

### Scheduling Information:

Adults and Non-Sedation Pediatric Patients:  
 Phone: (512) 324-1199 Fax: (512) 504-0861  
 Pediatric Sedation: (512) 324-0140 Fax: (512) 504-0861

## IMAGING SERVICES CARDIAC MRI ORDER FORM

### APPOINTMENT INFORMATION:

Today's Date: \_\_\_\_\_ Today's Time: \_\_\_\_\_ Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Location:  Dell Children's Medical Center of Central Texas      Pediatric Anesthesia needed:  Yes  No  
 Seton Medical Center Austin      Adult Sedation needed:  IV Sedation (instructions below)

### PATIENT INFORMATION:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Contact Phone: \_\_\_\_\_  Male  Female      Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis/Reason for Exam: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_ ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

ICD Diagnosis Codes: \_\_\_\_\_ Authorization: \_\_\_\_\_

History of Metal Implants:  Pacemaker     Aneurysm Clips     Cochlear Implants     Stimulators (Deep Brain/Vagal Nerve)  
 Pill Cam within 30 days     Tissue Expander     Infusion Pump  
 Other: \_\_\_\_\_

**Note: BUN/Creatinine lab, Urine Pregnancy Test and/or Orbit X-Ray may be required for patient screening.  
 Consent will be required for patients that are pregnant or have a GFR <30 and will receive gadolinium contrast.**

BUN/Creatinine Results: \_\_\_\_\_ Date Drawn: \_\_\_\_\_  I authorize necessary screening tests prior to procedure.

Office Phone: \_\_\_\_\_ Authorized Practitioner Signature (required): \_\_\_\_\_

Note: No Signature Stamps Accepted.

### REQUESTED EXAM:

### SPECIAL INSTRUCTIONS:

#### Cardiac Studies:

- MRA Chest with/without contrast (CPT 71555)
- Cardiac MRI without contrast with Limited EF (CPT 75557/75565)
- Cardiac MRI with contrast with EF (CPT 75561/75565)
- Cardiac MRI and MRA Chest without contrast with EF (CPT 75557/75565/71555)
- Cardiac MRI and MRA Chest with/without contrast with EF (CPT 75561/75565/71555)
- Stress Cardiac MRI with contrast (CPT 75563/75565/93016/93018)
- Stress Cardiac MRI and MRA Chest with/without contrast (CPT 75563/75565/71555/93016/93018)

#### Please choose one of the below protocols:

- Function, Viability, CHF evaluation Valve Assessment
- Non-Ischemic Cardiomyopathy
- Anomalous Coronary Evaluation
- Mass/Tumor Evaluation
- Congenital Heart Disease
- Pericardial and Heart Evaluation
- Pulmonary Vein Ablation
- RV Dysplasia Evaluation
- Stroke Evaluation

#### Please fax the following when scheduling the appointment:

- Signed Physician Order
- Insurance Authorization
- Clinical Notes
- Recent Lab Work
- Results of most recent ECHO
- Results of most recent ECG
- Results of most recent Nuclear Study

#### Adult patients receiving IV Sedation:

- Eat a light breakfast.
- No food or drink after breakfast.
- Must be accompanied by Driver.

#### If undergoing stress testing:

- Nothing to eat after midnight evening prior to examination
- No caffeine products (coffee, tea, soda, chocolate, etc.) and NO theophylline or aminophylline use for AT LEAST 12 hours prior to scan