

## YOUR EXAM APPOINTMENT

- 3-Tesla MRI\*     Low Dose CT     Ultrasound     X-Ray  
 Bone Density     Pulmonary Diagnostics     Lab

M. \_\_\_\_\_

has an appointment

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday (MRI Only)

Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM

**Please cancel or reschedule with at least a 24-hour notice. (479) 684-3900**

\* MRI Cancellation Policy: Missed appointments or cancellations with less than a 24-hour notice may impose a \$100 cancellation fee after the second occurrence. Three (3) missed appointments or late cancellations in a 12-month period will result in discharge from MANA MRI.

## PREPARING FOR YOUR EXAM

- Fast - Please do not drink or eat anything after midnight on the evening prior to your exam. Please do not use tobacco or chew gum 1 hour prior to your exam.
- Full Bladder - One hour prior to your exam, please drink 64 ounces of water. Do not empty your bladder.
- 3-Hour Nothing by Mouth - Three (3) hours prior to your exam, do not drink, eat, use tobacco or chew gum.
- Abdominal Ultrasound - Please do not drink or eat anything after midnight.
- Pelvic Ultrasound - Please drink 32 ounces of water one hour prior to your appointment. Please do not empty your bladder.
- No preparation necessary.

**MRI Exam Safety** : If the answer is YES to any of the following, please call (479) 571-6566 to ensure it is safe for the patient to have an MRI.

- Yes     No Pacemaker or Defibrillator     Yes     No Heart or vessel stents
- Yes     No Paraguard IUD     Yes     No Prosthetic Limb
- Yes     No Aneurysm clips     Yes     No Worked in welding
- Yes     No Bodily injury involving metal fragments

## YOUR EXAM LOCATION

- MANA Imaging & Lab**  
Fayetteville Diagnostic Clinic  
3344 N. Futrall Drive  
Fayetteville, AR 72703  
(479) 684-3900
- MANA MRI**  
3383 N. MANA Court, Suite 102  
Fayetteville, AR 72703  
(479) 571-6568
- Bentonville Specialty Health Clinic**  
(Pulmonary Diagnostics, X-Ray only)  
801 Southeast Plaza, Suite #5  
Fayetteville, AR 72703  
(479) 271-0073

