SMART CHOICE MRI™

www.SmartChoiceMRI.com

1621 Miller Park Way
West Milwaukee, Wisconsin 53214
Telephone: (414) 431-0309 Fax: (414) 672-2292
Hours: M-F 7am to 7pm, Sat 9am to 3pm
1.5 T Closed MRI

1414 N. Taylor Drive
Sheboygan, Wisconsin 53081
Telephone: 920-547-4806 Fax: 920-395-2547
Hours :Please Call for Availability
Open MRI

Appointment Information:

Patient's Name: ______________________________ Date of Birth ____/____/______

Home Ph: (   ) ____________________ Cell Ph: (   ) ________________ Work Ph: (   ) ________________

Height: ________________ Weight: ____________ (Approximate, please)

Location: ☐ Milwaukee 1.5 T Closed MRI ☐ Sheboygan Open MRI

Type of Procedure:

MRI Without Contrast____ With and Without Contrast ______

Area of Body: ____

Symptoms/reason for study: ____

Clinical indication for contrast if ordered: ____

Special Instructions:

___ History of renal failure or renal disease
___ Claustrophobic
___ Allergy to Gadolinium
___ Oral Sedation— prescribed by ordering MD

Other: ______________________________

Results:

___ Films ___ CD

___ Send CD/Films with patient

___ Read and call ASAP, Ph # ____________

Insurance Information:

Insurance Company: __________________ ID # ______________ Group # ____________

Preauthorization or Claim # __________________________ Pre-auth not required ________

Work Comp or Injury Claim YES / NO Date of Injury: ________________

Other: ____

Provider Name: ______________________________ Ph # ______________________________

Provider Signature (required) __________________________ Date: ________________