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PET MR Imaging Order Form

Revision 03-12-2026

Date Imaging Needed: ____________ ***Scans to be completed up to 10 days prior***

***If Research** Study Name: ____________ *Subject ID:* ____________ *Study Time Point:* ____________

PATIENT INFORMATION			
Patient Name:		DOB:	
Patient Height:		Patient Weight:	(lbs)
Gender: ☐ Male ☐ Female		Patient Phone #:	
Patient Ambulatory: ☐ Yes ☐ No		Assistance Needed:	

ORDER INFORMATION			
STAT Read: ☐ Yes ☐ No	Insurance Authorization #:		ICD10 Code:
Billing: ☐ Research ☐ Patient Insurance:			
If image(s) are desired to be transferred to a health system please indicate here			
Facility Name:		Facility Phone #:	

OPTIONAL INFORMATION	
Recent Surgery / Biopsy (Site/Approximate Date):	
Has the patient had previous imaging studies on this area of the body?	☐ Yes ☐ No
Facility Performed:	
Does the patient have a known contrast allergy:	☐ Yes ☐ No ☐ Unknown
Contrast Prep Given: ☐ Yes ☐ No	
Patient Diabetic: ☐ Yes ☐ No	Medication Taken: ☐ None (Diet) ☐ Insulin ☐ Oral Meds

REFERRING PROVIDER INFORMATION			
Ordering Provider Name:			
Provider NPI:	Phone:	Fax:	
Additional Copies of Report to:		Fax:	

SPECIFIC REASON FOR STUDY	
Complaint / Signs and Symptoms:	
☐ Histologically Proven ☐ Suspected	☐ Initial Scan ☐ Subsequent Scan
Rule Out:	

STUDY REQUESTED

- ☐ Limited
- ☐ Skull Base to Mid-Thigh
- ☐ Whole Body
- ☐ Brain Only
- ☐ No diagnostic MR performed
- ☐ Other: ____________

DIAGNOSTIC MR SCAN(S) REQUEST

(if applicable) Reason for Diagnostic MR:

- ☐ Brain
- ☐ Abdomen
- ☐ Pelvis
- ☐ Spine: ____________
- ☐ Whole Body

- ☐ w/ Contrast
- ☐ w/o Contrast
- ☐ w/o & w/ Contrast

RADIOTRACER

☐ PSMA ☐ FDG ☐ DOTATATE ☐ BRAIN - AMYLOID (CPT CODE 78811) ☐ OTHER:

MRI PRESCREENING			
Pacemaker	☐ Yes ☐ No	Metal Injury in Eyes	☐ Yes ☐ No
Aneurysm Clip	☐ Yes ☐ No	Prior Surgery to area being scanned	☐ Yes ☐ No
Stimulator	☐ Yes ☐ No	Pregnant / Breastfeeding	☐ Yes ☐ No
Implanted Medication Pump	☐ Yes ☐ No	Electronic Ring	☐ Yes ☐ No

Please Provide any additional Comments:

PROVIDER SIGNATURE: ____________ **DATE:** ____________