iCare Diagnostic Imaging, LLC

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scheduling@icaremri.com www.icaremri.com

Patient Name:			Phone:		DOB:		_	☐ Female
Referring Physician:		Phone #:		Fax: _		Email:		
Working Diagnosis:	ICD							
Attorney :				Phone:				
Insurance Company	:			Claim Nu	umber/ID:			
Adjuster:				Phone:				
☐ Send CD with Pa	atient	Viewing	l FAX Rep	ort – Fax #:				
Alerts: Pacema	aker 🔲 Implated Devid	ce(s) \square Me	tal Braces	☐ Metal in	Body (where):		
	□ Confirm □ R					,		
	Stenosis Tumor/Gro				Tendon Injury	√ □ Other		
	MRI							
□ Brain □ Cervical Spine □ Thoracic Spine □ Lumbar Spine □ Pelvis □ Pelvis □ Davis Trauma Sel (7 views) □ APOM □ APLC □ LCN □ LCF/LCE	☐ Chest ☐ Shoulder L - R ☐ Elbow L - R ☐ Wrist L - R ☐ Hand L - R Thoracic Spine Ties ☐ APT ☐ LT ☐ PA-Chest ☐ LAT-Chest ☐ Ribs:		Upright & Lumbal APLF LLS LLS Lumbal	posacral Spot	Up	per/Lower Extra Shoulder L - R Elbow L - R Wrist L - R Hand L - R	□ Hij □ Kr □ An □ Fo	o L-R nee L-R kle L-R not L-R
☐ Obliques Significant History,	Symptoms and Clinic	al Findings:						
Type of Trauma: ☐ Neck Pain ☐ Lumbar Pain Date of Trauma:	☐ Neck Pain ☐ Thoracic Pain		 □ Work Injury □ Slip & Fall □ Other □ Decreased ROM □ Sciatica/Leg Tingling/Numbness/Pain □ Arm Tingling/Numbness/Pain □ Muscle Spasm History of surgery/malignancy: □ YES □ NO 					
Physician Signature:								