# MANA NORTH HILLS CAMPUS

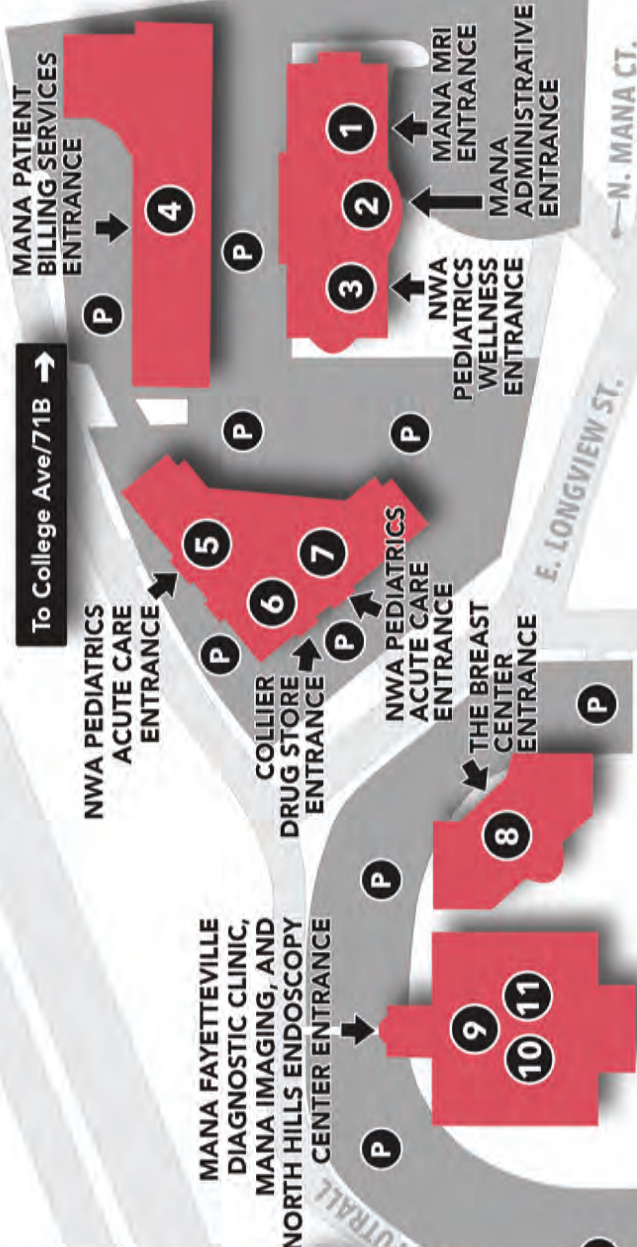
www.mana.md | 479-571-6780



medical associates

← To Fayetteville Business Exit

Gregg Exit



BUILDING LEGEND	
<b>1</b>	<b>MANA MRI</b> 3383 N Mana Ct #102   Fayetteville, AR 72703
<b>2</b>	<b>MANA Administrative Office</b> 3383 N Mana Ct #201   Fayetteville, AR 72703
<b>3</b>	<b>Northwest Arkansas Pediatrics Wellness Clinic (Blue)</b> 3383 N Mana Ct #101   Fayetteville, AR 72703
<b>4</b>	<b>MANA Patient Billing Services</b> 237 E. Millsap, Suite #5   Fayetteville, AR 72703
<b>5</b>	<b>Northwest Arkansas Pediatrics Acute Care II</b> 3380 N Futrall Dr.   Fayetteville, AR 72703
<b>6</b>	<b>Collier Drug Store</b> 3380 N Futrall Dr. #21   Fayetteville, AR 72703
<b>7</b>	<b>Northwest Arkansas Pediatrics Acute Care I &amp; Walk-in Clinic (Red)</b> 3380 N Futrall Dr.   Fayetteville, AR 72703
<b>8</b>	<b>The Breast Center</b> 3352 N. Futrall Dr.   Fayetteville, AR 72703
<b>9</b>	<b>North Hills Endoscopy Center</b> 3344 N Futrall Dr #3   Fayetteville, AR 72703
<b>10</b>	<b>MANA Imaging (CT, Ultrasound, Bone Density, X-ray)</b> 3344 N Futrall Dr.   Fayetteville, AR 72703
<b>11</b>	<b>MANA Fayetteville Diagnostic Clinic</b> 3344 N Futrall Dr.   Fayetteville, AR 72703



**LEGEND**

**P** Parking



W. APPLEBY RD.



## **Appointment Cancellation Policy:**

Appointments are in high demand and your early cancellation will give another person the possibility to have access to timely medical care. If it is necessary to cancel your scheduled appointment, we require you call 24 hours in advance. In order to be respectful of the medical needs of our Community, please be courteous and call **(479) 571-6565** promptly if you are unable to attend an appointment.

Missed appointments or cancellations with less than a 24-hour notice may impose a \$100 cancellation fee after the second occurrence. Three (3) missed appointments or late cancellations in a 12-month period will result in discharge from MANA MRI.

**Call (479) 571-6565 24 hours in advance to cancel your appointment.**

**PATIENT INFORMATION – Please Print**

Patient Name \_\_\_\_\_  
Last First Middle

Gender:  M  F Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Misc Phone 1 \_\_\_\_\_ Misc Phone 2 \_\_\_\_\_

Preferred Contact Method: (circle one) Home Mobile Misc Phone 1 Misc Phone 2 Work Email

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Please check one:  Married  Single  Partner  Divorced  Widowed

Race:  White  African American  Asian  Native Hawaiian/Other Pacific Islander  
 Native American Indian/ Alaskan  Other Race \_\_\_\_\_

Ethnicity (Origin):  Not Hispanic or Latino  Hispanic or Latino Preferred (Primary) Language: \_\_\_\_\_

Primary Physician \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_ Street \_\_\_\_\_

Appointment Reminder: Please select how you would like to be notified of your appointment. You may select more than one option.  Email  Text  Phone call Message and data rates may apply for text messages. To change your preferences at anytime, you may fill out an Appointment Reminder form at the receptionist desk. You may also customize appointment reminders through your myMANA account.

