

PT INFORMATION	Patient Name:		Height:	Weight:	
	D.O.B.		OSU MR#		
	Insurance:		Phone:		
	Address:		Street Address	City	State
INDICATIONS	Diagnosis/signs/symptoms:		Allergies:		
	Reason for Testing:				
	Current Medications:				
	Serum Creatinine (required for all CT Studies):				
Please choose one or more of the following exams (e.g. cardiac MRI/chest MRA are often done together):					
<input type="checkbox"/> Cardiac MRI <input type="checkbox"/> Cardiac Stress MRI <input type="checkbox"/> CT Coronary/Bypass Graft Angiogram (include Calcium Score if appropriate) <input type="checkbox"/> Coronary Calcium (self pay only) <input type="checkbox"/> Cardiac MRI plus MR Angiogram Chest (Ascending/Aortic protocol) <input type="checkbox"/> MR Angiogram Chest <input type="checkbox"/> MR Angio Chest, Abdomen, Pelvis (THORACIC ANEURYSM PROTOCOL) <input type="checkbox"/> MR Angio Carotid Arteries (CAROTID STENOSIS PROTOCOL) <input type="checkbox"/> Cardiac MRI, MR Angio Thorax/Abd, Pelvis (DISSECTION PROTOCOL) <input type="checkbox"/> MR Angio Abd/Pelvis (Renal/AAA protocol) <input type="checkbox"/> MR Angio Abd/Pelvis/Lower Legs (PAD Protocol) <input type="checkbox"/> CT Angio Abd/Pelvis/Lower Legs (PAD protocol) <input type="checkbox"/> CT Angio Carotids (Carotid Stenosis) <input type="checkbox"/> CT Angio Abd/Pelvis (Renal Stenosis/Aneurysm) <input type="checkbox"/> Other/Specify: _____					
Specific Instructions- Cardiac MRI					
<ul style="list-style-type: none"> No caffeine 24 hours prior to examination NPO prior to stress; OK to eat prior to resting study 					
Specific instructions- Cardiac CT					
<ul style="list-style-type: none"> Best image quality if HR less than or equal to 60 please Rx metoprolol 100 mg p.o. x1 one hour before exam if no contraindication Contrast allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No NPO 3 hours prior to examination No caffeine 12 hours prior to examination Serum Creatinine 					
Toll Free: 1 (888) 293-ROSS (7677)		Fax: 614-293-6230		To speak with a MCR/CCT physician call 614-293-5500	
Ordering Physician:			Family Physician:		
Ordering Physician Signature:			Time:		Date:
Date and Time of Test:			Scheduler's Initials:		Date:



OD0035

THE OHIO STATE UNIVERSITY MEDICAL CENTER

HEART AND VASCULAR MRI/CT IMAGING ORDERS

Patient Name:

Medical Record Number:

Date of Birth:

Please indicate the diagnosis/signs/symptoms for the test(s) you are ordering and sign below:

1. Diagnosis/signs/symptoms for **Cardiac MRI or Cardiac Stress MRI**

- Coronary atherosclerosis 414.01 Coronary atherosclerosis of bypass graft 414.04 Primary cardiomyopathy 425.4 Shortness of breath 786.05
 Abnormal EKG 794.31 Heart failure 428.9 Chest pain 786.50 Syncope and collapse 780.2
 Right bundle branch block 426.4 Status post CABG V45.81 Status post PTCA V45.82 Other (specify): _____

2. Diagnosis/signs/symptoms for **CT Coronary/Bypass Graft Angiogram**

- Coronary atherosclerosis 414.01 Coronary atherosclerosis of bypass graft 414.04 Abnormal CV function study 794.30 Aortic valve disorder 424.1
 Angina pectoris 413.9 Unstable angina 411.1 Chest pain 786.50 Other (specify) _____

3. Diagnosis/signs/symptoms for **Coronary Calcium**

- Coronary atherosclerosis 414.01 Chest pain 786.50 Other (specify) _____

4. Diagnosis/signs/symptoms for **Cardiac MRI plus MRA Chest (ASCENDING/AORTIC PROTOCOL)**

Check one or more diagnosis for each test:

Cardiac MRI

- Coronary atherosclerosis 414.01 Coronary atherosclerosis of bypass graft 414.04 Primary cardiomyopathy 425.4 Shortness of breath 786.05
 Abnormal EKG 794.31 Heart failure 428.9 Chest pain 786.50 Syncope and collapse 780.2
 Right bundle branch block 426.4 Status post CABG V45.81 Status post PTCA V45.82 Other (specify): _____

MRA Chest

- Dissection of aorta; thoracic 441.01 Thoracoabdominal aneurysm without rupture 441.7 Thoracic aneurysm without rupture 441.2
 Dissection of aorta; thoracoabdominal 441.03 Abnormal pulmonary function study 794.2 Atherosclerosis of aorta 440.0
 Aortic valve disorder 424.1 Other (specify) _____

