MRI Centers Of Texas

- ☐ ARLINGTON
- ☐ DALLAS
- ☐ DESOTO
- ☐ FORT WORTH
- ☐ Send CD with Patient

Central Scheduling: Phone: 817-226-1800 • Fax: 817-226-1802
or email your referral to referral@mrioftx.com

Date _____ Transportation ☐ Yes ■ No ☐ Male ☐ Female Pregnant ☐ Yes ☐ No

Patient Name _____ D.O.I. _____ D.O.B. _____

Address _____ City, State & Zip _____

Patient Phone # _____ Email _____

Referring Physician _____ Diagnosis Code(s) _____

Physician's Signature _____ Contact Name _____

In making this referral, the referring physician certifies that it is medically necessary.

Office Phone # _____ Fax # _____ Email _____

Insurance Provider _____ Phone # _____

Legal Representative _____ Phone # _____

ARRIVE AT OFFICE 15 MINUTES PRIOR TO YOUR EXAM TIME. PLEASE BRING YOUR INSURANCE CARD & PROPER IDENTIFICATION.

Weight: _____ IMPORTANT: Please let us know if you weigh over 300 lbs. or have any metal objects in your body.

MAGNETIC RESONANCE IMAGING (MRI)

☐ Closed MRI ☐ Open MRI

Select Body Part Below:

	☐ With Contrast	☐ Without Contrast	☐ With & Without Contrast
☐ Cervical Spine			
☐ Thoracic Spine			
☐ Lumbar Spine			
☐ Head / Brain			
☐ Knee		☐ RT	☐ LT
☐ Hip		☐ RT	☐ LT
☐ Shoulder		☐ RT	☐ LT
☐ Hand		☐ RT	☐ LT
☐ Wrist		☐ RT	☐ LT
☐ Elbow		☐ RT	☐ LT
☐ Abdomen			
☐ Pelvis			
☐ Other	_____		

X-RAY

☐ Cervical Spine		
☐ Thoracic Spine		
☐ Lumbar Spine		
☐ Chest		
☐ Ribs		
☐ Ankle	☐ RT	☐ LT
☐ Foot	☐ RT	☐ LT
☐ Knee	☐ RT	☐ LT
☐ Wrist	☐ RT	☐ LT
☐ Hip	☐ RT	☐ LT
☐ Hand	☐ RT	☐ LT
☐ Shoulder	☐ RT	☐ LT
☐ Elbow	☐ RT	☐ LT
☐ Pelvis		
☐ ABD/KUB		
☐ Other	_____	

_____

CT SCAN

	☐ With Contrast	☐ Without Contrast	☐ With & Without Contrast
☐ Cervical Spine			
☐ Thoracic Spine			
☐ Lumbar Spine			
☐ Chest			
☐ Head/Brain			
☐ Pelvis			
☐ ABD			
☐ Knee			
☐ Ankle			
☐ Hip		☐ RT	☐ LT
☐ Shoulder		☐ RT	☐ LT
☐ Hand		☐ RT	☐ LT
☐ Wrist		☐ RT	☐ LT
☐ Elbow		☐ RT	☐ LT
☐ Other		_____	

MYELOGRAM

- ☐ Cervical
- ☐ Lumbar
- ☐ Thoracic
- ☐ Complete Spine

DISCOGRAM

- ☐ Cervical Spine
- ☐ Lumbar Spine

Indicate Levels Below

_____

ARTHROGRAM

- ☐ Knee ☐ RT ☐ LT
- ☐ Shoulder ☐ RT ☐ LT
- ☐ With MRI ☐ With CT
- ☐ Other _____

Special Comments:

Maps & Locations on Reverse Side

www.MidCitiesImaging.com