Would you like to have access to your health records and communicate with your physician office online through a secure myMANA account?  Yes  No

**EMAIL AUTHORIZATION**

Email Address \_\_\_\_\_  
By providing my email address above, I hereby agree to allow MANA to contact me by email with e-newsletters, wellness reminders, health news and updates regarding health-related services provided by MANA. I understand that MANA will not share the information provided above with outside companies.

**SPOUSE or PARENT (if minor) INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Relative or Friend not in the home*

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PATIENT NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

I have received a copy of the Patient Notice of Privacy Practices from Medical Associates of Northwest Arkansas.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

In the event this Acknowledgement form is being executed by a personal representative, guardian or parent, please print your name, date of birth, social security number and relationship to the patient here:

*If you would like to authorize MANA clinic to release information to a **family member, spouse, or personal representative**, please complete an **Individual Authorization Form** provided by the receptionist.*

**→ → Please complete the back page → →**

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

**PERSON RESPONSIBLE FOR PAYMENT**

My self/ My spouse (skip to the next section) OR: (List Father, Mother, Guardian or other)

Responsible Party \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ SS# \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

*Please provide a copy of your insurance card to the receptionist.*

MEDICARE  Medicare No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Effective Date \_\_\_\_\_

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Medical Associates of Northwest Arkansas for any services furnished to me by the provider. I authorize any holder of medical information about me to release to the Center for Medicare and Medicaid and its agents any information needed to determine these benefits payable for related services.

**PRIMARY INSURANCE** \_\_\_\_\_

ID# \_\_\_\_\_ GP# \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Relationship to Policy Holder:  Self  Spouse  Child  Step-Child  Other

**SECONDARY INSURANCE** \_\_\_\_\_

ID# \_\_\_\_\_ GP# \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Relationship to Policy Holder:  Self  Spouse  Child  Step-Child  Other

**INSURANCE AUTHORIZATION & FINANCIAL AGREEMENT**

I hereby authorize Medical Associates of Northwest Arkansas (MANA) to give my insurance company or companies all information they may require concerning my case, and I hereby assign to the physician(s) all payments for medical services rendered.

I understand that I am responsible for any amount not covered by insurance. I agree to pay any co-pay and amount due at the time of service.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

- |   |  |
|---|--|
| 01 <input type="checkbox"/> Recommended by a friend or family member. | 08 <input type="checkbox"/> Citiscapes Magazine                                |
| 02 <input type="checkbox"/> Clinic web site, www.mana.md              | 09 <input type="checkbox"/> Newspaper  |
| 03 <input type="checkbox"/> Other web site _____                      | 10 <input type="checkbox"/> Yellow Pages / phone directory                     |
| 04 <input type="checkbox"/> E-mail, Facebook or Twitter               | 11 <input type="checkbox"/> Received a postcard in the mail.                   |
| 05 <input type="checkbox"/> Signs or location                         | 12 <input type="checkbox"/> Referred by Doctor _____                           |
| 06 <input type="checkbox"/> Kids Directory Magazine                   | 13 <input type="checkbox"/> Found the doctor listed in my Insurance directory. |
| 07 <input type="checkbox"/> My employer                               | 14 <input type="checkbox"/> Other <i>Please specify</i> _____                  |

***Thank you for choosing a MANA Clinic.***

## Magnetic Resonance (MR) Procedure Screening Form For Patients

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
Last name First name Middle Initial

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Body Part to be Examined \_\_\_\_\_

Reason for MRI and/or Symptoms \_\_\_\_\_

Referring Physician \_\_\_\_\_

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind?  No  Yes

If yes, please indicate the date and type of surgery:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery \_\_\_\_\_

2. Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?  No  Yes

If yes, please list:	Body part	Date	Facility
MRI	_____	____/____/____	_____
CT/CAT Scan	_____	____/____/____	_____
X-Ray	_____	____/____/____	_____
Ultrasound	_____	____/____/____	_____
Nuclear Medicine	_____	____/____/____	_____
Other	_____	____/____/____	_____

3. Have you experienced any problem related to a previous MRI examination or MR procedure?  No  Yes

If yes, please describe: \_\_\_\_\_

4. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)?  No  Yes

If yes, please describe: \_\_\_\_\_

5. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  No  Yes

If yes, please describe: \_\_\_\_\_

6. Are you allergic to any medication?  No  Yes

If yes, please list: \_\_\_\_\_

7. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination?  No  Yes

If yes, please describe \_\_\_\_\_

8. Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, or seizures?

