AULTMAN
ALLIANCE COMMUNITY HOSPITAL

IMAGING DEPARTMENT

MRI (LONG)

200 East State Street
Alliance, Ohio 44601
Scheduling:330-596-7187
Imaging: 330-596-7700

Patient: _____ Birthdate: _____ Age: _____
Weight: _____ Height: _____ Physician: _____
Scheduled/ Requested Date: _____ Stat [ ] Routine [ ] PreOp [ ]
Time: _____ Allergies: No [ ] Yes [ ] _____
Symptoms: _____ Contrast Allergies No [ ] Yes [ ] _____
_____
Precert#: _____

MRI Order List of Exams

X	Head	X	Upper Extremity	X	Pelvis
	Brain without and with contrast		Shoulder L - R		Sacral Plexus
	Attn.		Humerus L - R		Bladder
	Routine		Elbow L - R		Prostate
	IAC's		Forearm L - R		Uterus
	Orbits/Visual Pathway		Wrist L - R		Bony
	Post Fossa/Temp Lobes		Hand L - R		Other please specify:
	Cranial/Facial nerves				
	Pituitary		**Lower Extremity**		
	Brain without contrast		Hip(s) L - R		
	MRA Circle of Wills		Femur L - R		
	MRV:		Knee L - R		**Other exams**
	Sagittal Sinus		Lower Leg L - R		MRA Runoffs
	Transverse Sinus		Ankle L - R		Lower extremity
			Foot L - R		Specify:
	Chest				
	Brachial Plexus without		**Neck**		
	MRA Heart and Great vessels		Soft Tissue neck		
	Scapula L - R		MRA Carotids		
	Clavicle L - R				
			Abdomen		
	Spine		Liver		
	Cervical without		Pancreas		
	Cervical without & with		Kidney / Adrenal		
	Thoracic without		MRA Renals		
	Thoracic without and with		MRCP		
	Lumbar without				
	Lumbar without and with				
	Sacrum / Coccyx				