



Oakwood®



W132959

Referral/Order for
MRI – Head, Neck, Face, Orbit, Jaw
70336, 70540, 70542, 70543, 70551, 70552, 70553, 76376, 76377

Please print the following:

| | | |
|-------------------------------|-----------------------------|------------------|
| Patient Name: | Date of Birth: | Date of Service: |
| Ordering Physician: | Physician Address: | |
| Insurance Carrier: | Physician Telephone Number: | |
| Member I.D./ Contract Number: | Group Number: | |
| AUTHORIZATION NUMBER: | SERVICE AUTHORIZED: | |

Diagnoses that Support Medical Necessity: (check all that apply)

| | | | |
|--------|---|--------|--|
| 160.9 | Malignant neoplasm, nasal, middle ear & sinuses | 434.91 | Cerebral artery occlusion, unspecified |
| 162.9 | Malignant neoplasm, bronchus and lung unspecified | 435.9 | Unspecified transient cerebral ischemia |
| 191.9 | Malignant neoplasm, brain, unspecified | 437.1 | Other General Ischemic cerebrovascular disease |
| 194.3 | Malignant neoplasm, pituitary gland | 437.3 | Cerebral aneurysm, non ruptured |
| 198.3 | Secondary malig. neoplasm, brain and spinal cord | 473.0 | Chronic sinusitis |
| 210.4 | Benign neoplasm, unspecified parts of mouth | 478.19 | Other diseases of nasal cavity and sinuses |
| 212.9 | Benign neoplasm, respiratory site unspecified | 780.09 | Alteration of consciousness |
| 216.4 | Benign neoplasm, skin of face, unspecified parts | 780.2 | Syncope and collapse |
| 224.9 | Benign neoplasm, eye | 780.39 | Convulsions |
| 225.1 | Benign neoplasm, cranial nerves | 780.4 | Dizziness and giddiness |
| 225.2 | Benign neoplasm, cerebral meninges | 780.93 | Memory loss |
| 227.3 | Benign neoplasm, pituitary gland | 781.0 | Abnormal involuntary movements |
| 239.6 | Unspecified neoplasms, brain | 781.2 | Abnormality of gait |
| 239.7 | Unspecified neoplasms, endocrine glands/ nervous system | 781.94 | Facial weakness |
| 253.9 | Disorders of the pituitary gland, unspecified | 784.0 | Headache |
| 331.9 | Cerebral degeneration, unspecified | 784.2 | Swelling, lump or mass in head and neck |
| 340 | Multiple sclerosis | 784.7 | Epistaxis |
| 345.90 | Epilepsy, unspecified | 785.6 | Enlargement of lymph nodes |
| 346.90 | Migraine, unspecified | 787.20 | Dysphagia |
| 348.4 | Compress of the brain | 793.0 | Abnormal Radiologic study, skull & head |
| 348.9 | Unspecified condition of the brain | 794.00 | Abnormal function study, brain and CNS |
| 351.0 | Bell's palsy | 850.9 | Concussion, unspecified |
| 368.2 | Diplopia | 853.00 | Unspecified intracranial hemorrhage |
| 368.8 | Other specified visual disturbances | 854.00 | Unspecified intracranial injury |
| 433.10 | Occlusion and stenosis, carotid artery | 873.50 | Open wound of the face, unspecified |

Specify other diagnosis(es) not listed above:

PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____
(Regulations disallow physician signature stamps).