TALLAHASSEE DIAGNOSTIC IMAGING
MRI

Tallahassee Diagnostic Imaging

1600 Phillips Road, Tallahassee, FL
Phone: (850) 878-4127 • Fax: (850) 878-9729

Appointment Date
____ / ____ / ____

_____ AM / PM

MRI ORDER

Patient Name _____ Date of Birth_____ Weight_____#'s

Address _____ Phone # (H)_____

Referring Physician _____ Auth # (if required)_____ Work/Cell #_____

☐ Perform blood creatinine per TDI protocol if no labs dones within 6 weeks* of scheduled study.
(Contrast patients only) HTN / Diabetes / 60 years of age / Single Kidney / Renal Cancer
If patient has had blood creatinine labs within 6 weeks, please fax results to TDI

☐ **Contrast at Rad's Discretion**

Patient History

_____

_____

_____

Head & Neck MRI	CONTRAST With	CONTRAST W/Out
☐ Brain	☐	☐
☐ IAC's	☐	☐
☐ Pituitary - Sella	☐	☐
☐ Orbits	☐	☐
☐ Sinuses	☐	☐
☐ Soft Tissue Neck	☐	☐
☐ TMJ	☐	☐
☐ Cranial Nerves	☐	☐
Spine MRI		
☐ Cervical	☐	☐
☐ Thoracic/Dorsal	☐	☐
☐ Lumbar	☐	☐
☐ Sacrum/Coccyx	☐	☐
☐ SI Joints	☐	☐
☐ Spine Screen	☐	☐

Ortho MRI			CONTRAST With	CONTRAST W/Out
☐ Hand	L	R	☐	☐
☐ Wrist	L	R	☐	☐
☐ Elbow	L	R	☐	☐
☐ Shoulder	L	R	☐	☐
☐ Foot	L	R	☐	☐
☐ Ankle	L	R	☐	☐
☐ Knee	L	R	☐	☐
☐ Hip	L	R	☐	☐
☐ Thigh	L	R	☐	☐
☐ Calf	L	R	☐	☐
☐ Toe	L	R	☐	☐
☐ Finger	L	R	☐	☐
MRA				
☐ Circle of Willis (Head)			☐	☐
☐ Carotids/Vertebrals			☐	☐
☐ Renal			☐	☐

Body MRI	CONTRAST With	CONTRAST W/Out
☐ Abdomen	☐	☐
☐ Pelvis Soft Tissue	☐	☐
☐ Pelvis Boney	☐	☐
☐ Brachial Plexus	☐	☐
☐ MRCP (Abdomen)	☐	☐
☐ Adrenal (Abdomen)	☐	☐
☐ Kidney (MRI)	☐	☐
Breast MRI (Bilateral Only)		
☐ Implant	☐	☐
☐ Mass	☐	☐
☐ Other _____		
Arthogram		
☐ Body Part _____		
Other MRI / Attention To		
☐ _____		

IMPORTANT: MUST BRING THIS FORM WITH YOU TO YOUR APPOINTMENT

Please do not bring children to be left unattended.

_____

Physician's Signature

PLEASE FAX COPY TO TDI AND GIVE PATIENT A COPY