Cayman Medical Ltd.

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George Town, KY1-1209 - Cayman Islands
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MRI@medical.ky || www.medical.ky

Physician Order

Name - Last:	First:	Middle:	Date of Birth: DD/MM/YYYY	
Phone - Home:	Cell:	Sex: *M / F / ?*	Height:	Weight:
Insurance Name: Policy Owner:	Member ID#:	Group ID#:	Plan Name:	

Metal or electronic Implants Y/N Pacemaker/ Defibrillator Y/N Aneurysm Clips Y/N	Heart, Kidney or Liver disease Y/N H/O Stroke Y/N Able to stand for 15 mins? Y/N	Diabetic Y/N HTN Y/N Cancer Y/N	Pregnant or breastfeeding Y/N Allergies:

Prior Imaging Y/N (Location and date):	Desired appointment date: *Standard* / *ASAP* / *Urgent*
Indication/Diagnosis (+ ICD-10 Code):	
Special notes:	

Requested Procedures (please check available studies in the white fields)

Description	Contrast?		Weight-Bearing	Dynamic	In-Motion
	Without	**With & WO**			
MRI Brain					
MRI Sella/Pituitary					
MRI Internal Auditory Canal (IAC)/Cerebellopontine Angle					
MRI Orbit/Face					
MRI Temporomandibular Joint(s)					
MRI Neck					
MRI Cervical Spine					
MRI Thoracic Spine					
MRI Lumbar Spine					
MRI Upper Extremity Non-Joint (please specify: _____________)					
MRI Upper Extremity Joint (please specify: _________________)					
MRI Lower Extremity Non-Joint (please specify: _____________)					
MRI Lower Extremity Joint (please specify: _________________)					

Practice Name_______________________________ Practice Phone___________Practice Fax___________

Physician Name____________________ Physician Signature______________________ Date____________

We encourage referring doctors to use our doctor portal, which allows instant orders, instant notifications and instant access to reports and imaging:

https://portal.medical.ky