

Searcy

OPEN MRI

2019 East Race Avenue • Searcy, AR 72143-4725 • Phone: (501) 368-0657 • Fax: (501) 368-0658
Toll Free: 1-877-368-0657 • www.searcyopenmri.com

Patient Name : _____ Date: _____

Appointment Date: _____ Appointment Time: _____

Follow-up Appointment: _____ Physician's Phone #: _____

Referring Physician Name (Printed): _____ Specialty: _____

Referring Physician Signature: _____ Upin #: _____

MRI of _____

Diagnosis

- | | | |
|--|---|--|
| <input type="checkbox"/> Abnormal Gait 781.2 | <input type="checkbox"/> Injury, Neck 959.09 | <input type="checkbox"/> Thoracic Sprain 847.1 |
| <input type="checkbox"/> Arachnoid Cyst 348.0 | <input type="checkbox"/> Injury, Shoulder 959.2 | <input type="checkbox"/> TIA 435.9 |
| <input type="checkbox"/> Atrophy Cerebral Deg. 331.9 | <input type="checkbox"/> Kyphosis Acquired 737.10 | <input type="checkbox"/> Tinnitus 388.3 |
| <input type="checkbox"/> AVM 747.81 | <input type="checkbox"/> Leg Pain 729.5 | <input type="checkbox"/> Tremors 781.0 |
| <input type="checkbox"/> Back Ache 724.5 | <input type="checkbox"/> Lumbar Pain 724.2 | <input type="checkbox"/> Vertigo (Dizziness) 780.4 |
| <input type="checkbox"/> Back Disorder, Unspec. 724.9 | <input type="checkbox"/> Medial Meniscus Tear 836.0 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bell's Palsy 351.0 | <input type="checkbox"/> Memory Loss 780.93 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Blurred Vision 368.8 | <input type="checkbox"/> Migraine, Classical 346.00 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Brachial Plexus Lesions 353.0 | <input type="checkbox"/> Multiple Sclerosis 340 | |
| <input type="checkbox"/> Cerebral Ischemia, Chronic 437.1 | <input type="checkbox"/> MVA e819.9 | |
| <input type="checkbox"/> Cerebrovasc Dis., Unspec 437.9 | <input type="checkbox"/> Numbness/Tingling 782.0 | |
| <input type="checkbox"/> Cervical Disc Disp. w/o myel. 722.0 | <input type="checkbox"/> Pain, Arm 729.5 | |
| <input type="checkbox"/> Chondromalacia Patella 717.7 | <input type="checkbox"/> Pain, Neck 723.1 | |
| <input type="checkbox"/> Comp. Fracture w/o Trauma 733.10 | <input type="checkbox"/> Parkinson's 332.0 | |
| <input type="checkbox"/> Congenital Anomaly, Cer. Cyst 742.4 | <input type="checkbox"/> Pelvis/Hip/Thigh, Pain 719.45 | |
| <input type="checkbox"/> Cord Comp. NOS Non-trauma 336.9 | <input type="checkbox"/> Postlaminectomy Syndrome 722.80 | |
| <input type="checkbox"/> CVA 436 | <input type="checkbox"/> Radiculitis, Lumbar 724.4 | |
| <input type="checkbox"/> Cyst of Sinus 478.1 | <input type="checkbox"/> Radiculitis, Neck 723.4 | |
| <input type="checkbox"/> Degen. Inter. Disc. Lumbar 722.52 | <input type="checkbox"/> Rotator Cuff Tear, non-trau 727.61 | |
| <input type="checkbox"/> Difficulty Walking 719.7 | <input type="checkbox"/> Sciatica 724.3 | |
| <input type="checkbox"/> Diplopia 368.2 | <input type="checkbox"/> Scoliosis. Idiopathic 737.30 | |
| <input type="checkbox"/> Disc Disp. w/o Myelopathy 722.1 | <input type="checkbox"/> Seizure, NOS 780.39 | |
| <input type="checkbox"/> Drowsiness 780.09 | <input type="checkbox"/> Sensorineural Hearing Loss 389.10 | |
| <input type="checkbox"/> Elevated Prolactin Level 253.1 | <input type="checkbox"/> Spondylolisthesis 756.12 | |
| <input type="checkbox"/> Fatigue/Weakness 780.79 | <input type="checkbox"/> Spondylosis w/Myelopathy 721.91 | |
| <input type="checkbox"/> Head Injury 959.01 | <input type="checkbox"/> Sprain, Cervical 847.0 | |
| <input type="checkbox"/> Headache 784.0 | <input type="checkbox"/> Sprain, Lumbar 847.2 | |
| <input type="checkbox"/> Hearing Loss, Unspec. 389.9 | <input type="checkbox"/> Sprain, Shoulder 840.9 | |
| <input type="checkbox"/> Infarction, Cerebella 434.90 | <input type="checkbox"/> Stenosis, Cervical 723.0 | |
| <input type="checkbox"/> Injury, Back 959.19 | <input type="checkbox"/> Stenosis, Other 724.00 | |
| <input type="checkbox"/> Injury Hip/Thigh 959.6 | <input type="checkbox"/> Syncope/Fainting 780.2 | |