

APPOINTMENT

DATE:
TIME:

Centennial

UPRIGHT MRI

targeting your pain



4640 West Craig Road
North Las Vegas, NV 89032
Office: 702.879.1203
Fax: 702.933.0413

If you must reschedule or cancel you appointment,
please give at least 24 hours notice.

Habla Español

Patient Name: _____ Date of Referral: _____
First M.I. Last

Patient Phone Number: _____ D.O.B. _____ Weight: _____

Insurance: _____ Authorization: _____

Ins #: _____ ID #: _____

Diagnosis and Chief Complaint: _____

- Pacemaker
 Aneurysm Clips
 Stimulators
 Pregnant____Trimester
 Rods, Screws or Metal Plates
 Metal Fragments
Artificial Cardiac Valves
 Bone or Joint Replacement
 Previous Surgery (Brain, Eye, Ear)
 Hearing Aids
 Body Piercing
Dentures (Must remove before exam)
 Wire Mesh Stents/Coils
 Other embedded metallic objects of concern: _____
Patients with Cardiac/Pacemakers or Implanted Defibrillators cannot be examined using MRI

ALLERGIES:

MRI OF...	SPECIAL INSTRUCTION	CONTRAST	RECUMBENT
Brain		Without Both WITH ONLY	Recumbent Only
Brain MRA		Without Both WITH ONLY	Recumbent Only
Soft Tissue Neck		Without Both WITH ONLY	Recumbent Only
Cervical	Flexion Extension	Without Both WITH ONLY	Recumbent Only
Thoracic		Without Both WITH ONLY	Recumbent Only
Lumbar	Flexion Extension	Without Both WITH ONLY	Recumbent Only
Shoulder	Left Right	Without Both WITH ONLY	Recumbent Only
Elbow/Hand/Wrist	Left Right	Without Both WITH ONLY	Recumbent Only
Pelvis		Without Both WITH ONLY	Recumbent Only
Hip	Left Right	Without Both WITH ONLY	Recumbent Only
Knee	Left Right	Without Both WITH ONLY	Recumbent Only
Ankle	Left Right	Without Both WITH ONLY	Recumbent Only
Foot	Left Right	Without Both WITH ONLY	Recumbent Only
Other		Without Both WITH ONLY	Recumbent Only

Study Preference: Report Only
CD
Film
Please Check One

Physician Phone: _____ Fax: _____

Physician's Name: _____

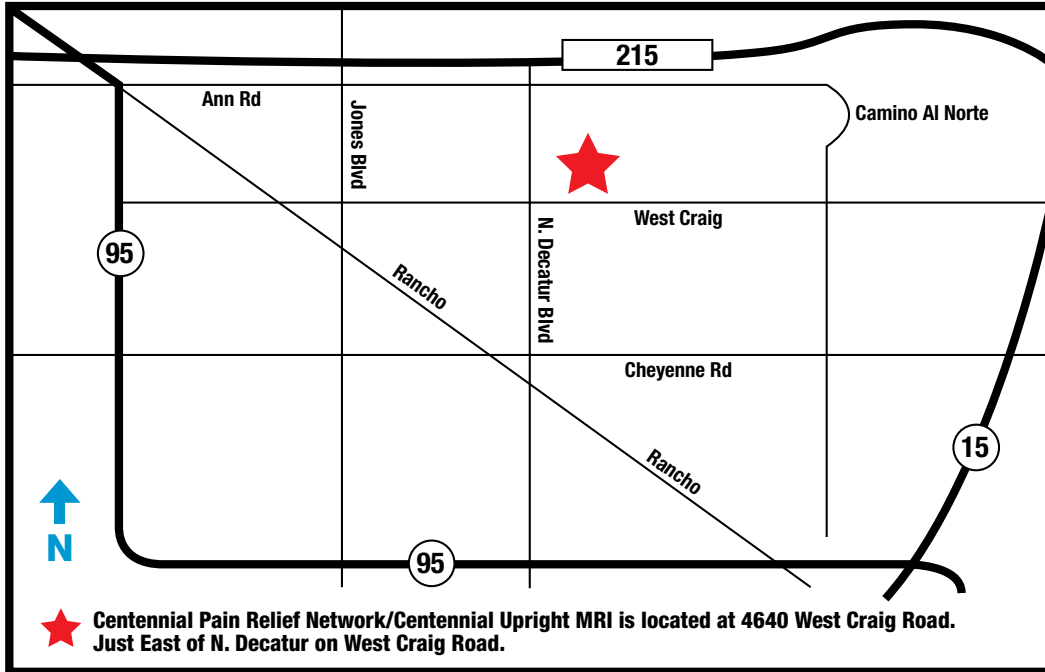
Physician Signature: _____

Contact Person: _____ Phone: _____

***Please instruct patient to wear non-metallic clothes, such as sweats.*

Special Instructions or comments: _____

SEE MAP ON REVERSE



Centennial
PAIN RELIEF NETWORK
targeting your pain



4640 West Craig Road
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Office: 702.879.1203
Fax: 702.933.0413
David Lonzkowsky, MD
Christopher Curtis, PA-C

Habla Español

Date: _____

Patient Name: _____ D.O.B: _____
First M.I. Last

Patient Phone Number: _____

Referred By: _____

Insurance Carrier: _____

Ins #: _____ ID #: _____

Dx: _____

Referred for: New Patient Consult MRI Other

Medical Records Attached

Physician Signature: _____ Date: _____

Telephone #: _____

Bring your MRI reports, medical records, insurance card/ID and co-pay.