



Patient: _____ DOB: _____

Insurance Authorization # : _____ NAR # _____

Please choose the protocol which **best** applies to your patient and indication for the study.
All Cardiac MRI studies include quantification of left ventricular systolic function (Ejection Fraction).

- Viability-Myocardial Scar-Cardiomyopathy or Hypertrophic Cardiomyopathy**
Assessment of viability in the setting of coronary disease. Evaluation of unexplained cardiomyopathy.
Documented MI? _____
Suspected inflammatory-infiltrative disease? _____

- Pericardial Disease**
Evaluation of constrictive and inflammatory conditions of the pericardium.
- Syncope-Ventricular Arrhythmias**
Protocol includes evaluation of scar, ARVC and other conditions associated with syncope.
Clinically suspected etiology for syncope? _____

- Technically Difficult Echocardiogram**
Inadequate visualization of cardiac structures with ultrasound.

- Congenital Heart Disease**
Brief description _____

Cardiac Surgeries? _____
- Cardiac Mass**
Specify mass location _____
- Valvular Evaluation**
Quantification of valvular regurgitation. Planimetry of stenotic valves.
Valve(s) of concern? _____
- Left Atrial Evaluation**
Prior to EP procedures for atrial arrhythmias.*
Procedure planned? _____
- Hemochromatosis**

- Myocarditis / Abnormal Troponins w/o CAD**

- Other**
Additional information _____

Creatinine Results (if available): Date _____ Results: _____
(within last 6 weeks)

Physician Signature: _____ Date: _____

Physician Printed Name: _____

- Contrast at Radiologist's Discretion per protocol is the default option unless specified**
- Without Contrast:** _____