SUN RADIOLOGY
"The Leader in Quality Medical Imaging"

ATTORNEY LIEN ACCEPTED

OPEN MRI
SUN RADIOLOGY

Tax ID: 86-1048897
Hablas Español
Request CD of Images Online
☐ STAT FAX ☐ STAT CALL ☐ PT HAND CARRY

PATIENT NAME:	DOB:	
PHONE (DAY)	(CELL)	DATE
CLINICAL HX/DX:		
PHYSICIAN:	**PHYSICIAN SIGNATURE:**	
PHYSICIAN PHONE:	FAX:	
APPOINTMENT DATE:	TIME:	

☐ SPECIAL INSTRUCTIONS:_____

❑ Without IV Contrast
❑ With IV Contrast
❑ W/WO IV Contrast
❑ Per Radiologist

NEURO
❑ Brain ❑ IAC's ❑ Pituitary ❑ Orbits ❑ MRA Circle of Willis (Head) ❑ MRA Carotids (Neck) ❑ TMJ ❑ Neck

MRI
❑ High Field ❑ Stand-up ❑ Open ❑ TBI
❑ Neuroquant ❑ Seizure ❑ Dementia

SPINE ❑ Cervical ❑ Thoracic ❑ Lumbar ❑ Sacrum

UPRIGHT MRI ❑ Flexion ❑ Extension ❑ WT Bearing

ORTHO LOWER ❑ Hips (Bilateral only) ❑ Knee ❑ Ankle ❑ Foot ❑ WT Bearing

ORTHO UPPER ❑ Shoulder ❑ Elbow ❑ Wrist ❑ Hand ❑ Digits

CT ❑ Cervical ❑ Thoracic ❑ Lumbar ❑ Sacrum ❑ Shoulder ❑ Elbow ❑ Hand ❑ Wrist ❑ Hips ❑ Knee ❑ Ankle ❑ Foot

❑ R
❑ L
❑ Bilat

OPEN MRI



X-Ray Orders

❑ Orbits- MRI Clearance

SPINES

	3vw	5vw	Flex	Ext
C	❑	❑	❑	❑
T	❑	❑		
L	❑	❑	❑	❑

Notes_____

❑ Shoulder	○ R	○ L	❑ Sternum		
❑ Elbow	○ R	○ L	❑ Ribs	○ R	○ L
❑ Wrist	○ R	○ L	❑ Chest	○ 1 view	○ 2 views
❑ Hand	○ R	○ L	❑ Abdomen	○ KUB	○ 2 views
❑ Knee	○ R	○ L	❑ Pelvis AP		
❑ Ankle	○ R	○ L	❑ Hip (w/ Pelvis)	○ R	○ L
❑ Foot	○ R	○ L	❑ Other _____		

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ATTORNEY LIEN ACCEPTED

STAND-UP MRI
SUN RADIOLOGY

Tax ID: 86-1048897
Hablas Español
Request CD of Images Online
☐ STAT FAX ☐ STAT CALL ☐ PT HAND CARRY

PATIENT NAME:	DOB:	
PHONE (DAY)	(CELL)	DATE
CLINICAL HX/DX:		
PHYSICIAN:	**PHYSICIAN SIGNATURE:**	
PHYSICIAN PHONE:	FAX:	
APPOINTMENT DATE:	TIME:	

☐ SPECIAL INSTRUCTIONS:_____

❑ Without IV Contrast
❑ With IV Contrast
❑ W/WO IV Contrast
❑ Per Radiologist

NEURO
❑ Brain ❑ IAC's ❑ Pituitary ❑ Orbits ❑ MRA Circle of Willis (Head) ❑ MRA Carotids (Neck) ❑ TMJ ❑ Neck

MRI
❑ High Field ❑ Stand-up ❑ Open ❑ TBI
❑ Neuroquant ❑ Seizure ❑ Dementia

SPINE ❑ Cervical ❑ Thoracic ❑ Lumbar ❑ Sacrum

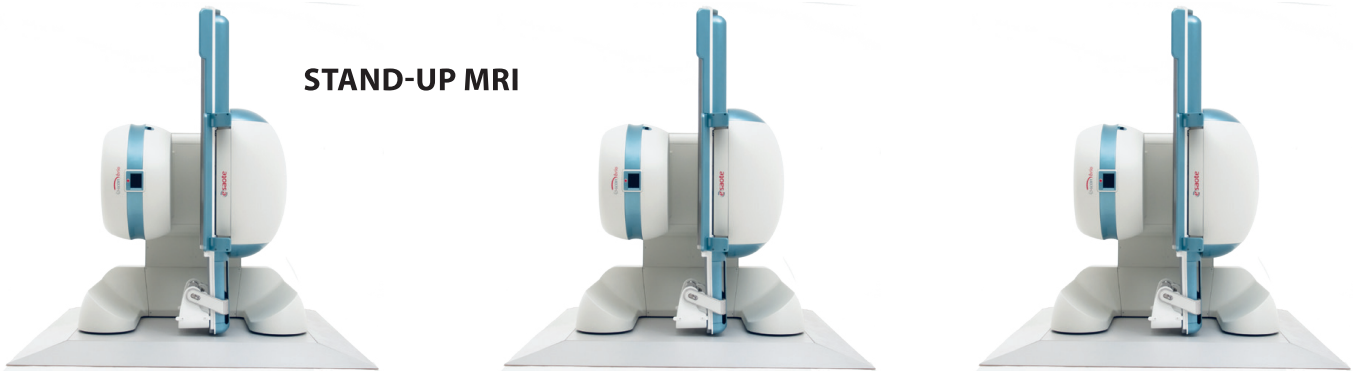
UPRIGHT MRI *(Motion MRI)* ❑ Flexion ❑ Extension ❑ WT Bearing

ORTHO LOWER ❑ Hips (Bilateral only) ❑ Knee ❑ Ankle ❑ Foot ❑ WT Bearing

ORTHO UPPER ❑ Shoulder ❑ Elbow ❑ Wrist ❑ Hand ❑ Digits

CT ❑ Cervical ❑ Thoracic ❑ Lumbar ❑ Sacrum ❑ Shoulder ❑ Elbow ❑ Hand ❑ Wrist ❑ Hips ❑ Knee ❑ Ankle ❑ Foot

❑ R
❑ L
❑ Bilat



X-Ray Orders

❑ Orbits- MRI Clearance

❑ Shoulder	○ R	○ L	❑ Sternum		
❑ Elbow	○ R	○ L	❑ Ribs	○ R	○ L
❑ Wrist	○ R	○ L	❑ Chest	○ 1 view	○ 2 views
❑ Hand	○ R	○ L	❑ Abdomen	○ KUB	○ 2 views
❑ Knee	○ R	○ L	❑ Pelvis AP		
❑ Ankle	○ R	○ L	❑ Hip (w/ Pelvis)	○ R	○ L
❑ Foot	○ R	○ L	❑ Other _____		

SPINES

	3vw	5vw	Flex	Ext
C	❑	❑	❑	❑
T	❑	❑		
L	❑	❑	❑	❑

Notes_____

Online: www.SunRadiology.com • Phone: 623-815-8200 • Fax: 623-815-8299