PATIENT & REFERRAL GUIDE

MRI Instructions · Location Services · Machine Specifications

Scheduling@themrigroup.com | (786) 362-6929 | Fax (786) 362-6921

Servicing Miami-Dade · Broward · Palm Beach

SCAN FOR MORE INFO

OPEN MRI
7404 SW 48th St, Miami FL 33155
18922-24 S Dixie Hwy, Cutler Bay FL 33157

HIGHFIELD 1.5T
5601 Corporate Way Ste 307, West Palm Beach FL 33407
6517 Taft Street Ste 103, Hollywood FL 33024

For Referring Clinics

To schedule a patient, fax or email the completed referral form along with the patient's insurance information to our scheduling team. Our coordinators will contact the patient directly to confirm their appointment. For urgent studies, please call us directly to expedite scheduling.

For Patients

Please read all instructions carefully before your appointment. Following these guidelines ensures the best possible image quality and helps us complete your study efficiently. If you have any questions or concerns, call us before your appointment — we are here to help.

MRI PREPARATION INSTRUCTIONS

BEFORE YOUR MRI

What to do prior to your appointment

1. **Bring Your Referral & ID**
   Bring your physician's order, a valid photo ID, and insurance card. Arrive 15 minutes early to complete paperwork.
2. **Eating & Drinking**
   For most MRI exams, you may eat and drink normally. For abdominal/pelvic MRI with contrast, fast 4 hours. For MRCP, fast 6 hours. Water is always allowed.
3. **Medications**
   Continue all regular medications unless instructed otherwise by your physician. Bring a complete list of current medications.
4. **Clothing & Comfort**
   Wear comfortable, loose-fitting clothing. You may be asked to change into a gown. Leave jewelry and accessories at home when possible.
5. **Kidney Function (Contrast)**
   Patients over 60 or with diabetes/kidney disease may need a recent creatinine/GFR lab result (within 60 days) if contrast is ordered.
6. **Prostate MRI Prep**
   Abstain from ejaculation for 3 days prior. Take prescribed bowel prep if ordered. Arrive with a comfortably full bladder.
7. **Claustrophobia / Anxiety**
   If you experience anxiety in enclosed spaces, notify us when scheduling. Our Open MRI locations are ideal. Sedation may be arranged through your physician.

AFTER YOUR MRI

What to expect after your scan

1. **Resume Normal Activities**
   In most cases, you may resume all normal activities immediately after your MRI. There is no recovery time required.
2. **After Contrast Injection**
   Drink plenty of water (at least 8 glasses) to help flush the contrast from your system. Mild warmth at the injection site is normal.
3. **After Sedation**
   Do not drive or operate machinery for 24 hours. Arrange for a responsible adult to accompany you home.
4. **Your Results**
   A board-certified radiologist will interpret your images. Reports are typically available within 24-48 hours, sent to your referring physician.
5. **Images & CD**
   You may request a copy of your images on CD or via digital download. Please request this at the front desk before leaving.
6. **Follow Up**
   Contact your referring physician to discuss your results. Our staff can assist with any administrative questions about your visit.

⚠ METAL & SAFETY SCREENING

- Inform staff of ALL implants, devices, or prior surgeries
- Pacemakers, cochlear implants, aneurysm clips — may be contraindicated
- Metal fragments in eyes or body from injury or work
- Spinal cord stimulators, insulin pumps, neurostimulators
- Dental implants, joint replacements, surgical staples or clips
- Tattoos with metallic ink — notify technologist before scan

WHAT TO BRING TO YOUR APPOINTMENT

- Photo ID
- Physician referral/order
- List of medications
- Insurance card
- Attorney info (if PIP/MVA)
- Prior imaging / CDs
- Payment method (if needed)

OUR LOCATIONS · SERVICES · EQUIPMENT

[OPEN MRI] Miami

7404 SW 48th St Miami, FL 33155

Open MRI — 0.23T
Wide-open bore · Ideal for claustrophobia & bariatric patients

> Neurological MRI
> Spine MRI
> MSK MRI
> Body MRI
> MRA

[OPEN MRI] Cutler Bay

18922-24 S Dixie Hwy Cutler Bay, FL 33157

Open MRI — 0.25T
Wide-open bore · Ideal for claustrophobia & bariatric patients

> Spine MRI
> MSK MRI
> Body MRI

[1.5T] Hollywood

6517 Taft St, Ste 103 Hollywood, FL 33024

Closed Bore MRI — 1.5T
High-field · Superior soft tissue resolution

> Neurological MRI
> Spine MRI
> MSK MRI
> Body MRI
> MRA
> *** Brain DTI**
> *** Full Body MRI**

