



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—Allentown, PA

Trexler Park Medical Art Building  
3131 College Heights Blvd, Suite 400  
Allentown, PA 18104

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

Note SPECIFIC AREA OF INTEREST

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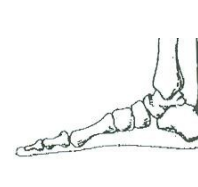
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Note CURRENT DIAGNOSIS or REASON FOR TREATMENT

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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 \_\_\_\_\_

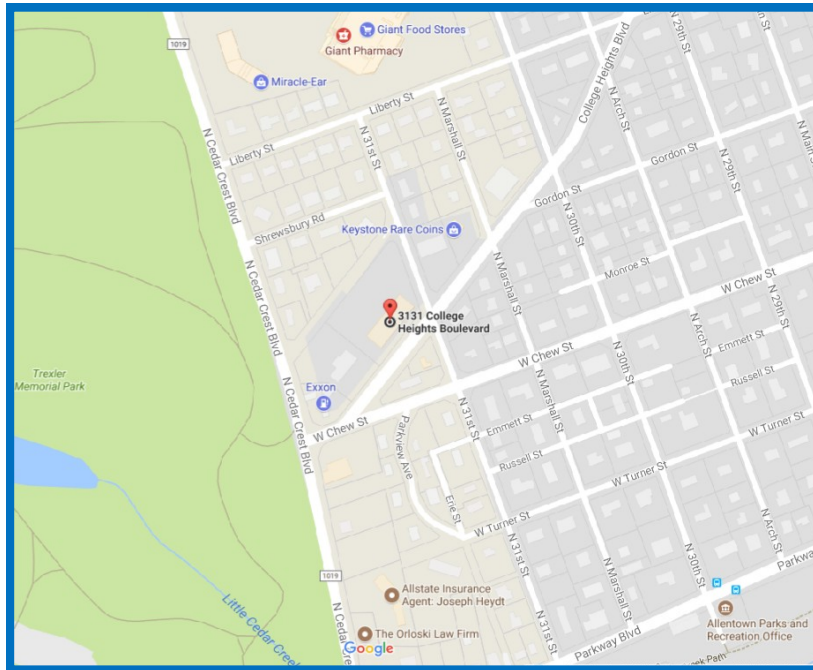
Appointment Time \_\_\_\_\_



*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 — Allentown, PA**

Trexler Park Medical Art Building  
3131 College Heights Blvd  
Suite 400  
Allentown, PA 18104

610-432-1055