Cypress Creek MRI

2122 NW 62ND ST, SUITE 107
FT. LAUDERDALE, FL 33309
PH: (954) 677-1069 • FAX: (954) 677-1428

Call or fax us a copy of the Patient's Insurance Card and Intake Sheet

Patient Name: _____ SS #: _____
Last First

☐ Male ☐ Female

Patient Address: _____
Street City State Zip

Phone: _____ Work: _____ DOB: _____
MM / DD / YYYY

Insurance Company: _____ Claim Number: _____

Insurance Phone #: _____ Authorization # _____ Policy # _____

Date of Accident: _____ Attorney Name: _____ Attorney Phone #: _____

Reason for Exam: _____

Ordering Physician Name: _____

Is Patient to receive Disc? ☐ Yes ☐ No Is transportation needed? ☐ Yes ☐ No EMC Requested? ☐ Yes ☐ No

MAGNETIC RESONANCE IMAGING

BRAIN:
- ☐ MRI Spectroscopy
- ☐ Brain
- ☐ IAC and Cranial Nerves
- ☐ Pituitary
- ☐ Para nasal/ Sinuses
- ☐ Diffusion Tensor Imaging (DTI)

MRA:
- ☐ Carotid w/wo
- ☐ Cerebral w/wo
- ☐ MRI Cgest/MRA/Thoracic
- ☐ Aorta w/wo
- ☐ MRI Abomen/MRA
- ☐ Abdominal Aorta w/wo
- ☐ MRI Kidney MRA Renals w/wo
- ☐ Runoff: Abdomen & Lower
- ☐ Extremities w/wo
- ☐ Other: _____

SPINE:
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum/ Coccyx

BODY:
- ☐ Soft Tissue Neck
- ☐ Brachial Plexus
- ☐ Breast
- ☐ Chest
- ☐ Liver
- ☐ Pancreas
- ☐ Adrenal/Renal
- ☐ Pelvis
- ☐ Prostate
- ☐ Uterus/ Ovaries

MUSCULOSKELETAL:

	L	R
☐ Shoulder	☐	☐
☐ Elbow	☐	☐
☐ Wrist	☐	☐
☐ Hand/ Finger	☐	☐
☐ Hip	☐	☐
☐ Knee	☐	☐
☐ Ankle	☐	☐
☐ Foot	☐	☐
☐ Temporomandibular	☐	☐
☐ Other Musculoskeletal:	☐	☐

_____

CONTRAST:
- ☐ WITH
- ☐ WITHOUT

PATIENT APPOINTMENT

Date: _____
Time: _____
Patient Notified: ☐ YES ☐ NO

REPORT/ TURNAROUND
- ☐ Wet Read
- ☐ Radiologist Consult
- ☐ Routine (24-48 hours)

_____ _____
Physician Signature **Date**

I hereby certify that the above request is medical necessary and furthermore give Cypress Creek MRI permission to obtain all pre-authorization and/or benefit verification to schedule this patient on my behalf.

REV.:0007.24.2025