

PLEASE FAX TO: 888-452-7999

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



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



Your Neighborhood Imaging Provider
MRI Services provided by
Merrimack Valley Health Services

323 Lowell Street West Bldg,
Lower Level, Andover, MA 01810
Tax ID#: 222-60-4915
NPI#:1518114305

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
THORACIC FOOT L R
LUMBAR WRIST L R
ABDOMEN Specify ELBOW L R
PELVIS Specify SHOULDER L R
ORBITS HAND L R
SOFT TISSUE NECK FOREARM L R
BRACHIAL PLEXUS Specify HUMERUS L R
OTHER SCAN TYPE THIGH L R
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: