



Neurological Associates of Washington MRI

13107 121st Way NE, Kirkland, WA 98034

<http://www.neuroassociates.us/>

Specialty Neuroscience Protocols

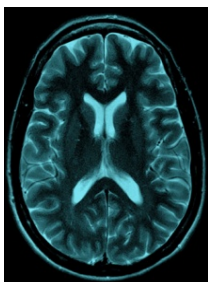
Scheduling: 425-658-3331 FAX: 425-284-1158

Patient Name: _____ DOB: _____ Primary phone: _____

Appointment Date: _____ Time: _____ Secondary phone: _____

Step 1: Select Specialty Protocol

BRAIN (with contrast?) _____



- | | | |
|--|---|--|
| <input type="checkbox"/> Speech Disturbance R47.9 | <input type="checkbox"/> Headache R51 | <input type="checkbox"/> Dementia G30.9 |
| <input type="checkbox"/> Head Injury S06890A | <input type="checkbox"/> Multiple Sclerosis G35 | <input type="checkbox"/> Convulsions R56.9 |
| <input type="checkbox"/> Stroke I67.89 | <input type="checkbox"/> Tumor C71.9 | <input type="checkbox"/> Memory Loss R41.3 |
| <input type="checkbox"/> Internal Aud. Canal D33.3 | <input type="checkbox"/> Pituitary/Sella D35.2 | <input type="checkbox"/> Postop G93.89 |
| <input type="checkbox"/> Posterior Fossa G93.5 | <input type="checkbox"/> Meningioma D32.0 | <input type="checkbox"/> Other _____ |

C SPINE (with contrast?) _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Radiculopathy M54.12 | <input type="checkbox"/> Soft Tissue Neck M54.2 | <input type="checkbox"/> Flexion M21.219 |
| <input type="checkbox"/> Spinal Stenosis M48.02 | <input type="checkbox"/> Multiple Sclerosis G35 | <input type="checkbox"/> Other _____ |

T SPINE (with contrast?) _____

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Myelopathy M51.04 | <input type="checkbox"/> Multiple Sclerosis G35 | <input type="checkbox"/> Syrinx G95.0 |
| <input type="checkbox"/> Spinal Stenosis M51.24 | <input type="checkbox"/> Trauma M54.16 | <input type="checkbox"/> Other _____ |

L SPINE (with contrast?) _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Radiculopathy M54.16 | <input type="checkbox"/> Spinal Stenosis M48.06 | <input type="checkbox"/> Postop T88.9XXS |
| <input type="checkbox"/> Trauma M54.5 | <input type="checkbox"/> Tumor C72.0 | <input type="checkbox"/> Other _____ |

MR SPECIAL STUDIES: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Knee Region M25.569 | <input type="checkbox"/> Sacral Plexus G54.1 | <input type="checkbox"/> Brachial Plexus G54.0 |
| <input type="checkbox"/> Elbow Region G56.20 | <input type="checkbox"/> Carpal Tunnel G56.00 | <input type="checkbox"/> Other _____ |

MR ANGIO: _____

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cranial MRA | <input type="checkbox"/> Cervical MRA | <input type="checkbox"/> Cranial MRV |
| Aneurysm=I67.1 AVM=Q28.2 | | |

MR ORTHO: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Elbow Joint M25.529 | <input type="checkbox"/> Pelvic Survey R10.2 | <input type="checkbox"/> Hip Joint M25.859 |
| <input type="checkbox"/> Knee Joint M25.569 | <input type="checkbox"/> Foot M25.579 | <input type="checkbox"/> Shoulder M25.519 |



(Please see other side)



Neurological Associates of Washington MRI Specialty Neuroscience Protocols

Step 2: If IV Contrast (if none, please skip to Step 3)

- Age over 60? Renal Disease? Blood Disorder?
 Diabetes? Hepatic Disease? History of Hypertension?

If so, please:

1. Arrange for serum creatinine level to be measured within 6 weeks of scan
2. Attach copy of the lab report

Thank you!

For Technician Use

_____ cc. Gadavist

Step 3: Safety Screening (please check here if none apply)

- Pacemaker? Implanted Devices? Shrapnel/retained metal? Prior contrast rx?
 Aneurysm Clips? Over 300 lbs? Claustrophobia? Possibly pregnant?

Step 4: Clinical History:

STAT reading?

Step 5: Signature

Physician Signature: _____ Print Name: _____ Date: _____

Office Location: _____ Phone: _____ Fax: _____

Step 6: Authorization

Please fax copy of insurance card and pre-auth. document for this MRI to 425-284-1158

Insurance Name: _____

ID#: _____

Authorization Number: _____

CPT Code: _____ Obtained By: _____

Benefits/Eligibility verified on: _____

Coinsurance: _____

Deductible: _____

OOP Max: _____