

Fax 913-338-5352



8000 College Blvd.
Overland Park, KS 66210
913-338-3344
www.coliseumimaging.com

Appt. Date: _____
Appt. Time: _____

NPI: 1992768683 Tax ID: 20-4130740

Scheduled by: _____ Date: _____

Patient: _____ DOB _____

Home Phone _____ Work Phone _____

Reason for Exam _____

Ordering DR./RNP/PA _____ CD: (Yes) (No)

Ordering Clinic _____ Phone _____ Fax _____

Physician Signature: _____ Insurance Company Benefit Phone # _____

Insurance: _____ Policy Holder ID: _____

Precert needed: (Yes) (No) Precert# _____ SS# _____

Work Injury? _____ Auto Accident? _____ Illness? _____

Date of Injury/Accident or Illness? _____ Claim # _____

1.2T High Field Open Magnet **3.0T Closed Magnet**

MRI		
<input type="checkbox"/> Head	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> IAC's	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> Pituitary	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> Orbits	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> Soft Neck Tissue	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> Sacrum	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> Pelvis	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> MRCP	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> Abdomen Atten:		

MRI	
<input type="checkbox"/> Hip	RT/LT
<input type="checkbox"/> Knee	RT/LT
<input type="checkbox"/> Ankle	RT/LT
<input type="checkbox"/> Shoulder	RT/LT
<input type="checkbox"/> Elbow	RT/LT
<input type="checkbox"/> Wrist	RT/LT
<input type="checkbox"/> Forefoot	RT/LT
<input type="checkbox"/> Midfoot	RT/LT
<input type="checkbox"/> Hindfoot	RT/LT
Procedures:	
<input type="checkbox"/> Arthrograms	RT/LT
<input type="checkbox"/> Pain Injections	RT/LT

Check here if Physician Authorizes screening orbits for metal in the eyes if deemed necessary:

MRI Angiography		
<input type="checkbox"/> MRA Head	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> MRA Neck	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> MRA Abdomen	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O
<input type="checkbox"/> MRA Renal	<input type="checkbox"/> W/O	<input type="checkbox"/> W, W/O

Notes

Do you want contrast for your exam? (Yes) (No)

Indication: _____ Pt Hx CA? (Yes) (No)

Screening Questions

Yes No

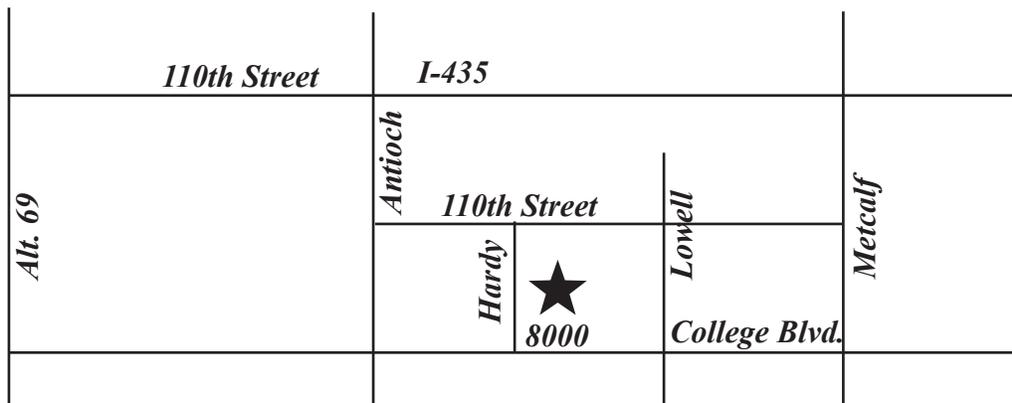
- _____ Is the patient Claustrophobic? If YES, have they been prescribed a sedative? (Yes) (No)
- _____ Has the patient ever had a history of metal or metal fragments in their eyes?
- _____ Has the patient ever worked in a job as a sheet metal worker or welder?
- _____ Has the patient ever had any heart, vascular, aneurysm surgery, eye or ear surgery?
- _____ Does the patient have implanted electronic devices? (Pacemaker, Medication Pump, Neuro Stimulator)
- _____ Is there a possibility of pregnancy?
- _____ Any surgery to the area being scanned? If Yes what type? _____

***** Previous imaging studies and reports are helpful at the time of study.**

Important Information Regarding Your Examination at Coliseum Imaging

- ☺ Please alert us at time of scheduling if you have a pacemaker, any implants, implanted pumps, vena cava filters, or metal in the eyes.
- ☺ If you are having an MRI of the Abdomen or Pelvis please do not eat or drink anything for 4 hours prior to your appointment time.
- ☺ Please leave all jewelry and valuables at home. If you have body piercings please remove them prior to appointment.
- ☺ If you are able to wear clothing with no metal on it your exam will be more comfortable. You can even bring a change of comfortable clothing to the exam. (ie: Sweat pants, tee shirts, sports bras)
- ☺ If there is any possibility that you might be pregnant, please let our office know at the time of scheduling.
- ☺ If you have any questions regarding your examination, please be sure to contact our office, and we will be glad to help you.

If for any reason you are unable to keep your appointment you must call 913.338.3344 as soon as possible to notify and reschedule.



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We are located at the North East Corner of College Blvd. and Hardy, between Metcalf and Antioch.
Formerly Regional Imaging