McLAREN MRI - FLINT
750 S. Ballenger Highway
Flint, MI 48532
Phone: 810.235.9311
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McLAREN MRI - CLARKSTON
5701 Bow Pointe • Suite 115
Clarkston, MI 48346
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SCAN ADDITION/ALTERATION FORM

Patient's Name: _____ Date: _____

Acct #: _____ MRN: _____

Referring Physician: _____ Phone: _____

Original Exam Ordered: _____

Radiologist's addition/alteration to ordered exam:

☐ Contrast Added	☐ Contrast Deleted		
☐ Head	☐ Abdomen/Pelvis	☐ L-Spine	☐ CTA Chest
☐ ST Neck	☐ Renal Stone	☐ CTA Aorta	☐ CTA Head
☐ Sinus	☐ Pelvis	☐ CTA Renal	☐ CTA Carotid
☐ Chest	☐ Urogram	☐ CTA Abdomen	
☐ HR Chest	☐ C-Spine	☐ CTA Abdomen/Pelvis	
☐ Abdomen	☐ T-Spine	☐ CTA Aorta/Runoff	☐ Other: _____

REASON *(Please Circle Appropriate Rationale)*:

1. Contrast added to optimize the diagnostic capability of the exam ordered by the referring physician.
2. Additional study required to determine the extent of the abnormality discovered during the performance of the originally ordered exam.
3. In my professional determination, any delay in the acquisition of the additional exam could have an adverse effect on the patient.
4. Other: _____

_____

_____

_____

Radiologist's Signature: _____ **Date/Time:** _____

Note: Rationale other than above, require *prior* approval by referring physician.

Office Contact: _____ Time: _____ Date: _____ RT: _____

PT.

MR.#/P.M.

DR.