

Date: _____

If you are a physician and interested in referring your patient to the UCSD/Tenet Magnetic Resonance Institute, complete and fax this online MRI requisition form to (619) 543-3963.

Patient Name: _____

Medical Record Number: _____ Patient Weight: _____

Patient Telephone Number: (day) _____ (evening) _____

Primary Care Physician: _____

Referring Physician: _____

Referring Physician Signature: _____

License Number: _____ UPIN Number: _____

Beeper/Telephone Number: _____

Fax Number: _____

Body part to be scanned: _____
(Please attach a copy of the history and patient's condition)

History and Diagnosis: _____

Does the patient have a cardiac pacemaker or other electronic device? Yes No

Does the patient have an implanted metallic object (e.g., prosthesis, aneurysm clip, shrapnel)?
 Yes No

Does or has the patient work with metal as a hobby or profession? Yes No

Does the patient have a history of being claustrophobic? Yes No

Is the patient pregnant or trying to become pregnant? Yes No

Has the patient had ear or eye surgery? Yes No

Has the patient had any surgery in the body part being scanned? Yes No

If the answer to any of the above questions is yes, please explain: _____

Has the patient had any previous X-Ray, CT, or MRI studies of the body part to be scanned?
 Yes No

If yes, please give date, facility, and purpose and result of each study. Please advise the patient to bring any previous studies. _____