



Phone: 888-MRI-4-NOW (888.674.4669)

Fax: 248.284.2380 • www.PremierMRI.us



☐ **Southfield**

29275 Northwestern Hwy.  
Suite 175  
Southfield, MI 48034  
(MRI & X-Ray)

☐ **Novi**

25500 Meadowbrook Road  
Suite 150  
Novi, MI 48375  
(MRI, CT & X-Ray)

☐ **Pontiac**

44200 Woodward Ave.  
Suite 112  
Pontiac, MI 48341  
(CT & X-Ray)

☐ **Clinton Twp./Sterling Hts.**

43475 Dalcorna  
Suite 150  
Clinton Twp., MI 48038  
(MRI & X-Ray)

☐ **Madison Heights**

30781 Stephenson Hwy.  
Madison Heights, MI 48071  
(A true  
OPEN MRI)

☐ **Allen Park**

15670 Southfield Road  
Allen Park, MI 48101  
(3.0 Tesla MRI)

Patient Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_

Diagnosis/Reason \_\_\_\_\_  
(Rule Out Diagnosis is not accepted)

Physician Name (please print) \_\_\_\_\_

Physician Office Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Medicare & Medicare Advantage Plans Appropriate Use Criteria: HCPCS Modifier: \_\_\_\_\_ & G-Codes: \_\_\_\_\_

Arthrogram? ☐ Yes ☐ No

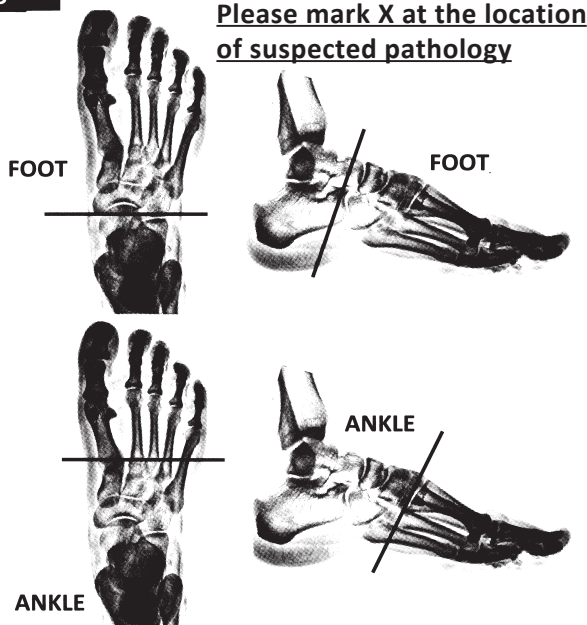
Is Transportation Needed? ☐ Yes ☐ No

Is Translator Needed? ☐ Yes ☐ No

**ANATOMY TO BE IMAGED**

<input type="checkbox"/> Right <input type="checkbox"/> Left	MRI WITHOUT CONTRAST	MRI WITH & WITHOUT CONTRAST	CT WITHOUT CONTRAST	CT WITH CONTRAST	CT WITH & WITHOUT CONTRAST
Ankle (Hindfoot/Midfoot)	<input type="checkbox"/> 73721	<input type="checkbox"/> 73723	<input type="checkbox"/> 73700	<input type="checkbox"/> 73701	<input type="checkbox"/> 73702
Foot (Midfoot/Forefoot)	<input type="checkbox"/> 73718	<input type="checkbox"/> 73720	<input type="checkbox"/> 73700	<input type="checkbox"/> 73701	<input type="checkbox"/> 73702
<b>3-D Reconstruction</b>			<input type="checkbox"/> 76377	<input type="checkbox"/> 76377	<input type="checkbox"/> 76377
MRA Lower Extremity		Unilateral <input type="checkbox"/> 73725		Bilateral <input type="checkbox"/> 73725	
CTA Lower Extremity		Unilateral <input type="checkbox"/> 73706		Bilateral <input type="checkbox"/> 73706	