No  Yes If yes, please describe: \_\_\_\_\_

**9. For female patients:** The FDA has not established any criteria under which a pregnant woman may be scanned. Therefore, it is the policy of this facility that MR imaging NOT be routinely performed on a woman known or suspected to be pregnant.

Are you pregnant or breastfeeding?  Yes  No

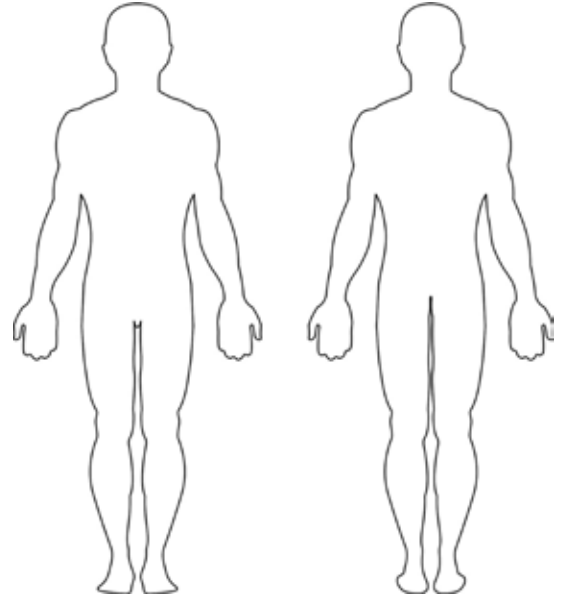


**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). **Do not enter** the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MR system room. **The MR system magnet is ALWAYS on.**

**Please indicate if you have any of the following:**

- Yes  No Aneurysm clip(s)
- Yes  No Cardiac pacemaker
- Yes  No Implanted cardioverter defibrillator (ICD)
- Yes  No Electronic implant or device
- Yes  No Magnetically-activated implant or device
- Yes  No Neurostimulation system
- Yes  No Spinal cord stimulator
- Yes  No Internal electrodes or wires
- Yes  No Bone growth/bone fusion stimulator
- Yes  No Cochlear, otologic, or other ear implant
- Yes  No Insulin or other infusion pump
- Yes  No Implanted drug infusion device
- Yes  No Any type of prosthesis (eye, penile, etc.)
- Yes  No Heart valve prosthesis
- Yes  No Eyelid spring or wire
- Yes  No Artificial or prosthetic limb
- Yes  No Metallic stent, filter, or coil
- Yes  No Shunt (spinal or intraventricular)
- Yes  No Vascular access port and/or catheter
- Yes  No Radiation seeds or implants
- Yes  No Swan-Ganz or thermodilution catheter
- Yes  No Medication patch (Nicotine, Nitroglycerine)
- Yes  No Any metallic fragment or foreign body
- Yes  No Wire mesh implant
- Yes  No Tissue expander (e.g., breast)
- Yes  No Surgical staples, clips, or metallic sutures
- Yes  No Joint replacement (hip, knee, etc.)
- Yes  No Bone/joint pin, screw, nail, wire, plate, etc.
- Yes  No IUD, diaphragm, or pessary
- Yes  No Dentures or partial plates
- Yes  No Tattoo or permanent makeup
- Yes  No Body piercing jewelry
- Yes  No Hearing aid  
(Remove before entering MR system room)
- Yes  No Other implant \_\_\_\_\_
- Yes  No Breathing problem or motion disorder
- Yes  No Claustrophobia

Please mark on the figure below the location of any implant or metal inside of or on your body.



**IMPORTANT INSTRUCTIONS**

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

**NOTE:** You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

**Please consult the MRI Technologist if you have questions or concerns before you enter the MR Suite.**

I have read and understood and hereby consent to this MRI examination.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed and discussed these safety items with the above signed patient or guardian and approve this patient for magnetic resonance imaging.

Technologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Medical Associates of Northwest Arkansas (MANA)

# Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page the next page (2) / back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.



## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Do research

We can use or share your information for health research.

#### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

#### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

*We do not market or sell personal information.*

*We do not create or maintain psychotherapy notes at this practice.*

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notice.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notice.html).

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### Medical Associates of Northwest Arkansas (MANA)

#### Privacy Officer:

Paula Maxwell, Chief Operating Officer

3383 N. MANA Court, Suite 201

Fayetteville, AR, 72703

Phone: (479) 571-6780

Email: [privacyofficer@mana.md](mailto:privacyofficer@mana.md)

Effective Date: September 23, 2013

## Authorization For Release of Protected Health Information

I, \_\_\_\_\_ give all physicians and professional staff employed by Medical Associates of NWA, PA, permission to disclose the protected health information set forth below to the following people at the request of one or more of these individuals.

Patient name (print): \_\_\_\_\_ D.O.B. \_\_\_\_\_

Information to be released to the below referenced entity:

- Complete Medical Record  
 Seek Medical Care  
 or specific information: \_\_\_\_\_

PLEASE PRINT:	NAME	RELATIONSHIP TO PATIENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give Medical Associates of Northwest Arkansas P.A., permission to:

- Fax my child's **School Excuse** to his/her school.  
 Yes       No
- Leave a message (s) on my answering machine if they should need to remind me of an appointment, change an appointment, etc, and are unable to reach me in any other way.  
 Yes       No

In addition, I understand or acknowledge the following:

- I understand that Medical Associates of Northwest Arkansas, P.A ., will not release any information to any person(s) not listed above.
- I have the right to revoke this Authorization at any time by giving Medical Associates of Northwest Arkansas, P.A., a written notice. I understand this does not apply to the release of PHI pursuant to my prior authorization.
- I have received Medical Associates of Northwest Arkansas's Notice of Privacy Practices
- My protected health information may be subject to re-disclosure by one or more of the persons named above and as such may no longer be protected by federal or state law.

This authorization shall expire on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and/or the following Event \_\_\_\_\_

Patient Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

In the event the Authorization is being executed by a personal representative, guardian, or parent, please print your name, relationship to the patient, and basis of authorization to act on the patient's behalf.

Print name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

What is your authorization to act on the patient's behalf? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





**NOTICE AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010:**

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In order to better evaluate or treat your medical condition, your MEDICAL ASSOCIATES OF NORTHWEST ARKANSAS, P.A. (“MANA”) physician has referred you for the item or service noted below. While MANA regularly provides this service and others to its patients, you are not required to utilize MANA. This is to advise you that there are other suppliers of this service in the area that you live whose names are noted on the back of this page if you live in Arkansas. If you live outside of Arkansas, please tell us.

You are not required to choose or select MANA. However, should you choose another supplier, please make sure they understand that they should send the results back to this clinic location.

**MEDICAL ASSOCIATES OF NORTHWEST ARKANSAS, P.A. (MANA)**

Patient Zip Code: \_\_\_\_\_

Item or Service (check box):

Magnetic resonance imaging (“MRI”)

Computed tomography (“CT”)

Receipt of Notice acknowledged:

Please Print:

\_\_\_\_\_

Name

\_\_\_\_\_

D.O.B.

