spectrum
MEDICAL IMAGING CENTER

1610 Prairie Center Parkway, Suite 2100, Brighton, CO 80601

TIN # 47-5236844

☐ PRECERT (Requires most recent clinical notes)

☐ STAT: (call) _____

☐ SCHEDULE ☐ APPT DATE: _____

PATIENT INFORMATION		PROVIDER INFORMATION	
Patient Name:	_____	**Provider Name:** (Req)	_____
Date of Birth:	_____	**Provider Signature:** (Req)	_____
Phone Numbers:	h: _____ c: _____	**Provider Contact Ph:** (Req)	_____
Insurance:	_____	**Provider Fax:** (Req)	_____
Policy Number:	_____	**Precert Number:**	_____

DX / INDICATIONS: _____

_____

_____

MRI (HIGH FIELD OPEN) 660 lbs

☐ **Radiologist Discretion** ☐ W/O ☐ W/ & W/O

☐ **Right** ☐ **Left** ☐ **Bilateral**

- ☐ Brain
- ☐ Attn: IAC's
- ☐ Attn: Pituitary
- ☐ Orbits
- ☐ TMJ
- ☐ Soft Tissue Neck
- ☐ Brachial Plexus
- ☐ MRA Brain
- ☐ MRA Carotid
- ☐ MRA Renal
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ MRCP
- ☐ Abdomen
- ☐ Pelvis
- ☐ Sacrum/Coccyx
- ☐ Shoulder
- ☐ Humerus
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Hip
- ☐ Femur
- ☐ Knee
- ☐ Tib/Fib
- ☐ Ankle
- ☐ Foot
  - ☐ Forefoot
  - ☐ Mid
  - ☐ Heel

☐ OTHER: _____

X-RAY / PLAIN FILMS

☐ **Right** ☐ **Left** ☐ **Bilateral**

- ☐ Chest / Single View
- ☐ Chest PA & LAT
- ☐ Ribs
- ☐ Cervical Spine 2V
- ☐ Cervical Spine 5V
- ☐ Thoracic Spine
- ☐ Lumbar Spine 2V
- ☐ Lumbar Spine 5V
- ☐ Flexion/Extension
- ☐ Abdominal Series
- ☐ Scoliosis Series
- ☐ KUB
- ☐ Pelvis
- ☐ TMJ
- ☐ Skull
- ☐ Facial Bones
- ☐ Sinuses
- ☐ Shoulder
- ☐ Humerus
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Finger
- ☐ Hip
- ☐ Femur
- ☐ Knee
- ☐ Tib / Fib
- ☐ Ankle
- ☐ Foot
- ☐ Toe

☐ OTHER: _____

ULTRASOUND

☐ **Right** ☐ **Left** ☐ **Bilateral**

- ☐ Aorta
- ☐ Gallbladder
- ☐ Abdomen Complete
- ☐ Abdomen Limited _____(organ)
- ☐ RUQ
- ☐ Pelvic & Transvaginal
- ☐ Pelvic (Transabdominal)
- ☐ Transvaginal Only
- ☐ Scrotum
- ☐ Renal
- ☐ Thyroid
- ☐ Carotid
- ☐ Soft Tissue
- ☐ BPP
- ☐ OB 1st Trimester
- ☐ OB 2nd Trimester
- ☐ Arterial Doppler– Lower Ext
- ☐ Venous Doppler– Lower Ext
- ☐ Venous Doppler– Upper Ext
- ☐ Renal Artery Doppler

☐ OTHER: _____

MAMMOGRAPHY / BONE DENSITY 350 lbs

☐ Screening Mammography ☐ **Right** ☐ **Left** ☐ **Bilateral** ☐ DEXA Bone Densitometry (Hip & Spine)