**INDICATIONS**



Please mark X at the location  
of suspected pathology

- ☐ Fracture or Contusion
- ☐ Heel Pain
- ☐ Ligament Injury
- ☐ Mass (ganglions, etc.)
- ☐ Morton Neuroma
- ☐ Osteomyelitis
- ☐ Plantar Fibromatosis
- ☐ Talar Dome Lesion
- ☐ Tarsal Coalition
- ☐ Tarsal Tunnel
- ☐ \_\_\_\_\_ Tendon Pathology
- ☐ Other \_\_\_\_\_
- ☐ Diagnosis/ICD10 Code: \_\_\_\_\_
- ☐ Signs/Symptoms: \_\_\_\_\_

**Same or next day appointments are available.**

## PATIENT INSTRUCTIONS

A medical history is extremely important and must be obtained by our nursing staff prior to your appointment to ensure safety and avoid any unnecessary cancellation or delay of your exam.

### ALL PROCEDURES:

- You must bring the prescription from the ordering physician.
- You need to have photo ID, and insurance info (if applicable).
- If your test (CT or MRI) is ordered with contrast please let us know if you've ever experienced difficulty with contrast in the past.
- Unless ordered STAT or same day, a report will be faxed to the ordering physician within 2 business days.

### PREPARATION FOR MRI:

- **WHEN YOU SCHEDULE YOUR APPOINTMENT LET US KNOW IF YOU HAVE ANY IMPLANTED ELECTRONIC DEVICE SUCH AS A PACEMAKER, DEFFIBRILATOR, COCHLEAR IMPLANT, INSULIN PUMP, ETC.**
- If your MRI is ordered "With Contrast" and you are over 60 or have a history of kidney problems you may be required to obtain a lab test for BUN/Creatinine prior your MRI. Your physician should provide you with a script for this test.
- Please arrive 30 minutes ahead of your appointment time to complete required paperwork.
- Paperwork is available on-line at [www.PremierMRI.us](http://www.PremierMRI.us). Bringing completed paperwork to your appointment will require you to arrive only 15 minutes ahead of your scheduled time.
- Medication patches must be removed before entering the MRI.
- **NO METAL** can go into the scanner (zippers, snaps, jewelry, hair clips/pins, etc.)
- Do not wear makeup.
- You may ask your doctor for a mild sedative to take prior to the procedure if you think it will help you relax for the exam.

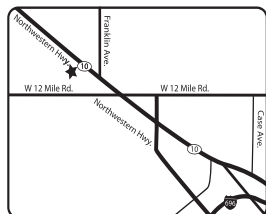
### PREPARATION FOR CT:

- If your CT is ordered with contrast you will require BUN/Creatinine lab testing if you have a history of kidney disease, renal failure or diabetes.
- Let the technologist know if you've ever had a reaction to x-ray contrast in the past.

**LOCATION & PARKING:** Free, well lighted, close, and convenient parking is available adjacent to our offices.

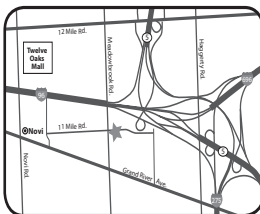
**CANCELLATION COURTESY - 24 HOUR NOTICE REQUIRED FOR ANY STUDY  
EACH PATIENT RECEIVES A PERSONALIZED CD OF THEIR STUDY**

#### Southfield Center MRI, X-ray



29275 Northwestern Highway, Suite 175  
Southfield, MI 48034

#### Novi Center MRI, CT, X-ray



25500 Meadowbrook Road, Suite 150  
Novi, MI 48375

#### Pontiac/ Bloomfield Hills Center CT, X-ray (Park at East Entrance)



44200 Woodward Ave., Suite 112  
Pontiac, MI 48341

#### Clinton Township/ Sterling Heights MRI, X-ray



43475 Dalcorna, Suite 150  
Clinton Township, MI 48038

#### Madison Heights A true OPEN MRI



30781 Stephenson Highway  
Madison Heights, MI 48071

#### Allen Park 3.0 Tesla MRI



15670 Southfield Road  
Allen Park, MI 48101