



REQUEST FORM

Tel: (714)284-0111 | Fax: 800-637-5254

Patient Name: _____ Patient Phone: _____
 Referring Physician: _____ Referring Facility: _____
 Date of birth: _____ Date of Injury: _____ SSN: _____
 Worker's Compensation Personal Injury Other

MRI

MRI

I. Anatomy (all references below are to ACOEM)

- a. Spine Cervical (p 179) Thoracic Lumbar (p 304)
 b. Musculoskeletal
 L R Shoulder (p 209) L R Forearm (p 269) L R Femur L R Tibia / Fibula
 L R Humerus (p 269) L R Wrist (p 269) L R Hip L R Ankle (p 375)
 L R Elbow (p 239) L R Hand (p 269) L R Knee (p 343) L R Foot (p 375)
 c. Brain/Body _____
 d. Nerves _____
 e. Other _____
 (Please write clearly)

II. Study Type

- Multi-Position Complete MRI (Flexion, Neutral, Extension, Full Sagittal and Axial Slices)
 Multi-Positional Spinal Limited MRI (Flexion, Neutral, Extension, Mid Sagittal Slices only)
 Single Position MRI Supine Weight Bearing
 Other _____
 Gadolinium Contrast MR Arthrogram

III. Diagnosis

IV. Report Type

- Comprehensive MRI Report - Including Embedded Images with Biometrics Based Analyses and Interpretation
 Routine MRI report - Does not include Embedded Clipped Images, Biometrics and / or Biomechanical analyses

V. Secondary / Consultation Read (Please check a box in IV)

- Secondary read to explore reasons for patient's failure to improve functionally
 "If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed in order to identify incorrect or missed diagnosis" (ACOEM page 115)

AIM

AMA IMAGING MEASUREMENTS (AiM) ANALYSIS REPORT

- AiM Radiological Analysis with Comprehensive Report - MRI and/or X-Ray AMA Imaging Measurements (AiM) for Ratable Factors including performing Flexion Extension images as needed for biomechanical (Angular and Translational Motion) Analyses.

- I. Spine Cervical Thoracic Lumbar

CIAAiM

CLINICAL ANALYSIS + AMA IMAGING MEASUREMENTS (CIAAiM)

- Clinical Analysis + AMA imaging Measurements (AiM) Report for a Complete Musculoskeletal AMA Rating Report (CIAAiM)

I. Body Parts

- a. Spine Cervical Thoracic Lumbar
 b. Upper Extremities
 L R Shoulder L R Elbow L R Wrist L R Digits/Hand
 c. Lower Extremities
 L R Pelvis L R Hip L R Thigh L R Knee
 L R Ankle L R Foot L R Toe

PAIN

AMA FORMAL PAIN EVALUATION

- Pain Consultation Report (Please have patient fill in the pain questionnaire)

"There is excess pain in the context of verifiable medical conditions that cause pain" (AMA Guides page 570)

In my professional opinion, these specified tests and interpretations are medically necessary for diagnosis, treatment and accurate AMA impairment ratings.

Referring Physician (Print Name)

Referring Physician's Signature

Date