

Appointment Scheduled For: Date: _____ Time: _____: _____ AM PM
Stat Report: <input type="checkbox"/> Yes <input type="checkbox"/> Harrisburg Pike <input type="checkbox"/> Lime Street <input type="checkbox"/> Eden Road <input type="checkbox"/> Lititz - Open MRI <input type="checkbox"/> Elizabethtown <input type="checkbox"/> Duke Street <input type="checkbox"/> Parkesburg

Patient Name: _____
 Date of Birth: _____ Phone: _____
 Physician: _____ Physician Phone: _____
 History/Symptoms: _____
 ICD-10: _____
 Insurance Plan _____ I.D.# _____ Auth.# _____
 Insurance Plan _____ I.D.# _____ Auth.# _____
 Order Date: _____ Physician Signature: _____

Unless otherwise indicated, this physician order authorizes the use of contrast as necessary.

- | | | |
|--|---|--|
| <p>Brain/Head
 <input type="checkbox"/> 70551 – Brain without contrast
 <input type="checkbox"/> Migraine
 <input type="checkbox"/> Other _____
 <input type="checkbox"/> 70552 – Brain with contrast
 <input type="checkbox"/> Gamma Knife Planning
 <input type="checkbox"/> Other _____
 <input type="checkbox"/> 70553 – Brain with and without contrast
 <input type="checkbox"/> Attn: IACs
 <input type="checkbox"/> Attn: Pituitary
 <input type="checkbox"/> Attn: F/U Mass/Lesion
 <input type="checkbox"/> Infection
 <input type="checkbox"/> Metastatic Disease
 <input type="checkbox"/> Multiple Sclerosis
 <input type="checkbox"/> Other _____
 <input type="checkbox"/> 70540 – Orbit, face, or neck without contrast
 <input type="checkbox"/> 70542 – Orbit, face, or neck with contrast
 <input type="checkbox"/> 70543 – Orbit, face, or neck with and without contrast
 Spine
 <input type="checkbox"/> 72141 – Cervical spine without contrast
 <input type="checkbox"/> 72142 – Cervical spine with contrast
 <input type="checkbox"/> 72156 – Cervical spine with and without contrast
 <input type="checkbox"/> Syrinx
 <input type="checkbox"/> Multiple Sclerosis
 <input type="checkbox"/> 72146 – Thoracic spine without contrast
 <input type="checkbox"/> 72147 – Thoracic spine with contrast
 <input type="checkbox"/> 72157 – Thoracic spine with and without contrast
 <input type="checkbox"/> 72148 – Lumbar spine without contrast
 <input type="checkbox"/> 72149 – Lumbar spine with contrast
 <input type="checkbox"/> 72158 – Lumbar spine with and without contrast
 <input type="checkbox"/> Postlumbar surgery (less than 10 years)
 <input type="checkbox"/> Attn: Mass/Lesion
 <input type="checkbox"/> Other _____
 Shoulder Right – Left – Both
 <input type="checkbox"/> 73221 – Shoulder without contrast
 <input type="checkbox"/> 73222 – Shoulder with contrast
 <input type="checkbox"/> Joint Injection
 <input type="checkbox"/> 73223 – Shoulder with and without contrast
 <input type="checkbox"/> (Labral tear)
 <input type="checkbox"/> Other _____
 <input type="checkbox"/> Venous Injection</p> | <p>Hip - Right – Left – Both
 <input type="checkbox"/> 73721 – Hip without contrast
 <input type="checkbox"/> Avascular necrosis
 <input type="checkbox"/> Fracture
 <input type="checkbox"/> 73722 – Hip with contrast
 <input type="checkbox"/> Joint Injection
 <input type="checkbox"/> 73723 – Hip with and without contrast
 <input type="checkbox"/> Venous Injection
 Abdomen
 <input type="checkbox"/> 74181 – Abdomen without contrast – adrenals
 <input type="checkbox"/> MRCP
 <input type="checkbox"/> Adrenals
 <input type="checkbox"/> 74182 – Abdomen with contrast
 <input type="checkbox"/> 74183 – Abdomen with and without contrast
 <input type="checkbox"/> Liver
 <input type="checkbox"/> Kidneys
 <input type="checkbox"/> Mass
 Pelvis
 <input type="checkbox"/> 72197 – Pelvis - Prostate with endorectal coil
 <input type="checkbox"/> 72195 – Pelvis without contrast
 <input type="checkbox"/> SI Joints
