MRI Referral Form

NorthwestMRI
Fast. Friendly. Affordable. Professional Service.

Fax: 541-405-4020
2604 South Main Road, Lebanon, OR 97355
Office: 541-570-1728
www.northwestmri.com

Patient:_____ Date of Birth:_____

Cell Phone:_____ Home Phone:_____

MRI Exam:_____

Contrast at Radiologist Discretion: YES☐ NO☐

Diagnosis:_____

_____ ICD.10 _____

Ordering Physician:_____

Ordering Provider signature: _____

Physician Phone:_____ Fax:_____

Physician e-mail (Secure online link to our PACS to receive images):_____

_____

Notes:_____

_____

For IV Contrast Studies:

	YES	NO
Diabetic	____	____
Allergies	____	____
Pregnant	____	____
Breastfeeding	____	____

Please Identify All Contraindications:

	YES	NO
Claustrophobic	____	____
Pacemaker	____	____
Artificial Valves	____	____
Aneurysm Clips	____	____
Nerostimulator	____	____
Cochlear Implants	____	____
Surgically Implanted Metal	____	____
Worked w/ grinders, welding	____	____

*"Our **mission** is to provide high quality, accessible, and **affordable** MRI services for **economical** minded consumers in a **fast, friendly,** and **professional** manner."*