



Radiology Associates, P.A.  
 Doctors Building  
 Suite 101  
 500 S. University  
 Little Rock, AR 72205  
 Scheduling: 501-661-1210  
 888-390-7272  
 Fax: 501-661-1513

# MRI/MRA REFERRAL FORM

Name of Patient	D.O.B.
Home Phone Number	Work Phone Number
Diagnosis	Insurance Name
Referring Physician (Please PRINT)	Physician's Signature
Primary Care Physician (Please PRINT)	Address

AREA TO BE SCANNED (Be specific)

<input type="checkbox"/> Head	<input type="checkbox"/> Cervical	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Lumbar	<input type="checkbox"/> Knee R L	<input type="checkbox"/> Hip R L
<input type="checkbox"/> Ankle R L	<input type="checkbox"/> Shoulder R L	<input type="checkbox"/> Breast R L Both	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Wrist R L	<input type="checkbox"/> Elbow R L	<input type="checkbox"/> Foot R L	<input type="checkbox"/> Hand R L		

MRA (vascular blood flow study, brain, carotid, renal, abdominal, extra arteries) specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fax order to 501-661-1513**

## MAGNETIC RESONANCE IMAGING – MRI

Please answer the following questions prior to scheduling a patient.

The following items can interfere with the MRI study. Some can be hazardous to the patient's safety. Carefully check the appropriate box for each item listed below.

- |   |   |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Claustrophobia (sedation required)         | <input type="checkbox"/> Yes <input type="checkbox"/> No Metal Worker or Possible metal fragments in head, eye or body (e.g. welders, machinists) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies _____                            | <input type="checkbox"/> Yes <input type="checkbox"/> No Metal rod, pin, screw or orthopedic (bone) device  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Insulin Dependent Diabetic                 | <input type="checkbox"/> Yes <input type="checkbox"/> No Middle Ear Prosthesis (Cochlear Implant)   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac (Heart) Pacemaker                  | <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Aid  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Implanted Electrodes or Electrical Devices | <input type="checkbox"/> Yes <input type="checkbox"/> No Prosthetic Heart Valve   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Pumps (Infusion, Insulin, Chemotherapy)    | <input type="checkbox"/> Yes <input type="checkbox"/> No Sickle Cell Anemia, Renal dz (specify)   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Brain Aneurysm Clip or Surgery             | <input type="checkbox"/> Yes <input type="checkbox"/> No Known or possible pregnancy  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Brain Surgery                        | <input type="checkbox"/> Yes <input type="checkbox"/> No Breast Feeding   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Vascular Surgery                     | <input type="checkbox"/> Yes <input type="checkbox"/> No Patient Weight exceeding 300 lbs.  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Lumbar Spine Surgery                 |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No War Injury or Gunshot Wound                |   |

If the response to any of the above questions is "yes," please contact the imaging center for further consultation prior to the appointment.

Previous x-rays, CT or MRI:  Yes  No  Patient to bring  Will send by courier

*I authorize Radiology Associates, P.A. to perform the requested procedure and/or other procedures, as needed, based on the radiologists' professional judgement. I have reviewed the above information and affirm it to be correct to the best of my knowledge.*

\_\_\_\_\_

Patient Signature/Date \_\_\_\_\_  
 Witness Signature/Date

RAPA employees are unable to watch unattended children. Please make provisions for childcare, if necessary, prior to coming to our office for your radiologic exam.

**Please bring all insurance information to each visit.**

Most major insurers will pay for radiology examinations, although some require prior authorization for certain procedures. Patients may be required to pay at the time of service depending on the type of insurance coverage. You should check your benefits with your insurance at least a day before the exam.

Your insurance policy is a contract between you and your insurance company. As a courtesy to you, we will be glad to file your insurance claims. Bring your insurance card with you when you come for the exam. You will be responsible for all services that are not covered by your insurance.

If you have any questions about your coverage, you may call our business office at 501-664-3914 or 888-390-7272.