 <input type="checkbox"/> Sacrum
 <input type="checkbox"/> Coccyx
 <input type="checkbox"/> Pelvic Pain
 <input type="checkbox"/> Other _____
 <input type="checkbox"/> 72196 – Pelvis with contrast
 <input type="checkbox"/> 72197 – Pelvis with and without contrast
 <input type="checkbox"/> Ovarian CA
 <input type="checkbox"/> Endometrial CA
 <input type="checkbox"/> F/U Fibroid disease
 <input type="checkbox"/> Pre-embolization work-up
 <input type="checkbox"/> Uterine Artery Embolus
 Knee Right – Left – Both
 <input type="checkbox"/> 73721 – Knee without contrast
 <input type="checkbox"/> 73722 – Knee with contrast
 <input type="checkbox"/> Joint Injection
 <input type="checkbox"/> 73723 – Knee with and without contrast
 <input type="checkbox"/> Venous Injection
 <input type="checkbox"/> Evaluate Mass
 Extremities/ Joints – Right – Left – Both
 <input type="checkbox"/> 73218 – Hand, Forearm, or Humerus without contrast. Specify _____
 <input type="checkbox"/> 73219 – Hand, Forearm, or Humerus with contrast. Specify _____
 <input type="checkbox"/> 73220 – Hand, Forearm, or Humerus with and without contrast. Specify _____
 <input type="checkbox"/> 73221 – Elbow or Wrist without contrast. Specify _____
 <input type="checkbox"/> 73222 – Elbow or Wrist with contrast. Specify _____
 <input type="checkbox"/> Joint Injection</p> | <p>Extremities/ Joints – Right – Left – Both (cont)
 <input type="checkbox"/> 73223 – Elbow or Wrist with and without contrast. Specify _____
 <input type="checkbox"/> Venous Injection
 <input type="checkbox"/> Evaluate Mass
 <input type="checkbox"/> 73718 – Foot, Lower Leg or Thigh without contrast. Specify _____
 <input type="checkbox"/> 73719 – Foot, Lower Leg or Thigh with contrast. Specify _____
 <input type="checkbox"/> 73720 – Foot, Lower Leg or Thigh with and without contrast. Specify _____
 <input type="checkbox"/> Evaluate Mass
 <input type="checkbox"/> 73721 – Ankle without contrast
 <input type="checkbox"/> 73722 – Ankle with contrast
 <input type="checkbox"/> Joint Injection
 <input type="checkbox"/> 73723 – Ankle with and without contrast
 <input type="checkbox"/> Venous Injection
 <input type="checkbox"/> Evaluate Mass
 Chest
 <input type="checkbox"/> 71550 – Chest - without contrast (Hilar and mediastinal lymphadenopathy)
 <input type="checkbox"/> Brachial Plexus
 <input type="checkbox"/> 71551 – Chest with contrast
 <input type="checkbox"/> 71552 – Chest with and without contrast
 <input type="checkbox"/> Evaluate Mass
 <input type="checkbox"/> Evaluate Metastatic Disease
 <input type="checkbox"/> Evaluate Infection
 <input type="checkbox"/> Brachial Plexus
 MRA
 <input type="checkbox"/> 70544 - Brain angiography without contrast
 <input type="checkbox"/> 70545 - Brain angiography with contrast material
 <input type="checkbox"/> 70546 - Brain angiography with and without contrast
 <input type="checkbox"/> 70547 – Neck angiography without contrast
 <input type="checkbox"/> 70548 – Neck angiography with contrast
 <input type="checkbox"/> 70549 – Neck angiography with and without contrast
 <input type="checkbox"/> 71555 – Chest angiography with or without contrast (Excluding myocardium)
 <input type="checkbox"/> 72198 – Pelvic angiography with or without contrast
 <input type="checkbox"/> 74185 - Abdomen
 <input type="checkbox"/> 73725 - Lower Extremity
 <input type="checkbox"/> 73225 - Upper Extremity</p> |
|--|---|--|

Contraindications to MRI may include Aneurysm Clips and Pacemakers.

Bring all Medicare, supplemental insurance, or other health plan forms and data with you. We participate with most major insurance companies and will submit the insurance claims for you. To allow adequate time for your diagnostic study, please arrive 30 minutes before your scheduled appointment.

