OPEN AIRE MRI of FORT SMITH

5701 Euper Lane
Fort Smith, Arkansas 72903
[479] 452-3810 phone
[479] 452-3444 fax

Open MRI Request

Patient Name: ______________________

Appt. Date: ______________ Appt. Time: ______________

Diagnosis: ______________________

Referring Physician: ______________________

- ❑ Please call report STAT - Phone: ______________
- ❑ Written report
- ❑ Please send films
- ❑ Return patient to my office
- ❑ Send films with patient

❑ Brain	❑ Pelvis	
❑ IAC	❑ Knee	❑ Right or Left ❑
❑ Pituitary	❑ Hip	❑ Right or Left ❑
❑ Orbits	❑ Shoulder	❑ Right or Left ❑
❑ Cervical Spine	Specify ______________	
❑ Thoracic Spine		
❑ Lumbar Spine	Contrast Indicated? yes ❑ no ❑	
❑ Abdomen	❑ Other ______________	
❑ Foot	______________	
❑ Hand	______________	
❑ Chest	______________	
	______________	

When will your office follow-up with patient? ______________

Date / Time ______________

MR ANGIO

❑ Intracranial ❑ Extracranial (carotids) ❑ Other ______________

SPECIAL INSTRUCTIONS

- Patients with Pacemakers MAY NOT undergo a MR exam
- Patients with Aneurysm Clips MAYNOT undergo a MR exam
- Patients should wear clothing with NO metallic zippers or buttons

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