



Excellence in Extremity MRI

# EXTREMITY MRI ORDER FORM

Contact us toll free:

Call **1-866-398-7364** or Fax **1-866-267-0144**

Patient's Name \_\_\_\_\_

Date \_\_\_\_\_

Patient's Phone 1 (\_\_\_\_\_) \_\_\_\_\_

Patient's Phone 2 (\_\_\_\_\_) \_\_\_\_\_

Insurance Name \_\_\_\_\_

- Male
- Female

Insurance ID# \_\_\_\_\_

DOB \_\_\_\_\_

MRI ORDER FOR	LEFT	RIGHT	BOTH
Forefoot			
Midfoot			
Hindfoot/Ankle			
Lower Leg			
Knee			
Hand			
Wrist			
Lower Arm			
Elbow			

**Choose an EIP Center:**

**EIP—Overland Park, KS**  
 11011 King Street, Suite 225  
 Overland Park, KS 66210

Note SPECIFIC AREA OF INTEREST

---



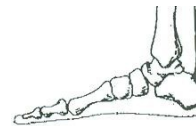
---



---



---



Note CURRENT DIAGNOSIS or REASON FOR TREATMENT

---



---



---



---

Precert # \_\_\_\_\_

Referring Dr. (print name) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Dr. SIGNATURE \_\_\_\_\_

### Check any that apply:

- Pacemaker/Defibrillator
- Worked w/ metal, hit in face/eyes w/ metal, metal removed from face/eyes (need orbital x-rays)
- Recent surgery in area of interest ( fax op report)
- Implanted device (ex, cochlear implants, bone stimulators, pins/screws, etc.)
- Heart valve/stent (need card or op report)
- Brain surgery/aneurysm clips
- Possibility of Pregnancy
- Weighs >350lbs
- Previous MRI (any kind)
- Was seen at EIP before
- NONE APPLY**

**Thank you for choosing EIP!**



Appointment Date \_\_\_\_\_

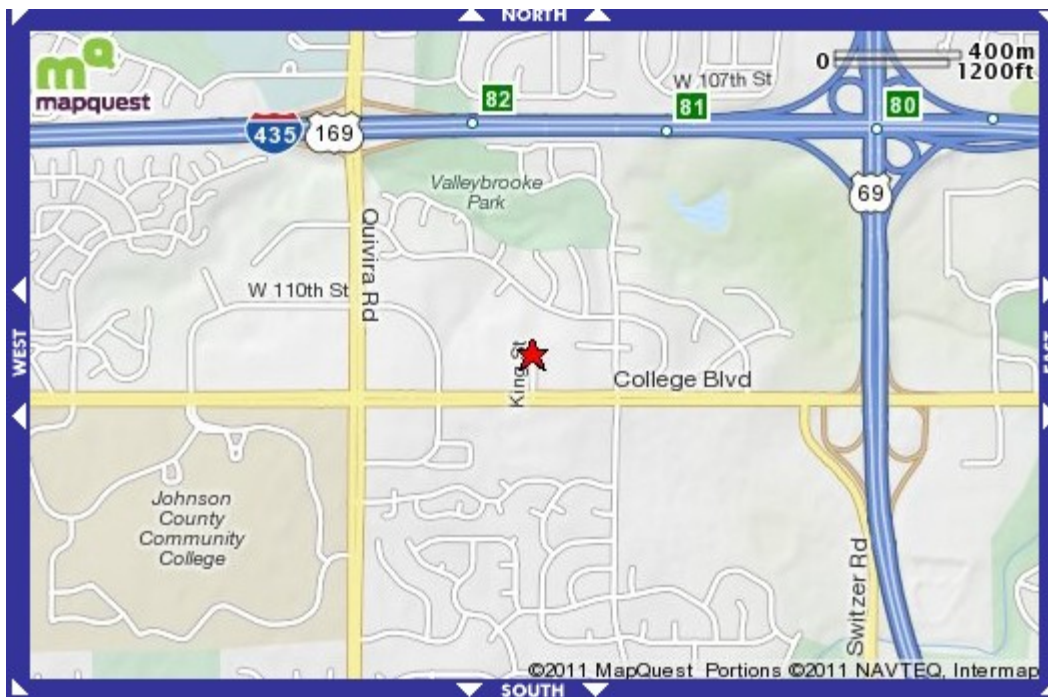
Appointment Time \_\_\_\_\_



*Thank you for choosing EIP!*

## **DIRECTIONS**

To create customized maps/directions from your address, visit our website at [www.eipmri.com](http://www.eipmri.com) and click on EIP centers.



### **EIP—Overland Park, KS**

11011 King Street  
Suite 225  
Overland Park, KS 66210

913-906-9572