

# E-Z MRI REQUEST FOR:

FAX this form  
to 591-1506



Hawaii Avanced Imaging Institute  
500 Ala Moana Blvd, Suite 5B  
Honolulu, HI 96813  
Phone: 808-591-1504  
FAX: 808-591-1506

Specific request for 3 TESLA MRI

Call Patient to schedule     **STAT**     This week  
 Already scheduled     ASAP     2 weeks    Date \_\_\_\_\_

Name \_\_\_\_\_ Ph \_\_\_\_\_ DOB \_\_\_\_\_

Area to be Scanned   R / L   Contrast  Yes  No  Per Rad

Insurance Type \_\_\_\_\_

Diagnosis (ICD-9) \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_