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Date

## Other Arkansas MRI Facilities

Name	Address 1	Address 2	City	State	Zip	Phone
Baptist Medical Center, Arkadelphia	3050 Twin Rivers Drive		Arkadelphia	AR	71923	870-245-1240
White River Medical Center	1710 Harrison Street	P. O. Box 2197	Batesville	AR	72501	870-262-3153
Medical Park Orthopaedic and Sports Medicine	501 Virginia Drive		Batesville	AR	72501	870-793-2371
Baptist Health Imaging Center - Saline County	829 W. Carpenter		Benton	AR	72105	501-776-2006
Med Imaging of Arkansas, PLLC.	6948 Alcoa Road		Benton	AR	72015	501-778-9729
Arkansas Medical Imaging & Open MRI	1703 Phyllis Street	Suite 101	Bentonville	AR	72712	479-254-0434
Great River Medical Center	1520 North Division Street		Blytheville	AR	72315	870-838-7367
Cabot Imaging Center	2039 West Main	Suite A	Cabot	AR	72023	501-605-8170
Open MRI of Conway	Old Town Place	2585 Donaghey Avenue	Conway	AR	72032	501-764-1201
Conway Regional Medical Center	Radiology Department	2302 College Avenue	Conway	AR	72032	501-450-2186
SAMA HealthCare Services PA	600 S Timberlane		El Dorado	AR	71730	870-862-2400
South Arkansas Open MRI	2401 West Hillsboro		El Dorado	AR	71730	870-862-4624
Arkansas Medical Imaging & Open MRI	361 E. Millsap Rd.		Fayetteville	AR	72703	479-587-3000
Ozark Orthopaedic & Sports Medicine Clinic	3317 N. Wimberly		Fayetteville	AR	72703	479-587-3109
Physicians' Specialty Hospital	3873 N. Parkview Drive		Fayetteville	AR	72703	479-521-5100
Highlands Oncology Group	3232 N. North Hills Boulevard		Fayetteville	AR	72703	479-587-1700(113)
MANA MRI	3383 North Mana Court	Suite 102	Fayetteville	AR	72703	479-582-7383
Washington Regional Medical Center	3215 N. North Hills Blvd		Fayetteville	AR	72703	479-463-1025
Open Aire MRI Fort Smith	5701 Euper Lane	Suite B	Fort Smith	AR	72903	479-452-3810
River Valley Musculoskeletal Center	3501 W.E. Knight Drive		Fort Smith	AR	72903	479-709-6741(2043)
Cooper Clinic, P.A.	6801 Rogers Avenue		Fort Smith	AR	72193	479-452-2077(8103)
Saint Edward Mercy Medical Center	7301 Rogers Avenue		Fort Smith	AR	72193	479-314-6200
North Arkansas Regional Medical Center	620 N. Main St.		Harrison	AR	72601	870-414-4432
St. Joseph Mercy MRI	1 Mercy Lane	Suite 104	Hot Springs	AR	71913	501-622-4800
Touchstone Imaging of Hot Springs	3633 Central Ave.	Suite 100	Hot Springs	AR	71913	501-623-6736
NEA Medical Center Radiology	3024 Stadium Boulevard		Jonesboro	AR	72401	870-972-7077
NEA Baptist Clinic Imaging Center	3100 Apache Drive	Suite C1	Jonesboro	AR	72401	870-934-3533
Arkansas Open MRI dba Northside Open MRI	301 North Shackleford	Suite B-4	Little Rock	AR	72211	501-687-6736
Arkansas Specialty MRI Center	600 South McKinley	Suite 110	Little Rock	AR	72205	501-978-2192
Orthoarkansas, P.A.	10301 Kanis Road		Little Rock	AR	72205	501-604-4190
Martin Bowen Hefley Orthopedics	5 St. Vincent Circle	Sutie 100	Little Rock	AR	72205	501-227-9994
Baptist Health MRI	9601 Lile Drive, Suite 1100	Interstate 630 Exit 7	Little Rock	AR	72205	501-225-3750
Premier MRI of Little Rock	906 Broadway		Little Rock	AR	72201	501-374-7674
Proscan Imaging of Arkansas	9101 Kanis Road	Suite 100	Little Rock	AR	72205	501-224-7226
Radiology Associates, P. A.	500 South University	Suite 101	Little Rock	AR	72205	501-686-2621
Chenal MRI	11300 Financial Center Parkway	Suite 400	Little Rock	AR	72211	501-221-2502
Little Rock Diagnostic Clinic	10001 Lile Drive		Little Rock	AR	72205	501-227-8000
University of Arkansas for Medical Sciences	4301 West Markham Street	Mail Slot 581	Little Rock	AR	72205	501-686-6032
Westside Open MRI and Diagnostic Center	301 North Shackleford	Suite B-4	Little Rock	AR	72211	501-312-9990
Baxter Regional Medical Center	624 Hospital Dr.		Mountain Home	AR	72653	870-424-1183
BRMC Imaging Center	639 Broadmoor Dr.		Mountain Home	AR	72653	870-424-1183
Cardiovascular Associates of North Central Arkansas	555 West 6th Street		Mountain Home	AR	72653	870-425-8288
Regional Orthopedic Clinic	#3 Medical Plaza	Attention: Mike Fisher	Mountain Home	AR	72652	870-424-3000
Baptist Health Imaging Center	3600 Springhill Dr.		North Little Rock	AR	72117	501-202-6999
OrthoArkansas, PA	4104 Richards Road		North Little Rock	AR	72117	501-604-4190(4192)
Baptist Health Medical Center North Little Rock	3333 Springhill Road		North Little Rock	AR	72177	501-202-3466
MRI Central	4020 Richards Road Suite D		North Little Rock	AR	72117	501-945-9990
Mercy Medical Center	2710 Rife Medical Lane		Rogers	AR	72758	(479)986-6160
Pope County Imaging	3127 West 2nd Court	Suite a	Russellville	AR	72801	479-498-6360
Valley Diagnostic Imaging Center	2504 West Main Street	Suite H	Russellville	AR	72801	479-967-6492
Searcy Open MRI	2019 East Race Ave		Searcy	AR	72143	501-368-0657
Northwest Health System	609 West Maple Ave		Springdale	AR	72764	479-751-5711
Prime Medical Imaging	320 South 9th		Van Buren	AR	72956	479-474-1616
Crittenden Regional Hospital	200 Tyler Avenue		West Memphis	AR	72301	870-735-1500(1140)



