

Cardiac MRI Scheduling Request Form

- Please fax completed form to (415) 353-4144, Attn: Veronica Reyes, Cardiac MRI Coordinator.
- Find this form online: <https://www.ucsfbenioffchildrens.org/clinics/cardiac-mri-and-ct-imaging-program/refer>
- The performing physician may request a copy of the most recent imaging. We will send a Life Image secure link, if necessary.
- Please send completed form along with a copy of the patient's demographics, authorization, insurance card, and last clinic note.
- Questions? Call the Pediatric Heart Center at (415) 353-2008, or email Veronica Reyes at Veronica.Reyes@ucsf.edu.

Date Form Received (mm/dd/yyyy) _____

PATIENT INFORMATION

Patient first name _____ Last name _____

DOB (mm/dd/yyyy) _____ Height _____ Weight _____

Cardiac diagnosis _____

ICD-10 code _____

Dr. requesting MRI _____

Cardiac MRI is needed by 2 Weeks 1 Month 6 Months 1 Year

Reason for MRI _____

1. Does the patient have a contrast allergy? YES NO

2. Does the patient have any known metallic objects in the chest/body (ie, stent, coils, and pacemaker/ICD)? YES NO
(If yes, please specify)

3. Do any other studies need to be coordinated with the cMRI? Example: cardiac cath, exercise stress test, etc. YES NO
(If yes, please specify)

4. Does the patient need sedation for the exam? YES NO

5. Is Child Life Services required? YES NO

We have Child Life Specialists to help patients with anxiety or developmental delay prepare for a MRI. Please indicate if this service is required for your patient.

6. Does the patient have a history of kidney disease? YES NO

If yes, the patient requires a BUN/Cr within the past 30 days. Please fax results to (415) 353-4144. If no, please arrange for this to be done, and fax results to (415) 353-4144.

List other medical conditions/co-morbidities
