



2900-A South National Avenue • Springfield, MO 65804
Phone: (417) 887-SCAN (7226) Fax: (417) 877-0476

Patient Name: _____
Date of Birth _____ SSN: _____
Home Phone: _____ Work Phone: _____
Patient's Insurance Information: _____

Date of Exam: _____ Time of Exam: _____ AM/PM
Date of Next Physician Appointment: _____

MRI

CT

X-Ray

- Brain
- Pituitary
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Shoulder L R
- Elbow L R
- Wrist L R
- Hip L R
- Knee L R
- Ankle L R
- Toes/Forefoot L R
- Heel/Hindfoot L R
- M R Angiography (Head Only)
- Contrast Arthrogram

- Head
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Contrast
- Other _____

- Plain Films (Please Specify)

Study Results

- Send Films w/ Patient
- Send Films by Courier
- Report Only

CT Myelograms

- Cervical Spine
- Thoracic Spine
- Lumbar Spine

Sedation Ordered

- Yes
- No

Diagnosis / Reason for Exam:

Prior Studies:

Type of Study: _____

Facility: _____

Referring Physician: _____

Address: _____

Phone: _____ Fax: _____

Physician's Signature _____

Notice of Confidentiality

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PATIENT SCREENING:

- Patients with a pacemaker cannot have MRI studies performed on them.
- Patients with aneurysm clips may or may not be allowed to have MRI studies. Please call our office in advance to discuss.
- Patients that have had a history of metal fragments in the eyes from welding or machine work **must** obtain a x-ray of the eyes prior to MRI to rule out metal in eyes. SNI IMAGING will be able to do this the day of your exam.

