

PLEASE FAX TO: 888-452-7999

888-MVHS MRI (684-7674) MVHS.org

Lawrence General Hospital
1 General Street
Lawrence, MA 01842-0389
Tax ID#: 222-60-4915
NPI#: 1124185616



MVHS Imaging Center
100 Andover Bypass (Rt. 125)
North Andover, MA 01845
Tax ID#: 222-60-4915
NPI#: 1518114305



MRI services provided by Merrimack Valley Health Services

Referring Physician Phone Fax
Address

\*Patient Name (Last, First) \*Date of Birth
Home Phone # Cell Phone #
\*Health Insurance Company Policy # Authorization #
MVHS to obtain pre-authorization? Yes No
MVA W/C Adjuster's Name Phone #

Requested MRI/MRA Procedure

(please check off desired scan type)

- BRAIN KNEE L R BREAST
CERVICAL ANKLE L R L R
THORACIC FOOT L R
LUMBAR WRIST L R BRAIN MRA
ABDOMEN Specify ELBOW L R NECK MRA
PELVIS Specify SHOULDER L R CHEST MRA
ORBITS HAND L R ABDOMEN MRA
SOFT TISSUE NECK FOREARM L R PELVIS MRA
BRACHIAL PLEXUS Specify HUMERUS L R LOWER LEG MRA
OTHER SCAN TYPE THIGH L R MRCP
LOWER LEG L R

COMMENTS:

PLEASE INDICATE: No Contrast With and Without Contrast Contrast at Radiologist Discretion
For Patient SAFETY: X-rays may be obtained Bloodwork (BUN and Creatinine) may be obtained

\* SIGNS AND SYMPTOMS:

\* DIAGNOSIS:

MVHS USE ONLY
Protocol
Radiologist Signature

\*Physician Signature Date

\* REQUIRED FIELDS

FOR INSURANCE PRECERTIFICATION - attach Clinical Notes
Date of Last Office Visit: Previous Course of Treatment:
Dates of P.T./O.T.:
Other Pertinent Information: