LAKE ZURICH OPEN MRI

Diagnostic and Interventional Radiology Center

Ph: (847) 726-0674 Fax: (847) 726-0675 Email: info@lakezurichopenmri.com
721 W State Rte. 22, Lake Zurich, IL 60047

Physician Order Form – Imaging and TREATMENT SERVICES

PATIENT INFORMATION

DATE:_____

Patient Name:_____ **Date of birth:** ____/____/_____

Patient Phone #:_____ [ ] Please call patient - [ ] Patient will call to schedule

CPT code:_____ **Prior Comparison:**_____

ICD 10 code:_____ **Authorization #:**_____ *For Preauthorization please use NPI: 1285746487, TAX ID: 54-2179853 Legal Business Name: Advanced Vein Treatment and Imaging Center*

Reason for Exam:_____

Prior related study/ Date/ Results:_____ Labs – Bun/Cr:_____

Insurance (Attach copy of card and ID):_____ Group #:_____ Member ID:_____

[ ] Provide patient e-mail and phone # for online account creation and result notification: Email:_____ Ph #:_____

REQUESTING PHYSICIAN INFORMATION

Referring Physician:_____ **Phone:**_____ **Fax:**_____

Referring Physician Signature:_____

Physician NPI:_____ **Physician Address:**_____

Results (Check all that apply):

[ ] Fax Report: (fax #)_____ Special requests:_____

[ ] Provide Dr. e-mail and phone # for online account creation and result notification: Email:_____ PH #:_____

EXAM	DIAGNOSTIC TESTS
MRI/MRA ❑ w/contrast ❑ wo/contrast ❑ w/wo contrast	❑Brain ❑Neck ❑Orbit ❑TMJ ❑Chest ❑Abdomen ❑Pelvis ❑MRCP Extremity: ❑Right ❑Left Routine Spine: ❑Cervical ❑ Thoracic ❑Lumbar MRA: ❑Brain Other:_____
CT/CTA ❑ w/contrast ❑ wo/contrast ❑ w/wo contrast	❑Chest ❑Abdomen ❑Pelvis ❑Head ❑Sinus ❑Dental ❑Facial Bones Extremity: ❑Right ❑Left Spine: ❑Cervical ❑Thoracic ❑Lumbar CTA: ❑Head ❑Neck ❑Chest ❑Abdomen ❑Pelvis ❑Runoff-abd/Pelvis & lower extremity Other:_____
Ultrasound	❑ Thyroid ❑Abdomen ❑Gallbladder ❑Pelvic ❑Pelvic (OB) ❑Renal ❑Scrotum ❑ Breast ❑Echocardiogram ❑ Doppler ____ Arterial/____Venous ❑Lower ❑ Upper
General Radiology	Other:_____ X-ray(Specify):_____ Views:_____

Advanced Vein Treatment & Imaging Center -- DBA: Lake Zurich Open MRI

Please turn over for Treatment options

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TYPE OF EVALUATION		TREATMENT OPTIONS
Interventional Radiology	❑ Varicose veins ❑ Cosmetic Facial Consult	❑ Endovenous Laser Ablation ❑ US Breast Biopsy ❑ Thyroid Biopsy ❑ Arthrogram ❑ Joint Pain Injections ❑ Botox / Fillers