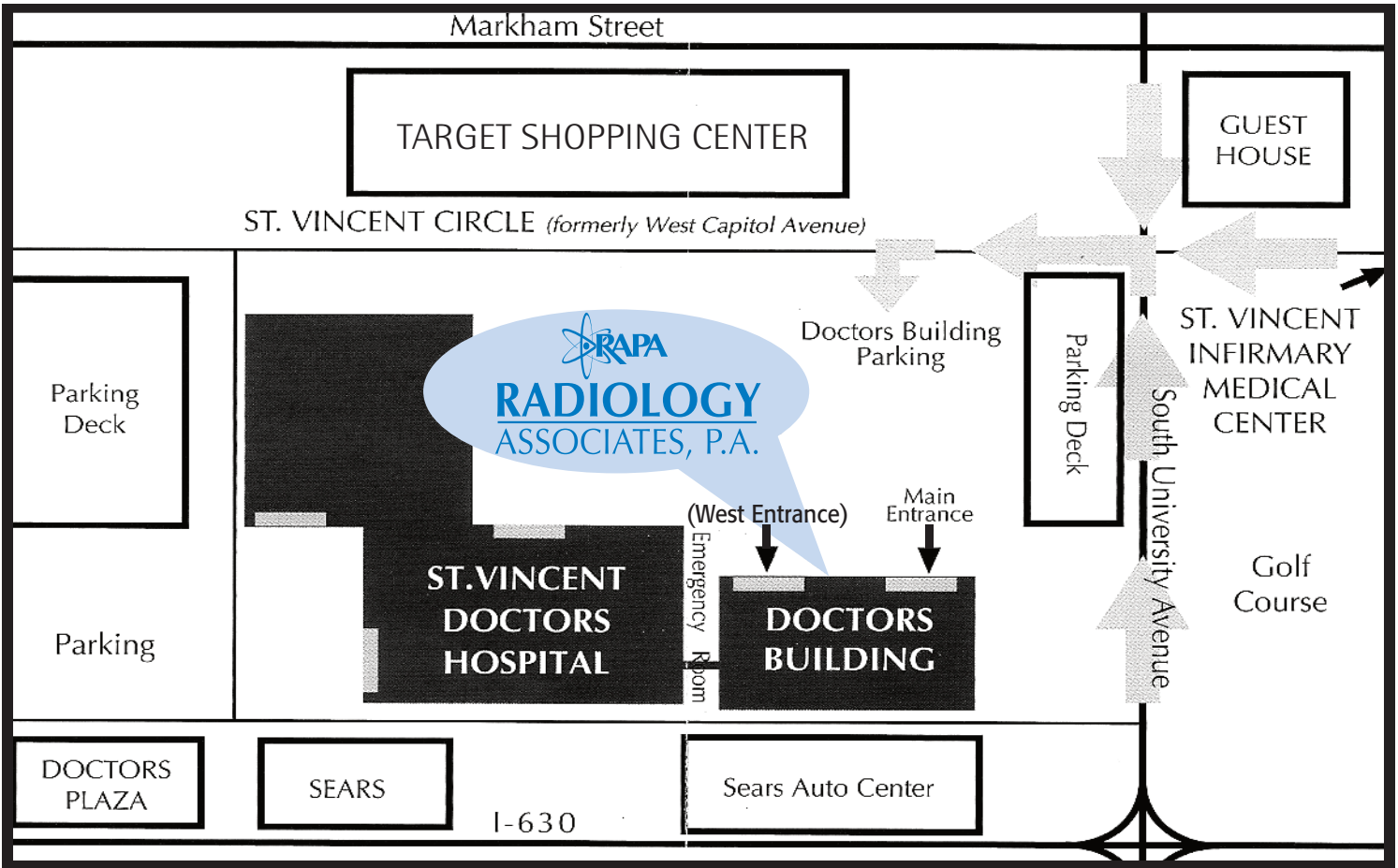
### Date of Procedure

### Arrival Time

### IMPORTANT

**If you cannot meet your appointment, please call 501-686-2680 24 hours in advance.**

RAPA accepts most major insurance plans, including Blue Cross Blue Shield products, Aetna, CIGNA, United Health Care and QualChoice QCA. Prior authorization may be required for CIGNA Connecticut General and Tri-Care Prime. Please pre-authorize before scheduling procedure.



*Should you have any trouble getting to your appointment, please call 661-1210*

**From I-630 West (from downtown)**, take Exit 5A (staying in the far left lane). Follow the exit ramp onto University Ave. Once on University Ave., travel to the next traffic light and turn left onto St. Vincent Circle. The Doctors Building is the first building on your left. RAPA's MRI Center is located on the first floor.

**From I-630 East (towards downtown)**, take Exit 5 to University Ave. Turn left onto University Ave. and travel to the second traffic light, turning left onto St. Vincent Circle. The Doctors Building is the first building on your left. RAPA's MRI Center is located on the 1st floor.

RAPA's MRI Center is located on the first floor of the Doctors Building. Once in the main building you will see RAPA's Imaging Center, Suite 101, on your right.

Should you have any trouble getting to your appointment, please call 661-1210.

**PREPARATIONS:** To help us obtain optimal images please do not wear eye make-up, hair spray or other hair preparations. Hearing aids, eye glasses, dentures and jewelry must be removed.

MRI/MRA: No special preparation required.

MRCP: Nothing by mouth 4 hours prior to exam.

***If your appointment is scheduled after 6:30 pm***

If your appointment is scheduled after 6:30 pm, the main building may be locked. Use the red "call button" on the building to the right of the entry way marked "Evening MRI." Push that button to alert the technologist and the door will be unlocked for you to enter. You may also call 661-1210 or dial 686-2652 for further assistance.

***Patients arriving more than 30 minutes late for their set arrival time, may be rescheduled. Please arrive at your scheduled time.***

Date of Procedure

Arrival Time