5. Diagnosis/signs/symptoms for **MRA Chest**

- Dissection of aorta; thoracic 441.01 Thoracoabdominal aneurysm without rupture 441.7 Thoracic aneurysm without rupture 441.2
 Dissection of aorta; thoracoabdominal 441.03 Other (specify) _____

6. Diagnosis/signs/symptoms for **MRA Chest, Abdomen, Pelvis (THORACIC ANEURYSM PROTOCOL)**

Check one or more diagnosis for each test:

MRA Chest

- Dissection of aorta; thoracic 441.01 Thoracoabdominal aneurysm without rupture 441.7 Thoracic aneurysm without rupture 441.2
 Dissection of aorta; thoracoabdominal 441.03 Other (specify) _____

MRA Abdomen

- Unspecified Essential Hypertension 401.9 Hypertensive Heart and Chronic Kidney Disease, benign, without heart failure 404.10
 Hypertensive Chronic Kidney Disease, Benign 403.10 Hypertensive Heart and Chronic Kidney Disease, malignant, without heart failure 404.00
 Hypertensive Chronic Kidney Disease, Malignant 403.00 Abdominal aneurysm without rupture 441.4
 End stage renal disease 585.6 Other (specify) _____

MRA Pelvis

- Abdominal aneurysm without rupture 441.4 Stricture of artery 447.1
 Iliac artery aneurysm 442.2 Other (specify) _____

7. Diagnosis/signs/symptoms for **MRA Carotid Arteries (CAROTID STENOSIS PROTOCOL)**

- Occlusion and stenosis of carotid artery w/o cerebral infarction 433.10 Aneurysm of artery of neck 442.81
 Occlusion and stenosis of unspecified precerebral artery without cerebral infarction 433.90 Swelling mass or lump in head or neck 784.2
 Occlusion and stenosis of carotid artery w/ cerebral infarction 433.11 Cerebral embolism with cerebral infarction 434.11
 Unspecified transient cerebral ischemia 435.9 Aneurysm of Artery of Neck 442.81 Injury to carotid artery 900.00
 Other (specify) _____

8. Diagnosis/signs/symptoms for **Cardiac MRI, MRA Thorax/Abdomen, Pelvis (DISSECTION PROTOCOL)**

Check one or more diagnosis for each test:

Cardiac MRI

- Coronary atherosclerosis 414.01 Primary cardiomyopathy 425.4 Shortness of breath 786.05 Abnormal EKG 794.31
 Heart failure 428.9 Syncope and collapse 780.2 Right bundle branch block 426.4 Status post CABG V45.81
 Atrial fibrillation 427.31 Chest pain 786.50 Status post PTCA V45.82 Other (specify): _____

MRA Thorax

- Dissection of aorta; thoracic 441.01 Thoracoabdominal aneurysm without rupture 441.7
 Dissection of aorta; thoracoabdominal 441.03 Abnormal pulmonary function study 794.2
 Thoracic aneurysm without rupture 441.2 Other (specify) _____

MRA Abdomen

- Unspecified Essential Hypertension 401.9 Hypertensive Heart and Chronic Kidney Disease, benign, without heart failure 404.10
 Hypertensive Chronic Kidney Disease, Benign 403.10 Hypertensive Heart and Chronic Kidney Disease, malignant, without heart failure 404.00
 Hypertensive Chronic Kidney Disease, Malignant 403.00 Abdominal aneurysm without rupture 441.4
 End stage renal disease 585.6 Other (specify) _____

MRA Pelvis

- Abdominal aneurysm without rupture 441.4 Stricture of artery 447.1 Embolism or thrombosis of iliac artery 444.81 Arteritis 447.6 Lower limb vessel anomaly 747.64
 Injury to hypogastric artery 902.51 Injury to iliac artery 902.53 Mechanical complication of other vascular device implant and graft 996.1
 Other complications due to other vascular device implant and graft 996.74 Personal history of allergy to radiographic dye V 15.08
 Iliac artery aneurysm 442.2 Other (specify) _____



OD0035

THE OHIO STATE UNIVERSITY MEDICAL CENTER

HEART AND VASCULAR MRI/CT IMAGING ORDERS

Patient Name:

Medical Record Number:

Date of Birth:

Please indicate the diagnosis/signs/symptoms for the test(s) you are ordering and sign below:

9. Diagnosis/signs/symptoms for **MRA Abdomen/Pelvis (RENAL ARTERY/ABDOMINAL ANEURYSM PROTOCOL)**

Check one or more diagnosis for each test:

MRA Abdomen

- Unspecified Essential Hypertension 401.9
- Hypertensive Chronic Kidney Disease, Benign 403.10
- Hypertensive Chronic Kidney Disease, Malignant 403.00
- End stage renal disease 585.6
- Hypertensive Heart and Chronic Kidney Disease, benign, without heart failure 404.10
- Hypertensive Heart and Chronic Kidney Disease, malignant, without heart failure 404.00
- Abdominal aneurysm without rupture 441.4
- Other (specify) _____

