CONTRA COSTA IMAGING CENTER AT JOHN MUIR CONCORD

CONCORD MRI LOCATION

Contra Costa Imaging Center
2410 High School Avenue, Concord, CA 94520
Phone: (925) 952-2701 Fax: (925) 296-8587
TAX ID: 68-0202020
NPI 1235184110

&

In partnership with

MRI REQUISITION

CCIC TO OBTAIN AUTH ☐ Yes ☐ No

Scheduling Phone: (925) 952-2701 **Scheduling Fax:** (925) 296-8587

Date: ______________

Patient Name Last	First	M	DOB

Primary Phone	Name of Insurance
Clinical History / Symptoms	Ins. ID#
	Auth. #
ICD-10 Codes (Required) Diagnosis	Office Contact Person
☐ CDs: ☐ Patient to Hand Carry ☐ Send to Physician	Copies to; Name (Last, First)
Referring Physician (Print Name)	Physician's Signature (Required)

CLAUSTROPHOBIC? ☐ Yes ☐ No **If medication/sedation is required, please order or provide medication for the patient. The patient is to arrive one hour prior to their exam time with a driver to complete registration and will self-medicate after their interview.**

MRI TABLE WEIGHT LIMITS: 1.5T: 350 pounds 3T: 550 pounds

Prior related studies ☐ **MRI** ☐ **US** ☐ **CT** ☐ **X-RAY** When: ______________ Where: ______________

SPECIAL IMAGING INSTRUCTIONS:

PROVIDERS: IF AN EXAM IS NEEDED ON AN URGENT BASIS, PLEASE CALL SCHEDULING (925) 685-5063

IMPORTANT: Please inform us if the patient has had a contrast material reaction; life threatening allergic reaction; organ transplant; diabetes; multiple myeloma or kidney disease. Female patients of child-bearing age should inform us if they are, or might be pregnant. Please note if patient has had Barium Enema or Upper GI within the past week.

MRI HEAD

Please indicate: ☐ W/O CONTRAST ☐ W/WO CONTRAST

☐ Brain
☐ IACs
☐ Orbits
☐ Pituitary/Sella
☐ Other
☐ Stroke Protocol (MRI Brain, MRA Head & Neck)
☐ MRA Head (Circle of Willis)
☐ MRV Brain
☐ MRI TMJ

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SPINE

Please indicate: ☐ W/O CONTRAST ☐ W/WO CONTRAST

☐ Thoracolumbar T10-L3
☐ Lumbar L1-S1
☐ Lumbosacral Plexus Neurogram & Pelvis
☐ C-Spine
☐ T-Spine
☐ Sacrum
☐ MRA Neck (carotids/vertebrals)
☐ Other ______________
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MRI BODY

Please indicate: ☐ W/O CONTRAST ☐ W/WO CONTRAST

Abdomen (wo/w contrast unless w/o specified)
☐ Routine Liver
☐ Pancreas with MRCP
☐ MRCP (w/o contrast)
☐ Renal Mass
☐ Adrenal
☐ Eovist Liver
☐ MRA Abdominal Aorta (including mesenteric arteries)
☐ MRA Thoracic Aorta
☐ MRA Renal Artery (hypertension)

Pelvis
☐ Routine
☐ Female Pelvis
☐ Endometrial Cancer Staging
☐ Rectal CA Protocol
☐ Prostate
☐ Anal Fistula
☐ Scrotum/Penis
☐ Other ______________

Abdomen/Pelvis
☐ Routine
☐ Enterography
☐ Urography
☐ Other______________
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Chest/Neck
☐ Neck (soft tissue)
☐ Brachial Plexus
☐ Breast(s)
☐ Chest/Mediastinum
☐ MRV of Body Part:______________
☐ Other______________
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The Radiologist will determine the parameters of the diagnostic test based on patient symptoms and protocols unless the ordering physician has marked this box: [ ] Do not make changes to this order.

EXTREMITY

Please indicate: ☐ W/O CONTRAST ☐ W/WO CONTRAST

Arthrogram Injection
☐ YES ☐ NO
☐ Shoulder ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Hip ☐ L ☐ R

☐ Hand ☐ L ☐ R
☐ Ankle (Hindfoot & Midfoot) ☐ L ☐ R
☐ Forefoot/Toes ☐ L ☐ R
☐ Whole foot (to r/o osteomyelitis only) ☐ L ☐ R
☐ MRA Peripheral Artery Runoff (includes MRA lower extremity, abdomen, pelvis) ☐ L ☐ R

☐ Other ☐ L ☐ R
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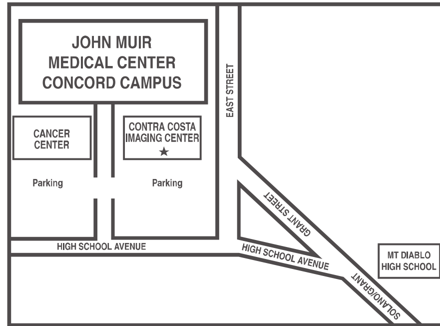
Contra Costa Imaging Ctr.
On the Concord Campus
2410 High School Avenue
Info: 925-952-2701



CONTRA COSTA IMAGING CENTER DIRECTIONS

From CA-242 South - take the Solano Way exit toward Grant Street. Turn left onto Solano Way (Solano Way becomes Grant St.). Turn left onto High School Ave. Turn into the first driveway on your right.

From CA-242 North - take the Grant Street exit. Turn right onto Grant Street. Turn left onto High School Ave. Turn into the first drivway on your right.

Free Parking located in front of building