[1.5T] West Palm Beach

5601 Corporate Way Ste 307 West Palm Beach, FL 33407

Closed Bore MRI — 1.5T
High-field · Superior soft tissue resolution

> Neurological MRI
> Spine MRI
> MSK MRI
> Body MRI
> MRA
> *** Brain DTI**
> **[X] X-Ray Services**

REFERRING CLINIC QUICK REFERENCE

HOW TO SEND A REFERRAL

> Email: Scheduling@themrigroup.com
> Fax: (786) 362-6921
> Call (786) 362-6929 for STAT / urgent orders
> Include signed referral form + insurance info
> Specify laterality on all MSK orders
>

TURNAROUND & REPORTS

> Routine reports: 24-48 hours
> Delivered via fax, email and/or secure portal
> Board-certified radiologist on all studies
> Addenda issued when clinically appropriate

TRANSPORTATION & ACCESS

> Transportation assistance available on referral
> Wheelchair accessible at all locations
> Bariatric-capable Open MRI (Miami & Cutler Bay)
> Spanish-speaking staff at all locations
> Extended hours available — call to confirm
> Walk-in scheduling at select locations

THE MRI GROUP

IMAGING DIAGNOSTIC REFERRAL FORM

MRI & X-RAY SERVICES

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PATIENT INFORMATION

PATIENT NAME _____ **DATE OF BIRTH** _____ **SEX** ☐ Male ☐ Female ☐ Other

CELL PHONE _____ **EMAIL** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

INSURANCE / CASE INFORMATION

DATE OF ACCIDENT / INJURY _____ **INSURANCE COMPANY** _____

CLAIM # _____ **POLICY #** _____

ATTORNEY NAME _____ **ATTORNEY PHONE** _____

ACCIDENT TYPE: ☐ Auto ☐ Slip & Fall ☐ Pedestrian ☐ Negligence ☐ Sport ☐ Work-Related ☐ Other

IMAGING REQUESTED

NEUROLOGICAL MRI & MRA
- ☐ Brain
- ☐ IAC / Pituitary / Orbits
- ☐ MRA Head
- ☐ MRA Neck / Cervical Vessels
- ☐ Brain DTI (Diffusion Tensor Imaging)

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

MSK MRI

☐ **Shoulder**	☐ Left	☐ Right	☐ Bilateral
☐ **Elbow**	☐ Left	☐ Right	☐ Bilateral
☐ **Wrist / Hand**	☐ Left	☐ Right	☐ Bilateral
☐ **Hip**	☐ Left	☐ Right	☐ Bilateral
☐ **Knee**	☐ Left	☐ Right	☐ Bilateral
☐ **Ankle / Foot**	☐ Left	☐ Right	☐ Bilateral

BODY MRI
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Liver / MRCP
- ☐ Prostate
- ☐ Renal / Kidneys
- ☐ Soft Tissue Mass

FULL BODY MRI (HOLLYWOOD LOCATION ONLY)
- ☐ Head, Brain, Neck, Spine, Chest, Abdomen, Pelvis, MSK (HLWD location)

X-RAY (PALM BEACH LOCATION ONLY)
- ☐ Cervical ☐ Lumbar ☐ Thoracic
- ☐ Hip ☐ Femur ☐ Tibia/Fibula ☐ Chest/Thorax
- ☐ Shoulder R / L ☐ Wrist R / L ☐ Hand R / L ☐ Fingers

CONTRAST
☐ With ☐ Without ☐ With & Without

PRIORITY
☐ Routine ☐ STAT ☐ EMC

CLINICAL INFORMATION

SYMPTOMS / CLINICAL HISTORY / ICD-10 CODE(S) / NOTES

TRANSPORTATION REQUIRED: ☐ Yes ☐ No **PREFERRED APPOINTMENT:** ☐ Morning ☐ Afternoon ☐ Any

REFERRING PHYSICIAN

PHYSICIAN NAME (PRINT) _____ **NPI #** _____

PHYSICIAN SIGNATURE _____ **DATE** _____

REFERRING FACILITY

FACILITY NAME _____

EMAIL _____ **TEL** _____

FACILITY ADDRESS _____