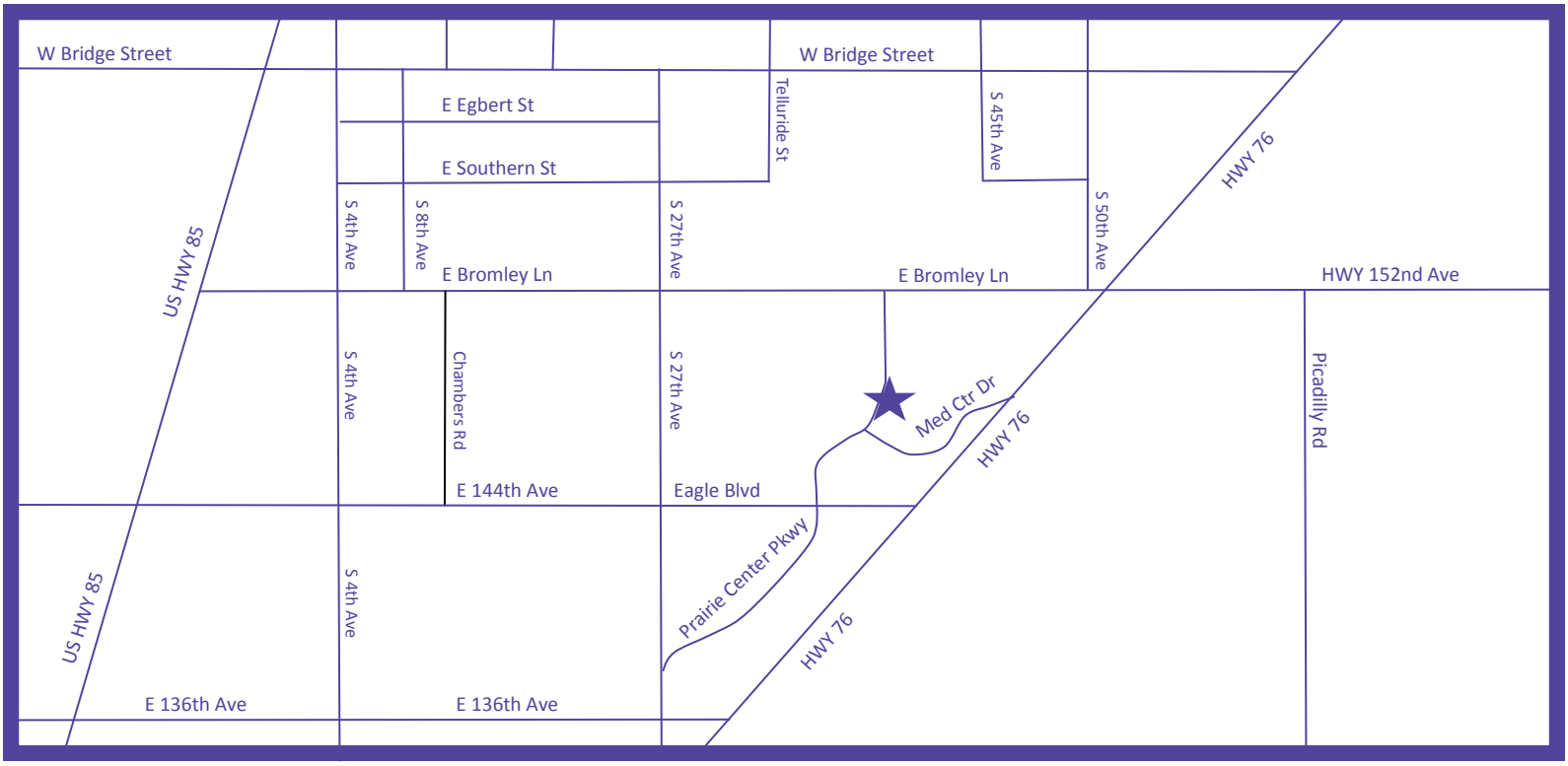
ADDITIONAL NOTES / DETAILS

_____

_____

_____

SCHEDULING Phone: 303-558-1755 Fax: 303-835-7544 www.spectrum-imaging.com



Spectrum medical Imaging Center is located at 1610 Prairie Center Parkway, Suite 2100, Brighton, CO 80601. We are across from Prairie Center Shopping mall next to Medical Center Drive.

Telephone (720) 523-5720 • Fax (720) 523-0176
HOURS: Monday - Friday 7:00am - 5:00pm
Extended MRI Hours available by appointment

EXAM PREP:

MRI:

MRI- Pacemakers are prohibited in MRI and certain implants are contraindicated. Please call if you have an implant of any type.

MRCP- No food or drink for 6 hours prior to appointment.
MRI Abdomen- No food or drink for 6 hours prior to appointment.

Mammograms:

Routine screening mammograms – refrain from wearing deodorant prior to appointment. Any prior mammogram imaging from another location should be brought to appointment for comparison study. Results will be sent to patients referring physician.

Ultrasound:

Abdominal or Gallbladder: No food or drink after midnight prior to exam time.
Pelvic or OBGYN: Full bladder is required prior to imaging.