MRA Pelvis

- Abdominal aneurysm without rupture 441.4
- Stricture of artery 447.1
- Embolism or thrombosis of iliac artery 444.81
- Arteritis 447.6
- Lower limb vessel anomaly 747.64
- Injury to hypogastric artery 902.51
- Injury to iliac artery 902.53
- Mechanical complication of other vascular device implant and graft 996.1
- Other complications due to other vascular device implant and graft 996.74
- Personal history of allergy to radiographic dye V 15.08
- Iliac artery aneurysm 442.2
- Other (specify) _____

10. Diagnosis/signs/symptoms for **MRA Abdomen/Pelvis/Lower Legs (PAD PROTOCOL)**

Check one or more diagnosis for each test:

MRA Abdomen

- Unspecified Essential Hypertension 401.9
- Hypertensive Chronic Kidney Disease, Benign 403.10
- Hypertensive Chronic Kidney Disease, Malignant 403.00
- End stage renal disease 585.6
- Hypertensive Heart and Chronic Kidney Disease, benign, without heart failure 404.10
- Hypertensive Heart and Chronic Kidney Disease, malignant, without heart failure 404.00
- Abdominal aneurysm without rupture 441.4
- Other (specify) _____

MRA Pelvis

- Abdominal aneurysm without rupture 441.4
- Stricture of artery 447.1
- Embolism or thrombosis of iliac artery 444.81
- Arteritis 447.6
- Lower limb vessel anomaly 747.64
- Injury to hypogastric artery 902.51
- Injury to iliac artery 902.53
- Mechanical complication of other vascular device implant and graft 996.1
- Other complications due to other vascular device implant and graft 996.74
- Personal history of allergy to radiographic dye V 15.08
- Iliac artery aneurysm 442.2
- Other (specify) _____

MRA Lower Legs

- Atherosclerosis of extremities w/ claudication 440.21
- Atherosclerosis of extremities with rest pain 440.22
- Diabetes with peripheral circulatory disorders 250.70
- Atherosclerosis of extremities with ulceration 440.23
- Peripheral vascular disease 443.9
- Other aneurysm of artery of lower extremity 442.3
- Other (specify) _____

11. Diagnosis/signs/symptoms for **CT Angio Abdomen/Pelvis/ Lower Legs (PAD PROTOCOL)**

Check one or more diagnosis for each test:

CT Abdomen

- Unspecified Essential Hypertension 401.9
- Hypertensive Chronic Kidney Disease, Benign 403.10
- Hypertensive Chronic Kidney Disease, Malignant 403.00
- End stage renal disease 585.6
- Hypertensive Heart and Chronic Kidney Disease, benign, without heart failure 404.10
- Hypertensive Heart and Chronic Kidney Disease, malignant, without heart failure 404.00
- Abdominal aneurysm without rupture 441.4
- Other (specify) _____

CT Pelvis

- Abdominal aneurysm without rupture 441.4
- Stricture of artery 447.1
- Iliac artery aneurysm 442.2
- Other (specify) _____

CT Lower Legs

- Atherosclerosis of extremities w/ claudication 440.21
- Atherosclerosis of extremities with rest pain 440.22
- Diabetes with peripheral circulatory disorders 250.70
- Atherosclerosis of extremities with ulceration 440.23
- Peripheral vascular disease 443.9
- Other aneurysm of artery of lower extremity 442.3
- Other (specify) _____

12. Diagnosis/signs/symptoms for **CT Angio Carotids (CAROTID STENOSIS)**

- Occlusion and stenosis of carotid artery w/o cerebral infarction 433.10
- Swelling mass or lump in head or neck 784.2
- Aneurysm of artery of neck 442.81
- Occlusion and stenosis of carotid artery w/ cerebral infarction 433.11
- Other (specify) _____

13. Diagnosis/signs/symptoms for **CT Angio Abd/Pelvis (RENAL STENOSIS/ANEURYSM)**

Check one or more diagnosis for each test:

CT Abdomen

- Unspecified Essential Hypertension 401.9
- Hypertensive Chronic Kidney Disease, Benign 403.10
- Hypertensive Chronic Kidney Disease, Malignant 403.00
- End stage renal disease 585.6
- Hypertensive Heart and Chronic Kidney Disease, benign, without heart failure 404.10
- Hypertensive Heart and Chronic Kidney Disease, malignant, without heart failure 404.00
- Abdominal aneurysm without rupture 441.4
- Other (specify) _____

CT Pelvis

- Abdominal aneurysm without rupture 441.4
- Stricture of artery 447.1
- Iliac artery aneurysm 442.2
- Other (specify) _____

Diagnosis/signs/symptoms for **Other**

- Specify _____
- Specify _____
- Specify _____



OD0035

THE OHIO STATE UNIVERSITY MEDICAL CENTER

HEART AND VASCULAR MRI/CT IMAGING ORDERS

Patient Name:

Medical Record Number:

Date of Birth: