



UpRight MRI

O F N E W M E X I C O

The only truly open MRI experience in New Mexico

P: (505) 796-9200
 F: (505) 796-9205
 7600 Jefferson St. NE Suite #26
 Albuquerque, New Mexico 87109
 www.uprightnm.com
 www.facebook.com/UprightMRIofNM

Date of Order		
Name		Date of Birth
Home Phone	Cell	Other
Billing Information <input type="checkbox"/> Health Ins. <input type="checkbox"/> MVA <input type="checkbox"/> W/C <input type="checkbox"/> DOI:		Auth.#
Insurance Carrier	Policy #/ Claim#	
Clinical History (Signs & Symptoms)		
CPT Code	ICD-10 Diagnosis Codes	
Prior Surgery (Please Specify)		Date
Exam Type (Please Specify)	Patient Height	Patient Weight

MRI Procedure

Head/ Spine	W/O	W & W/O	Musculoskeletal	W/O Contrast
Brain	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553	Shoulder	73221 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
IAC		<input type="checkbox"/> 70553	Elbow	73221 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
Pituitary		<input type="checkbox"/> 70553	Wrist	73221 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
Orbits TMJ Joint <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 70540 <input type="checkbox"/> 70336	<input type="checkbox"/> 70543	Hand	73218 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
Cervical Spine <input type="checkbox"/> Flex / Ext.	<input type="checkbox"/> 72141	<input type="checkbox"/> 72156	Hip	73721 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
Thoracic Spine	<input type="checkbox"/> 72146	<input type="checkbox"/> 72157	Knee Thigh	73721 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B 73718 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
Lumbar Spine <input type="checkbox"/> Flex / Ext.	<input type="checkbox"/> 72148	<input type="checkbox"/> 72158	Lower Leg	73718 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
Body	W/O	W & W/O	Ankle	73721 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
Pelvis	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197	Foot	73718 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
Sacrum	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197		
SI Joint	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197		
Brachial Plexus	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220	Other	
Soft Tissue Neck	<input type="checkbox"/> 70540	<input type="checkbox"/> 70543		
MRA			**Exams with contrast require a BUN and CREATININE result within the past 30 days.**	
Brain <input type="checkbox"/> MRV <input type="checkbox"/> MRA	<input type="checkbox"/> 70544			
MRA Neck	<input type="checkbox"/> 70547	*Contrast not done on MRA/MRV procedures		

MD Signature: _____ Physicians Name: _____

Email: _____ Phone: _____ Fax: _____

- STAT - Call with Report Fax Report Send CD with Patient

