



Extremity MRI Express—WEXFORD

4500 Brooktree Road, Suite 300

Wexford, PA 15090

EXTREMITY MRI ORDER FORM

Contact us toll free:

Call **1-866-398-7364** or Fax **1-866-267-0144**

CashforMRI.com

The Area's First "**Cash Only**"* Extremity MRI Center



Patient's Name _____

Date _____

Patient's Phone 1 (_____) _____

Patient's Phone 2 (_____) _____

Male Female DOB _____

Note **SPECIFIC AREA OF INTEREST**

MRI ORDER FOR	LEFT	RIGHT	BOTH
Forefoot			
Midfoot			
Hindfoot/Ankle			
Knee			
Hand			
Wrist			
Elbow			

Note **CURRENT DIAGNOSIS or REASON FOR TREATMENT**

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 this location before
- NONE APPLY**

Referring Dr. (print name) _____

Phone (_____) _____ Fax (_____) _____

Dr. **SIGNATURE** _____

**We do not participate with or bill health insurance and do not create health insurance billing forms. Payment in full is due at the time of service using cash, credit/debit card, money order or a cashier's check.*