

MRI Abdomen Imaging Request

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. to 888.693.3210. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Requests may also be submitted via the web at eviCore.com. **URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE TO 800.440.5071.**

Patient/Member	First Name:		Middle Initial:	Last Name:		
	DOB (mm/dd/yyyy):			Gender:	Male	Female
	Street Address:				Apt #:	
	City:			State:	Zip:	
	Home Phone:		Cell Phone:		Primary Contact:	Home Cell
	Health Plan:		Member ID:			
	Ordering Provider	First Name:		Last Name:		Medicaid ID:
Primary Specialty:		TIN:		NPI:		
Physician Phone:			Physician Fax:			
Address:				Suite #:		
City:			State:	Zip:		
Office Contact:				Ext:		
Contact Email:						
Facility/Site		First Name:			Last Name:	
	Group/Site Name:			Medicaid ID:		
	Primary Specialty:		TIN:		NPI:	
	Site Phone:			Site Fax:		
	Address:				Suite #:	
	City:			State:	Zip:	
	Procedure	Check all applicable CPT Codes:	MRI Abdomen:	74181	74182	74183
Other:						
Diagnosis	Diagnosis, if known or rule out:					
	ICD-10 Codes:					
	Date of last visit:					

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Clinical Information

1. Date of most recent office visit or other contact with physician:	Don't Know
2. Type of most recent documented contact with physician?	
Hospital	Phone call with office staff
Office visit	Phone call with physician
Email	Don't Know
Other:	
3. Is there a reason to avoid CT contrast?	Yes No Don't Know
4. Is a lipoma suspected?	Yes No Don't Know
5. Are there unclear findings on previous ultrasound?	Yes No Don't Know
6. Is there a current pregnancy?	Yes No Don't Know
7. Is this for right lower quadrant pain with associated fever?	Yes No Don't Know
8. Is this to evaluate for causes of hematuria?	Yes No Don't Know
9. Is pain present?	Yes No Don't Know
10. Are there unclear findings in previous CT-Abdomen imaging?	Yes No Don't Know
11. Is this for right upper quadrant pain associated with fever?	Yes No Don't Know
12. Is jaundice present?	Yes No Don't Know
13. Is the AFP elevated?	Yes No Don't Know
14. Is the study to evaluate liver lesion?	Yes No Don't Know
Additional Information/Comments:	

Submitter

Who is making this request?	Ordering Physician	Facility	Other:
Print Name:			
Title:	MD	RN	LPN PA NP Other:
Signature:		Date:	