



MRI Order Form

merrimackvalleymri.com

Please check service location:

_____ **Methuen, MA**

Merrimack Valley MRI on the grounds of Holy Family Hospital
70 East Street, Methuen MA 01844

_____ 3T MRI

_____ 0.7T Open MRI

To schedule an MRI at our Methuen facility, please call (978) 682-1906
and fax this form to (978) 794-4876.

_____ **Salem, NH**

Merrimack Valley MRI, medical office campus at
29 Stiles Rd, Salem NH 03079

_____ 1.5T MRI

To schedule an MRI at our Salem, NH facility, please call (603) 890-1700
and fax this form to (603) 890-1705.

Patient Name _____

Type of Exam _____

Diagnosis _____

Physician's Signature _____

Date and Time of Appointment _____