If you are unable to make your scheduled appointment, please call us immediately at one of the phone numbers listed above to let us know and arrange for a convenient time to reschedule.

NOTE: Billing Information • All insurance authorizations and precertifications should be obtained under the name MRI Group.

8 Locations

Harrisburg Pike

(at LG Health Suburban Pavilion)

2104 Harrisburg Pike
Lancaster, Pennsylvania 17601

From Lancaster: From Route 30 West take the Harrisburg Pike exit and turn right onto Harrisburg Pike. Travel West on Harrisburg Pike past Park City Mall.

The entrance to the LG Health Suburban Pavilion is located on the left at the third traffic signal. Follow signs to the entrance at building 2104.

From York: From Route 30 East take the Millersville exit and turn left onto Rohrerstown Road. Turn right into LG Health Suburban Pavilion. Follow the signs to the 2104 entrance.



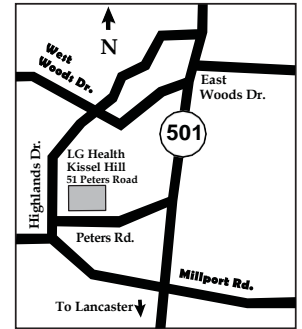
Lititz - High Field Open

(at LG Health Kissel Hill)

51 Peters Road
Lititz, Pennsylvania 17543

From Lancaster:

Take 501 North (Lititz Pike) past the Lancaster Airport (on the right). At the second traffic signal after the Airport, turn left onto Peters Road (street sign is overhead at light). Follow Peters Rd. about 1/4 mile **past** the entrance into the Shops at Kissel Village shopping complex. LG Health Kissel Hill will be on the right.

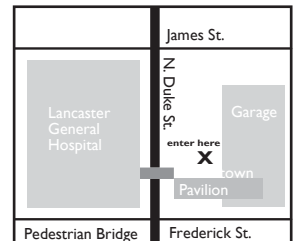


Duke Street

(at LG Health Downtown Pavilion)

540 North Duke Street
Lancaster, Pennsylvania 17602

Please enter the facility from Duke Street and proceed into the parking garage on the ground floor.



Elizabethtown

(at LG Health Norlanco)

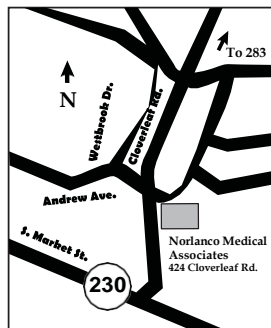
424 Cloverleaf Road
Elizabethtown, Pennsylvania 17022

From Route 283 West:

Take Rheems/Elizabethtown Exit to Cloverleaf Road. Take a left on Cloverleaf Road. Center is on the left. Please enter through the LG Health entrance.

From Route 283 East:

Same as above directions, except take a right on Cloverleaf Road



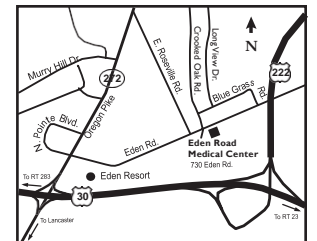
Eden Road

(at Eden Road Medical Center)

730 Eden Road
Lancaster, Pennsylvania 17601

From Route 30:

Take the Oregon Pike exit and go North. At first traffic light turn right on Eden Road. Travel about a quarter mile to Eden Medical Center.



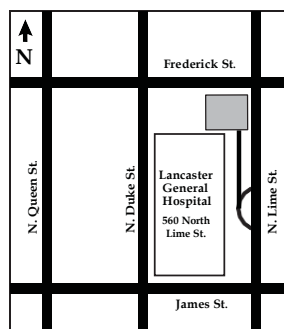
Lime Street

(adjacent to Lancaster General Hospital)

560 North Lime Street
Lancaster, Pennsylvania 17602

From Route 30:

Take the Lititz Pike exit, Route 501 South. Travel about 1 mile, bear right where 501/Lititz Pike merges into McGovern Avenue. Follow Duke Street South. Just past the Hospital, turn left onto James Street. Parking is available in the James Street Parking Garage.



Parkessburg

(at LG Health Parkesburg)

950 Octorara Trail
Parkesburg, Pennsylvania 19365

From the West:

Take 30 East to PA-10. Turn right on PA-10/South Octorara Trail

From the East:

Take 30 West to PA-10. Turn left on PA-10/South Octorara Trail