## MANA 3-Tesla MRI – Frequently Asked Questions

### 1. What exactly is MRI?

MRI stands for Magnetic Resonance Imaging. MRI allows doctors to see inside the body to diagnose and identify possible medical conditions. An MRI simply samples signals from the water that makes up your body. Specialized antennae create highly defined images that can be used to make diagnoses. You'll discover that MRI testing is painless and much quicker than you think. In fact, you'll probably be very comfortable as you lie on the padded table. The accuracy and speed of the latest MRI scanners means that you will be done quickly and your doctor will have to run fewer—if any—follow-up scans.

### 2. Why are MRI Scans important?

MRI scans allow doctors to see images of your internal organs and structures in great detail from many angles. This gives them information more quickly, and in many cases more economically, than past tests and exploratory surgeries.

### 3. What is the difference between a MRI exam and CT exam?

Although the machines look similar and both are used by radiologists to see inside your body, MRI and CT's work differently and are used for different purposes. A CT scan uses X-rays. An MRI does not use X-rays; it uses magnets and radio waves. MR and CT images complement each other.

### 4. How long will the exam take?

That will depend on what is being studied, but a typical exam lasts between 20 to 60 minutes. You should allow extra time in case the exam lasts longer than expected.

### 5. Does the machine make a lot of noise?

The magnet makes a slight rapping sound as images are being taken. In between scans the machine is quiet. The MRI technologist will provide you with hearing protection, but its use will not prevent you from hearing the technologist if he or she speaks to you during the exam.

### 6. Do I have to hold still the whole time?

It is important for image clarity and the best scan results to hold still during the exam. The technologists will inform you when you may move between scans. Keep in mind a routine exam can take at least 20 minutes. **If you have a cough, cold, or drainage that make it hard for you to lay down for at least 20 minutes, you may want to reschedule your exam until you are able. Also, patients with a fever will be rescheduled.**

### 7. Will I be alone?

You will be in contact with a technologist at all times. Even when he or she is not in the MRI room, you will be able to talk to him or her by intercom. In some cases a family member is welcome to stay in the room with you during your scan.

### 8. Is MRI safe for me?

So be sure to inform your physician if you have: a pacemaker, aneurysm clips in the brain, a shunt with telesensor, inner ear implants, metal fragments in one or both eyes, implanted spinal cord stimulators, if you're pregnant or breast feeding, or if you think you may be claustrophobic.

## Adult and Child Sedation

MANA MRI is the only clinic based MRI offering pediatric and adult sedation in Northwest Arkansas. We offer Intramuscular IM sedation for children age 18 months to 12 years old. MRI studies are performed on 3T MRI unit and read by our radiologists.

Intramuscular (IM) Sedation is the least invasive approach to effectively sedate children and to help them remain comfortable and still during the MRI exam. A patient is given an injection and is closely monitored by the nurse anesthetist during the exam. IV Access maintained during the procedure and contrast studies are performed without additional sedation. Sedation is safe and effective.