## **CARDIOVASCULAR MRI PROCEDURE REQUEST**

Patient Name:			MRN:		
DOB:	Sex:	Age:	Height:	Weight:	
technologist at 2	05.934.9906. Failure to	identify the above can	os, or metallic foreign bod be potentially life threater	ning to the patient.	
If patient weighs	more than 250 lbs, ple	ase call a CVMRI techno	logist prior to scheduling	study.	
DIAGNOSIS:					
Please be very s	Y IS REQUESTED: specific. Must include e inent previous diagnos	_	on to justify use of Cardiac	: Magnetic Resonance Imaging.	
CARDIAC MRI F	PROCEDURES REQUES		THORACIC AORTA		
□ VALVE ASSES	SMENT 🗆 PEI	RICARDIAL DISEASE	ABDOMINAL AORTA		
□ RULE-OUT MA	ASS □ REI	NAL ARTERIES	ILIOFEMORALS		
□ OTHER:					
<b>LAB</b> □ STAT Creatinii	ne/I-STAT				
INSURANCE INF	ORMATION				
Primary Carrier:		Secon	dary Carrier:	<del> </del>	
Policy Holder:		Policy	Policy Holder:		
Policy Number:		Policy	Policy Number:		
Group Number:		Group	Group Number:		
Pre-certification Required: ☐ Yes ☐ No			rization Number:		
•		•	rdiac MRI procedures. Ple per before scheduling MR	ease call the number on the back	
Ordered by:		Extens	sion:		
Date/Time Scheduled:		CVMR	CVMRI Technologist:		
Attending MD:		Referr	ing MD:		
TO ORDER A MR					

Boshell Diabetes Building • 1808 7th Avenue South, Suite 101 • Birmingham, AL 35294 • 205.934.9906 Phone • 205.975.1952 Fax

2. Call CVMRI at 205.934.9906 to schedule date & time.

3. Fax request form to CVMR at 205.975.1952.