



# CRG MRI Order Form

Cheyenne Radiology Group

To Schedule an Appointment Phone: 307-634-7711 or Fax: 307-634-7760

If Creatinine labs are needed, fax results that are within 30 days for contrast exams. Fax most recent PSA results for Prostate MRI exams.

Patient Name:	DOB:	Weight:	Date of Request:
Patient Address:			Phone:
Insurance:	Policy #:	Payer ID:	
ICD 10 Codes:			

MRA (ANGIOGRAPHY)		CPT	MRI BODY		CPT
	MRA Head without contrast	70544		MRI Chest without contrast	71550
	MRA Head with contrast	70545		MRI Chest with contrast	71551
	MRA Head with AND without contrast	70546		MRI Chest with AND without contrast	71552
	MRA Neck without contrast	70547		MRI Abdomen without contrast <input type="checkbox"/> MRCP	74181
	MRA Neck without contrast	70549		MRI Abdomen with AND without contrast <input type="checkbox"/> MRCP	74183
	MRA Chest EXC Myocardium with AND without contrast	71555		MRI Pelvis without contrast	72195
	MRA Abdomen with AND without contrast ( <i>renal</i> )	74185		MRI Pelvis with contrast	72196
	MRA Pelvis with AND without contrast	72198		MRI Pelvis with AND without contrast	72197
MRI HEAD AND NECK		CPT		MRI Enterography (Abd/Pel) with AND without contrast	74183 72197
	MRI Brain without contrast	70551		MRI Breast Bilateral without contrast	77047
	MRI Brain with contrast	70552		MRI Breast Bilateral with AND without Contrast	77048
	MRI Brain with AND without contrast	70553		MRI Prostate with AND without contrast	721971
	MRI Brain IAC with AND without contrast (int audit canal)	705531		<input type="checkbox"/> DYNACAD Pre-surgical Planning	
	MRI Pituitary without contrast	70551	MRI UPPER EXTREMITY		CPT
	MRI Pituitary with contrast	70552		MRI Upper Extremity w Joint without contrast	73221
	MRI Pituitary with AND without contrast	705532		R____ L____ <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist	
	MRI Face, Neck, or Orbit without contrast	70540		MRI Upper Ext w Joint with contrast	73222
	MRI Face, Neck, or Orbit with contrast	70542		R____ L____ <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist (Arthrogram)	
	MRI Face, Neck, or Orbit with AND without contrast	70543		MRI Upper Ext w Joint with AND without contrast	73223
	MRI Temporomandibular joints	70336		R____ L____ <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist	
MRI SPINE		CPT		MRI Upper Extremity w/o Joint without contrast	73218
	MRI Cervical Spine without contrast	72141		R____ L____ <input type="checkbox"/> Hand <input type="checkbox"/> Humerus <input type="checkbox"/> Forearm	
	MRI Cervical Spine with contrast	72142		MRI Upper Extremity w/o Joint with contrast	73219
	MRI Cervical Spine with AND without contrast	72156		R____ L____ <input type="checkbox"/> Hand <input type="checkbox"/> Humerus <input type="checkbox"/> Forearm	
	MRI Thoracic Spine without contrast	72146		MRI Upper Extremity w/o Joint with AND without contrast	73220
	MRI Thoracic Spine with contrast	72147		R____ L____ <input type="checkbox"/> Hand <input type="checkbox"/> Humerus <input type="checkbox"/> Forearm	
	MRI Thoracic Spine with and without contrast	72157	MRI LOWER EXTREMITY		CPT
	MRI Lumbar Spine with AND without contrast	72148		MRI Lower Extremity w Joint without contrast	73721
	MRI Lumbar Spine with contrast	72149		R____ L____ <input type="checkbox"/> Hips <input type="checkbox"/> Knee <input type="checkbox"/> Ankle	
	MRI Lumbar Spine with and without contrast	72158		MRI Lower Extremity w Joint with contrast	73722
MRI PROCEDURES		CPT		R____ L____ <input type="checkbox"/> Hips <input type="checkbox"/> Knee <input type="checkbox"/> Ankle (Arthrogram)	
	MRI Guided Biopsy, Aspiration, or Injection Localization	77021		MRI Lower Extremity w Joint with AND without contrast	73723
	MRI Guided Breast Biopsy R____ L____	19085		R____ L____ <input type="checkbox"/> Hips <input type="checkbox"/> Knee <input type="checkbox"/> Ankle	
ADDITIONAL INFORMATION:				MRI Lower Extremity w/o Joint without contrast	73718
				R____ L____ <input type="checkbox"/> Femur <input type="checkbox"/> Tibia <input type="checkbox"/> Fibula <input type="checkbox"/> Foot	
				MRI Lower Extremity w/o Joint with contrast	73719
				R____ L____ <input type="checkbox"/> Femur <input type="checkbox"/> Tibia <input type="checkbox"/> Fibula <input type="checkbox"/> Foot	
				MRI Lower Ext w/o Joint with AND without contrast	73720
				R____ L____ <input type="checkbox"/> Femur <input type="checkbox"/> Tibia <input type="checkbox"/> Fibula <input type="checkbox"/> Foot	

Facility Name, Address, Phone Number and Fax:

Provider Signature: \_\_\_\_\_

Printed Provider Name and NPI Number:

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