



Phone: 414-282-4100

www.ask4mdi.com

**MDI-Franklin**  
3111 W Rawson Ave Ste #105  
Franklin, WI 53132  
Fax: (414) 301-4501

**MDI-Greenfield**  
6150 W Layton Ave  
Greenfield, WI 53220  
Fax: (414) 282-4105

**MDI-Milwaukee**  
8522 W Capitol Dr  
Milwaukee, WI 53222  
Fax: (414) 847-1820

**PATIENT INFORMATION (REQUIRED)**

Patient Name (Last):	(First):	DOB:
Phone:		<input type="checkbox"/> M <input type="checkbox"/> F

**BILLING INFORMATION**

<input type="checkbox"/> Insurance Company:	Policy #:	Auth #:
<input type="checkbox"/> Workman's Comp	Claim #:	Group #:
		Exp:

**DIAGNOSIS/SYMPTOMS (REQUIRED)**

**REASON FOR EXAM OR ICD10 CODE:**

**MRI (GR, FR, & MKE)**

- Abdomen
- Brain
- Chest
- Hip
  - RIGHT
  - LEFT
- IAC/Posterior Fossa
- Knee
  - RIGHT
  - LEFT
- MRA: \_\_\_\_\_
- MRV: \_\_\_\_\_
- Orbits
- Pelvis
- Shoulder
  - RIGHT
  - LEFT
- Soft Tissue Neck
- Spine:
  - Cervical
  - Thoracic
  - Lumbar
- Other: \_\_\_\_\_
  - RIGHT
  - LEFT

- No Contrast
- W & W/O Contrast
- Radiologist's Discretion

Patients over 60yrs:  
 Creat to be done @MDI or  
 Creat Level: \_\_\_\_\_mg/dL  
 Date drawn: \_\_\_\_\_

**CT (FR & MKE)**

- Abdomen/Pelvis
- Abdomen
- Pelvis
- Chest
- CTA: \_\_\_\_\_
- Head
- Leg Length (Scanogram)
- Myelogram LEVELS: \_\_\_\_\_
- Neck
- Shoulder
  - RIGHT
  - LEFT
- Sinus
- Spine:
  - Cervical
  - Thoracic
  - Lumbar
- Temporal Bones
- Urogram
- Wrist
  - RIGHT
  - LEFT
- Other: \_\_\_\_\_
  - RIGHT
  - LEFT

- No Contrast
- W/ Contrast
- W & W/O Contrast
- Radiologist's Discretion

Patients over 40yrs:  
 Creat to be done @MDI or  
 Creat Level: \_\_\_\_\_mg/dL  
 Date drawn: \_\_\_\_\_

**X-RAY (FR & MKE)**

- Abdomen (1V/KUB)
- Chest (2V)
- Foot
  - RIGHT
  - LEFT
- Hand
  - RIGHT
  - LEFT
- Knee
  - RIGHT
  - LEFT
- Scoliosis (2V)
- Shoulder
  - RIGHT
  - LEFT
- Spine:
  - Cervical
  - Thoracic
  - Lumbar
- Wrist
  - RIGHT
  - LEFT
- Other: \_\_\_\_\_
  - RIGHT
  - LEFT

**INTERVENTIONAL (FR & MKE)**

- Arthrogram:
  - CT  RIGHT
  - MRI  LEFT
- Lumbar Puncture
- Myelogram
  - Cervical
  - Thoracic
  - Lumbar
- Steroid Injection

**ULTRASOUND (FR & MKE)**

- Abdomen
- ABI
- Arterial Duplex: Upper or Lower
  - RIGHT
  - LEFT
- Breast (<18yrs)
  - RIGHT
  - LEFT
- Carotid
- Infant Head (<1yr)
- Infant Hips (<6mos)
- Infant Pylorus (<3mos)
- Infant Spine (<3mos)
- OB (1<sup>st</sup> Trimester)
- Pelvis (<18yrs)
- Pelvis/Transvaginal (>18yrs)
- Renal
- Scrotum
- Thyroid
- Venous Doppler: Upper or Lower
  - RIGHT
  - LEFT
- Other: \_\_\_\_\_

**FOR INTERNAL OFFICE USE ONLY:**

Protocolled by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Radiologist: \_\_\_\_\_  
 NOTES:

**PHYSICIAN INFORMATION (REQUIRED)**

Physician Phone:	Fax Results To:	<input type="checkbox"/> SEND CD w/PATIENT	<input type="checkbox"/> STAT RESULTS
X			

PHYSICIAN SIGNATURE

PHYSICIAN NAME (PLEASE PRINT)

DATE