

Name of Policy: Protocols for MRI

Scope: South Georgia Radiology Associates, LLC

Responsible Agent: Heidi Nichols RRA

Approving Officer: Gary Dent MD



Effective Date: 1-12-2024

Initial Effective Date: 10-01-2018

<input type="checkbox"/> New Policy Proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy

- A. **Policy Statement:** Policy for the usage and application of protocols approved by South Georgia Radiology Associates (SGRA).
- B. **Purpose:** To establish a process for appropriateness and necessity of ordered MRI procedures.
- C. **Scope:** This policy applies to all radiology personnel at each facility serviced by the medical staff of South Georgia Radiology Associates, LLC.
- D. **Procedure:**
- * Read over and confirm doctor's order.
 - * Review any x-ray/related exam reports Ex: chest x-ray for pulmonary nodule, etc.
 - * Push prior relevant studies. Any exams that are 2 years old or older may have to be reloaded into SGRA and pushed with your current study.
 - * Do not assume printed requisition is correct.
 - * Please call SGRA for guidance from radiologists regarding any question you may have about any exam or protocol that may not be listed in this document.
 - * If your facility doesn't have the capability to perform a given exam, let SGRA staff know and a radiologist will advise on alternate sequences/protocol.

Approved by:

DocuSigned by:

Gary H. Dent

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Date: 1/14/2024

Gary Dent MD
President

Review/ Revisions completed by: Heidi Nichols RRA, RTR,
CT.

Review/ Revision Date:

10-01-2018
02-06-2018
01-23-2019
04-01-2020
03-31-2022
01-04-2023
01-12-2024