



7777 Forest Lane, Suite C-112
Dallas, TX 75230

Scheduling: 972.566.2900
Fax: 972.566.2930

Patient Information:

Name: _____

Phone: (_____) _____

DOB: ____/____/____

Symptoms: _____

Special Instructions: _____

Physician's Office:

Physician: _____

Office: (_____) _____

Fax: (_____) _____

Contact: _____

Physician Signature: _____

Date of Exam: ____/____/____

Exam Time: _____ AM PM

Insurance:

Ins. Carrier: _____

Preauth: _____

SS #: _____

Workers Comp. _____

Injury Date: ____/____/____

Claim # _____

Report Request: Fax STAT Call Reports to: _____

Film Request: Report Only CD Films

MRI

W/o Contrast With Contrast As Needed

Spine/Neuro

- Brachial Plexus Brain C-Spine
- IAC L-Spine Orbits
- Pituitary Sacrum T-Spine

Bone and Joint

- Right Left
- Ankle Elbow Foot
- Hand Hip Knee
- Shoulder Wrist

Body

- Abdomen Adrenal Glands Kidneys
- Liver MRCP Pelvis
- Soft Neck Tissue

MRI Other _____

MRA

- Brain Carotids Renal Arteries

CT

W/o Contrast With Contrast As Needed

General

- Abdomen Lumbar
- Cervical Pelvis
- Chest Sinus
- Head Limited Complete
- Facial Bones Soft Neck Tissue
- IACS Thoracic
- Mastoids Temporal Bones
- Kidney Stone Study

CT Other _____

CTA

- Aorta Carotids Circle of Willis
- Abdominal
- Thoracic
- Complete

Patients scheduled for CT Exams with I.V. Contrast who are over 60 years of age, diabetic, or with impaired kidney function must have Bun/Creatinine Labs within 30 days of exam. Please fax the results of these labs with this order.