



Union West MRI Center

Patient Referral Form - needs to be given to patient to bring with them to their radiology appointment.

1. Please fill out information below.

Patient's Name _____ Referring MD: _____

Date of Birth _____ With contrast With and without contrast

Exam Ordered: _____ Contrast to be determined by radiologist

Clinical Information & Special Instructions _____

Patient: please bring prior films related to the ordered study with you to your radiology appointment.

Insurance Carrier _____ Insurance Auth. # _____ Scheduling Confirm. # _____

Referring MD Signature _____ ICD9 Code: _____

2. Call 704-246-2992 to schedule appointment and write in date and time.

Appointment Date _____ Time _____

3. Fax this order to 704-246-2989.

Instructions for MRI Examinations

Patients must arrive 30 minutes prior to exam time to register.

If you have any of the items listed below, call the MRI facility so we can make arrangements for you before your appointment:

- Cardiac pacemaker
- Artificial heart valve prostheses
- Eye Implants or metal ear implants or any metal implants activated electronically, magnetically or mechanically.
- Aneurysm clips
- Copper 7 IUD
- Penile Implant
- Shrapnel or non-removed bullet
- Pregnancy
- Weight over 350 lbs
- Claustrophobia
- Any metal puncture(s) or fragment(s) in eye.
- Sedation Questions

If you have any prior films of the location to be examined that were taken at a non-CHS or Charlotte Radiology facility, please bring them with you.



Union West MRI Center
6030 W. Highway 74, Suite C
Indian Trail, NC 28079

SCHEDULING 704-246-2992
FAX 704-246-2989
MAIN 704-246-2999

All films read by

CharlotteRadiology