SeaCoast ADVANCED DIAGNOSTIC IMAGING
"The MRI Specialists"
Visit us online at:
www.seacoastimaging.com

☐ Transportation Required

PHYSICIAN ORDER FORM

Fax Form to: 508-888-2544
or Call: 508-888-2270

Seacoast Advanced Diagnostic Imaging
3 Cedarhill Park Drive
Plymouth, MA 02360
Affiliated with Weymouth MRI PC
NPI: 1619047537
Tax ID: 043102448

Patient Name: _____ DOB: _____

Patient Home Phone #: _____ Work / Cell Phone #: _____

Insurance Provider: _____ Authorization #: _____

Clinical History: _____

Physician Name: (Please Print) _____ Phone #: _____

Physician Signature: _____

Appointment Date: _____ Time: _____ Arrival Time: _____

MRI PROCEDURE

- ☐ Brain
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Soft Tissue Neck
- ☐ Chest
- ☐ Abdomen ☐ MRCP ***(NPO 4hr)***
- ☐ Pelvis
- ☐ Other MRI: _____
- ☐ TMJ
- ☐ Shoulder ..... ☐ L ☐ R
- ☐ Elbow ..... ☐ L ☐ R
- ☐ Wrist ..... ☐ L ☐ R
- ☐ Hip ..... ☐ L ☐ R
- ☐ Knee ..... ☐ L ☐ R
- ☐ Ankle ..... ☐ L ☐ R
- ☐ Foot ..... ☐ L ☐ R
- ☐ Other Extremity: _____ ☐ L ☐ R

Contrast* (Select One):
- ❍ Without & With Contrast
- ❍ Without Contrast
- ❍ Radiologist Discretion

MRI ANGIOGRAPHY*

- ☐ Brain *(without contrast)*
- ☐ Carotid *(without contrast)* ☐ Carotid *(with contrast)*
- ☐ Subclavian
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Aorta / Lower Leg (runoff)
- ☐ Extremity: _____ ☐ L ☐ R

Unless specified, all MRAs are performed with contrast

BREAST MRI:

Patient must bring prior relevant studies

- ❍ Breast MRI Without & With Contrast
- ❍ Breast MRI Without Contrast

CT PROCEDURE*

- ☐ Head
- ☐ Maxillofacial (Sinus)
- ☐ Abdomen
- ☐ Pelvis
- ☐ Chest
- ☐ Soft-Tissue Neck with Recon
- ☐ Spine with Recon Type: ☐ C ☐ T ☐ L
- ☐ Extremity with Recon
  Type _____ ☐ L ☐ R
- ☐ CTU (Abdomen/Pelvis) without Contrast
- ☐ CTU (Abdomen/Pelvis) with Contrast and Recon
- ☐ Other CT: _____

Contrast* (Select One):
- ❍ Without & With Contrast
- ❍ Without Contrast
- ❍ Radiologist Discretion

CT ANGIOGRAPHY*

- ☐ Head
- ☐ Abdomen
- ☐ Pelvis
- ☐ Chest
- ☐ Neck

All CTAs are performed with contrast

***** ALL CT / CTA CONTRAST STUDIES NPO 4hrs *****

BUN _____ CREATININE _____

DATE DRAWN _____

***REQUIRED WITHIN 30 DAYS OF STUDY**

FOR ANY PATIENT WITH: RENAL INSUFFICIENCY, DIABETES, MYELOMA, SLE or who is >60 YRS

X-RAY PROCEDURE

- ☐ Type: _____

**** PLEASE HAVE PATIENT SIGN THE MEDICAL RELEASE BEFORE FAXING ORDER ****

PERMISSION TO OBTAIN AND SUPPLY MEDICAL RECORDS/RESULTS

I give SeaCoast Imaging permission to obtain copies of any medical records and/or diagnostic studies pertaining to my scan. I also give permission for SeaCoast Imaging to release a copy of my medical report to my referring physician.

