exam at Great Lakes MRI call: (586)427-7226 or Toll Free (866)755-7226

or

FAX this completed prescription to (586)427-4966 and the MRI Appointment Center will contact the patient at the number provided to schedule their appointment

Patient Name (*please print*) \_\_\_\_\_ Date \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Referring Physician (*please print*) \_\_\_\_\_ Office Phone # \_\_\_\_\_

Physician's Signature (*required*) \_\_\_\_\_ Office Fax # \_\_\_\_\_

**\*CLINICAL SYMPTOMS (REQUIRED BY INSURANCE):**

| <b>MRI HEAD/NECK</b>   |                           |                                  |
|--|---------------------------|----------------------------------|
| DESCRIPTION  | WITHOUT CONTRAST CPT CODE | WITHOUT & WITH CONTRAST CPT CODE |
| MRI Brain  | 70551                     | 70553                            |
| MRI IAC  | N/A                       | 70553                            |
| MRI Pituitary  | N/A                       | 70553                            |
| MRI Orbits   | N/A                       | 70543                            |
| MRI Skull Base/<br>Cranial Nerves  | N/A                       | 70553                            |
| MRI Face/Parotid   | N/A                       | 70543                            |
| MRI TMJ's <input type="checkbox"/> Rt <input type="checkbox"/> Lt              | 70336                     | N/A                              |
| MRI Neck (Soft Tissue)   | N/A                       | 70543                            |
| <b>MRI SPINE</b>   |                           |                                  |
| MRI Cervical Spine   | 72141                     | 72156                            |
| MRI Thoracic Spine   | 72146                     | 72157                            |
| MRI Lumbar Spine   | 72148                     | 72158                            |
| MRI Sacrum/Coccyx  | 72195                     | 72197                            |
| MRI Sacro-Iliac Joints   | 72195                     | 72197                            |
| MRI Lumbar Plexus  | 72195                     | 72197                            |
| <b>MRI BODY/CHEST</b>  |                           |                                  |
| MRI Abdomen  | 74181                     | 74183                            |
| MRI MRCP   | 74181                     | N/A                              |
| MRI Pelvis   | 72195                     | 72197                            |
| MRI Chest  | 71550                     | 71552                            |
| MRI Brachial <input type="checkbox"/> Rt <input type="checkbox"/> Lt           | 73218                     | 73220                            |
| <b>ARTHROGRAM</b>  |                           |                                  |
| Knee, Hip, Ankle <input type="checkbox"/> Rt <input type="checkbox"/> Lt       |                           | 73722                            |
| Wrist, Elbow, Shoulder <input type="checkbox"/> Rt <input type="checkbox"/> Lt |                           | 73222                            |

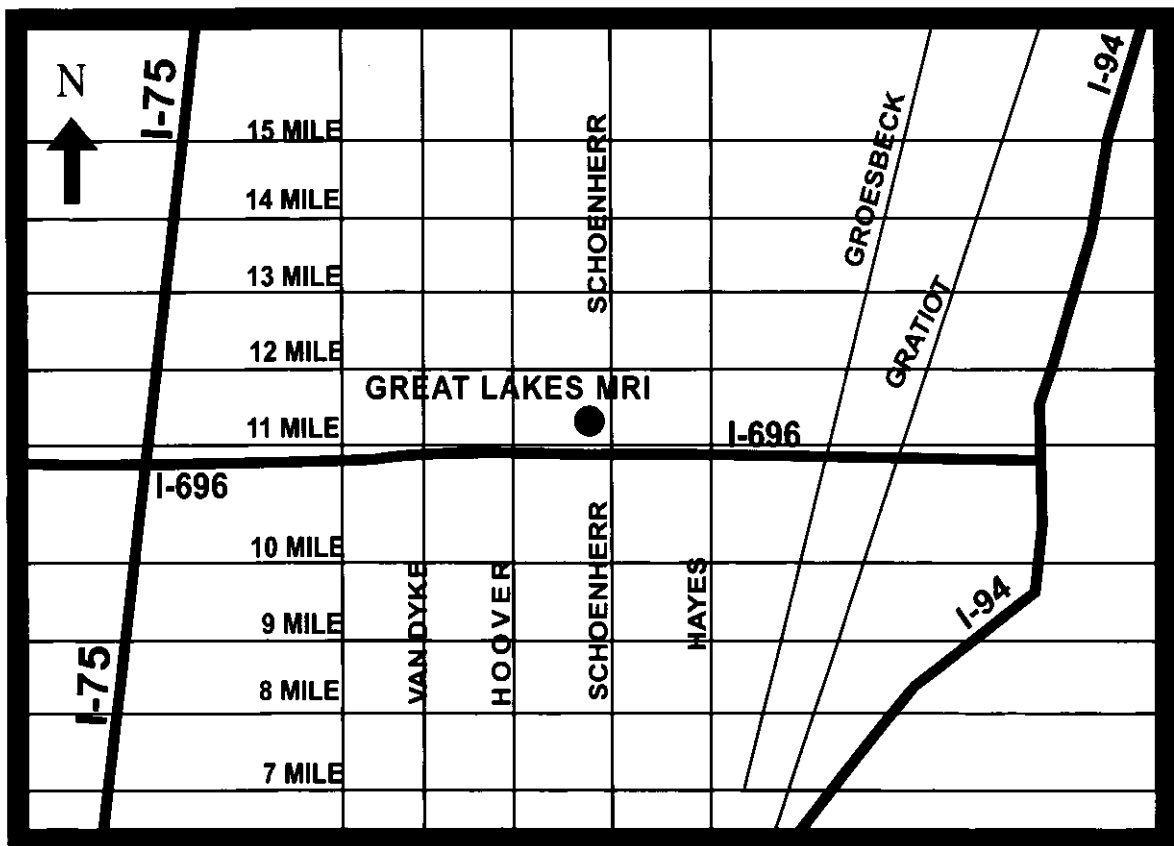
| <b>MRI EXTREMITIES/JOINTS</b>  |  |                           |                                  |
|--|--|---------------------------|----------------------------------|
| DESCRIPTION  |  | WITHOUT CONTRAST CPT CODE | WITHOUT & WITH CONTRAST CPT CODE |
| MRI Shoulder <input type="checkbox"/> Rt <input type="checkbox"/> Lt                         |  | 73221                     | 73223                            |
| MRI Elbow <input type="checkbox"/> Rt <input type="checkbox"/> Lt                            |  | 73221                     | 73223                            |
| MRI Wrist <input type="checkbox"/> Rt <input type="checkbox"/> Lt                            |  | 73221                     | 73223                            |
| MRI Hand <input type="checkbox"/> Rt <input type="checkbox"/> Lt                             |  | 73218                     | 73220                            |
| MRI Upper Arm/<br>Humerus/Biceps <input type="checkbox"/> Rt <input type="checkbox"/> Lt     |  | 73218                     | 73220                            |
| MRI Forearm/<br>Ulna/Radius <input type="checkbox"/> Rt <input type="checkbox"/> Lt          |  | 73218                     | 73220                            |
| MRI Femur/Thigh <input type="checkbox"/> Rt <input type="checkbox"/> Lt                      |  | 73718                     | 73720                            |
| MRI Lower Legs/Calf<br>/Tibia/Fibula <input type="checkbox"/> Rt <input type="checkbox"/> Lt |  | 73718                     | 73720                            |
| MRI Hip <input type="checkbox"/> Rt <input type="checkbox"/> Lt                              |  | 73721                     | 73723                            |
| MRI Knee <input type="checkbox"/> Rt <input type="checkbox"/> Lt                             |  | 73721                     | 73723                            |
| MRI Ankle <input type="checkbox"/> Rt <input type="checkbox"/> Lt                            |  | 73721                     | 73723                            |
| MRI Foot <input type="checkbox"/> Rt <input type="checkbox"/> Lt                             |  | 73718                     | 73720                            |
| <b>ANGIOGRAPHY</b>   |  |                           |                                  |
| MRA Brain (Circle of Willis)   |  | 70544                     | N/A                              |
| MRA Carotids   |  | 70547                     | 70549                            |
| MRA Renals   |  | N/A                       | 74185                            |
| MRA Abdomen  |  | N/A                       | 74185                            |
| MRA Lower Extremity<br>/Peripherals  |  | N/A                       | 73725                            |

Copies of film needed YES or NO

**YOU MUST BRING THIS PRESCRIPTION WITH YOU ON THE DAY OF YOUR APPOINTMENT.**

# PATIENT INSTRUCTIONS

- No preparation required for routine MRI studies. You will be given specific instructions for MRCP or if you require IV sedation.
- You may eat, drink, and take medications as usual prior to exam.
- You will need to remove all metallic objects such as jewelry, watches, hair pins, nonpermanent dentures, keys, and credit cards.
- People with cardiac pacemakers or other implanted devices cannot be scanned because MRI uses a large magnetic field.
- If you have a history as a metal worker or have metal objects implanted in your body either by surgical procedure, such as stent placement, or accident, such as shrapnel or metal shavings, please notify personnel when scheduling your appointment.
- Please bring this script to your appointment for scan.
- Please bring insurance cards and ID to appointment.



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