

Berkley 27501 Woodward Ave. Suite B

Berkley, MI 48072

Warren 27301 Schoenherr Rd. Suite 100 Warren, MI 48088

Waterford 5210 Highland Rd. Suite 130

Waterford, MI 48327

PHONE: (888) 614-0573

🖃 FAX: (855) 280-1762

Patient Name FIRST NAME, LAST NAME		Date of Birth	Patient Telephone #
🗆 Female 🗆 Male			
Referring Physician FIRST NAME, LAST NAME	Phys	ician Telephone #	Physician Fax #

Patient Pre -Screening (Please answer the following questions to assist with scheduling.)						
Pacemaker/Defibrillator Stents			🗆 Aneurysm Clip			
□ Metal (ie. Metal in eyes, surgical implants, etc.) □ Prior surgery to t		rgery to the area being scan	ned 🗆	Pregnant		
MRI – Anatomy to Scan						
Head	Spine	Upper Extremities & Joints	Lower Extremities & Joints	Miscellaneous	MR Angiography	
🗆 Brain	🗆 Cervical Spine	□ ARTHROGRAM	□ ARTHROGRAM	🗆 Abdomen	Head Angiography (Circle of Willis)	
□ Brain+SWI (axonal injury	□ w/ Flexion & Extension	🗆 L 🗆 R Shoulder	□ L □ R Hip □ L □ R Upper Leg (Femur)	Pelvis	□ Neck Angiography (Carotid and Vertebrals)	
detection of)	🗆 w/ Alar	🗆 L 🗆 R Scapula		□ MRCP	🗆 Upper Extremity Angiography (Subclavian)	
□ IACs	□ Thoracic Spine □ Lumbar Spine	□ L □ R Upper Arm (Humerus)	🗆 L 🗆 R Knee	🗆 Brachial Plexus	🗆 Chest Angiography (Thoracic Aortagram)	
□ Neck Soft-Tissue	Weight-Bearing Lumbar Spine	L R Elbow	□L □R LowerLeg (Tibia/Fibula)	🗆 Chest	🗆 Spinal Canal Angiography	
Orbits	□ Sacrum	□ L □ R Lower Arm (Radius/Ulna)	□ L □ R Ankle (indudes Achilles)	□ Other	🗆 Abdomen Angiography (Renal/Aortagram)	
🗆 Pituitary	🗆 Sacroiliac (S.I.	L R Wrist	□L □R Foot		🗆 Pelvis Angiography	
🗆 TMJ	Joint)	□L □R Hand			Lower Extremity Angiography	

CONTRAST REQUIRED

If contrast is required please check the box. Note below if multiple studies are ordered and not all require contrast please specify which are with:

Medical Necessity Information (Required)

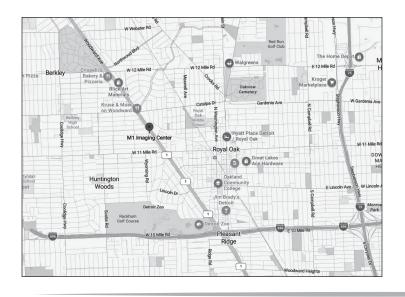
Please describe the patient's signs, symptoms, physical findings, which you believe to indicate a need for the proceedure(s) you are ordering above. The Physician must be treating the patient in connection with the diagnosis or complaints listed, and this information must accurately reflect the medical reason for requesting these tests. The medical necessity of each test ordered must be documented in the patient's medical record.

Significant History, Symptoms and Clinical Findings

Type of Trauma: 🛛 🛛	MVA 🗆	WORKINJURY SLIP AND FALL CONTACT SPORT OTHER		
□ Radicular Pain □ Upper Extremity		□ <u>New Onset Neck Pain</u> □ 3-4 consecutive weeks of conservative		
□ Lower Extremity		treatment (no substantial improvement) for current episode of pain (ie. NSAIDS, Muscle		
□ Sciatica □ Headaches □ Arm Tingling □ Muscle Spasm		relaxants, Steroids, Physical Therapy/Chiropractic adjustments) With progression or worsening symptoms during the course of conservative treatment		
 Decreased Range of Motion Lumbar Pain & History of Low Velocity Trauma 		 Neck Pain with Signs of Spinal Cord Compression / Myelopathy (Neurologic Deficits) Abnormal reflexes Objective muscle weakness Abnormal sensory changes along dermatome 		
□ Knee Trauma – Tenderness or effu bear weight	usion or cannot	Fracture Evaluation		
🗆 Acute Shoulder Pain - persistent				
Physician's Signature Date				

By signature above, the physician has made an independent medical necessity decision with regard to each procedure performed.





Berkley

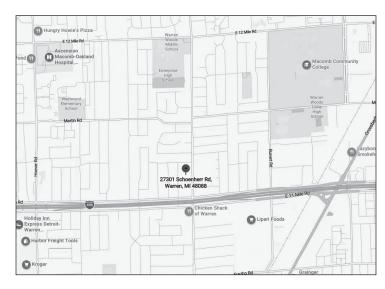
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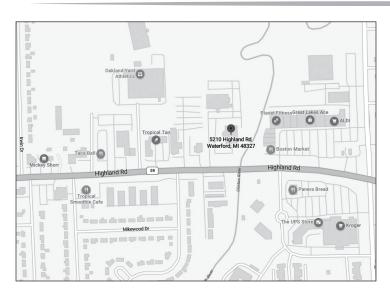
M1-Berkley is located on the west side of Woodward. It is next to Janet Davis Cleaners and in the same building as Henderson Glass.

Warren

27301 Schoenherr Road Suite 100 Warren, MI 48088

M1-Warren is located on the west side of Schoenherr Road. It is north of I-696 and 11 Mile Road.





Waterford

5210 Highland Road Suite 130 Waterford, MI 48327

M1-Waterford is located on the west side of Highland Road (M-59) and west of Crescent Lake Road. Located in the building in front of the Waterford Surgical Center.