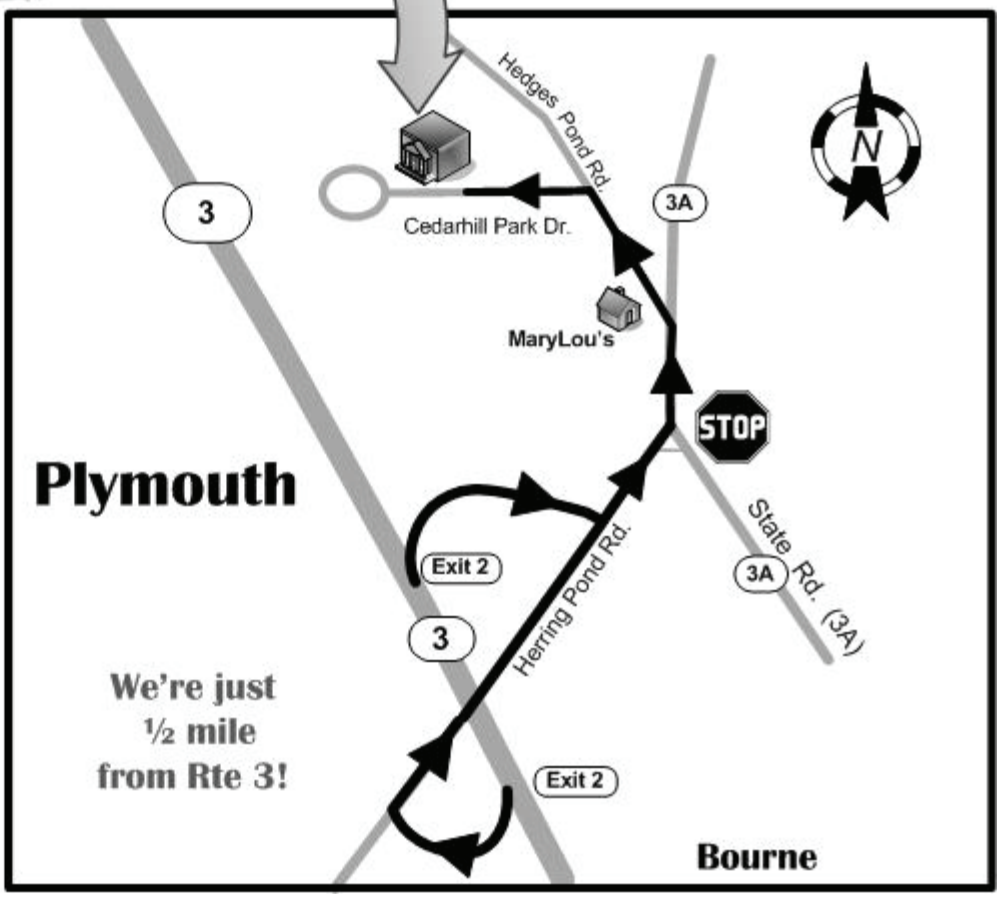
_____ Signature

_____ Date

CONFIDENTIAL MEDICAL INFORMATION

SeaCoast
ADVANCED DIAGNOSTIC
IMAGING

Distance From Our Center to . . .	
Bourne Town Line	1 Mile
Buzzards Bay Rotary	7 Miles
Cape Cod Mall, Hyannis	19.3 Miles
Rt 28, Falmouth	19.5 Miles
Main Street, Wareham	13.5 Miles
Mashpee Commons	17 Miles
Plymouth Rock	13 Miles
Pine Hills, Plymouth	6.5 Miles
Sagamore Bridge	3.5 Miles
Sandwich Center	6.5 Miles
Tremont Street, Duxbury	19.8 Miles



From Points North

Take Rte 3 South to **Exit 2 (Herring Pond / Cedarville)**
Turn **Right** at end of exit ramp **(Towards 3A)**

- Travel 0.1 mile; turn **Left** at stop sign (**Rte 3A)**
- Travel 0.2 mile; turn **Left (Hedges Pond Road)**
  (You will go past Marylou's Coffee)
- Travel 0.3 mile; take first **Left (Cedarhill Park Drive)**

Seacoast Imaging is the **first** building on the **Right** (#3)

From Points South

Take Rte 3 North to **Exit 2 (Herring Pond / Cedarville)**
Turn **Left** (at stop sign) at end of exit ramp **(Towards 3A)**

- Travel 0.1 mile; turn **Left** at stop sign (**Rte 3A)**
- Travel 0.2 mile; turn **Left (Hedges Pond Road)**
  (You will go past Marylou's Coffee)
- Travel 0.3 mile; take first **Left (Cedarhill Park Drive)**

Seacoast Imaging is the **first** building on the **Right** (#3)