

To Schedule Call:
Local: 615-695-7230
Long Distance: 866-695-7230
To Fax order to Easylink: 866-278-1508

Cardiac MRI Order Form

Patient: _____ DOB: _____ Exam Date: _____

Diagnosis: _____

Ordering Physician's Signature: _____

Ordering Physician's Printed Name: _____

Please choose the protocol which best applies to your patient (more than 1 may apply).
All Cardiac MRI studies include quantification of left ventricular systolic function (Ejection Fraction).

- Viability-myocardial scar-cardiomyopathy**
Assessment of viability in the setting of coronary disease. Suspicion for myocarditis or other inflammatory-infiltrative disease of the heart. Evaluation of unexplained cardiomyopathy.
Has this patient had a documented MI? _____
Is there a suspected inflammatory-infiltrative disease? _____
- Pericardial disease**
Evaluation of constrictive and inflammatory conditions of the pericardium
- Syncope-ventricular arrhythmias**
Included in this protocol is evaluation of scar in addition to a focus on ARVC and other conditions associated with syncope.
Is there a clinically suspected etiology for syncope? _____
- Stress Perfusion Study**
Evaluation for ischemia using a vasodilator agent. Viability/scar evaluation.
NPO after midnight for Stress
- Technically difficult echocardiogram.**
Inadequate visualization of cardiac structures with ultrasound. Please indicate attention to a particular structure if desired.
- Congenital Heart Disease**
Please provide a brief description _____
History of surgeries? _____
- Cardiac mass**
Please specify the location in which a mass is seen with echocardiography.
- Valvular evaluation**
Quantification of valvular regurgitation. Planimetry of stenotic valves. Please specify the valve(s) of concern.
- Left atrial evaluation**
Prior to EP procedures involving atrial arrhythmias.
What procedure is planned? _____
- Other**
If the above choices do not pertain to your indication for ordering a Cardiac MRI, please Provide us with as much additional information as possible.
- Creatinine Results (if available):** Date _____ Results: _____
within 30 days.