VERALUX

2000 S 42nd St Suite 120 | Rogers, AR 72758 | Phone 479-278-7153 | Fax 479-449-3118

OUTPATIENT MRI IMAGING ORDER

Please complete all applicable fields. A separate order is required for each body part/examination.

PATIENT INFORMATION

Patient full legal name: _____	Date of birth: ____ / ____ / _____
Phone: _____ Email: _____	☐ Male ☐ Female ☐ Other / not specified
Address: _____	**Self-pay only.** Insurance not accepted or filed. Medicare/Medicaid not accepted at this time. HSA/FSA eligible.

REQUESTED EXAMINATION

Check one examination and specify laterality where applicable. ALL MRI exams are performed without contrast.

Self-pay price per exam: $599 · TMJ $649 · Dementia Risk Assessment $999 · Subject to change

☐ Brain	☐ Orbits	☐ TMJ
☐ Brain MRA / MRV (circle one)	☐ Neck MRA	☐ Soft Tissue Neck
☐ Cervical spine	☐ Thoracic spine	☐ Lumbar spine
☐ Sacrum / coccyx	☐ Chest wall / sternum	☐ Abdomen
☐ Hip / pelvis (circle one)	☐ Shoulder	☐ Humerus / forearm (circle one)
☐ Elbow	☐ Wrist / hand (circle one)	☐ Femur / tibia-fibula (circle one)
☐ Knee	☐ Ankle / foot (circle one)	☐ Other: _____
☐ Dementia Risk Assessment (ordered by neurologist or dementia specialist)		
Body part / protocol details (if other or additional clarification): _____		
Laterality (if applicable): ☐ Right ☐ Left ☐ Bilateral Additional instructions: _____		

CLINICAL INFORMATION

Diagnosis / clinical indication: _____
Symptoms, location, duration, relevant history or prior findings: _____
_____
ICD-10 code(s), if available: _____ Prior imaging / date, if known: _____

ORDERING PROVIDER

Ordering provider name / credentials: _____	NPI: _____
Practice / facility: _____	Phone: _____
Fax: _____	Secure email (optional): _____
Provider signature: _____	Date signed: ____ / ____ / _____

VERALUX ORDERING NOTES: Veralux performs MRI examinations only and does not offer CT or contrast-enhanced MRI. The ordering provider is responsible for selecting the clinically appropriate examination and supplying the clinical indication. Orders are subject to review for completeness and scheduling eligibility. Please contact Veralux if the requested examination or protocol needs clarification.