



Bulverde

SanAntonio

Central Scheduling: Phone: (844) MRI-OF-TX • Fax: (210) 569-7799
or email your referral to referral@mrioftx.com

Date _____		Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> 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.

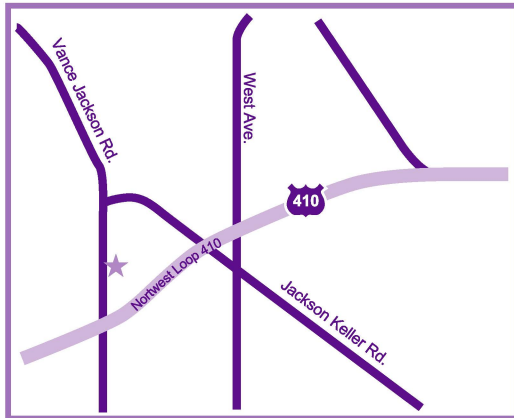
Weight: _____ IMPORTANT: Please let us know if you weigh over 300 lbs. or have any metal objects in your body.

Maps & Locations on Reverse Side

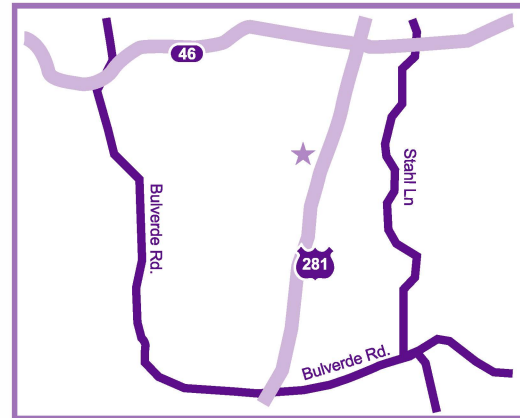
MAGNETIC RESONANCE IMAGING (MRI)

<input type="checkbox"/> Open MRI	<input type="checkbox"/> Closed MRI	<input type="checkbox"/> With Contrast	<input type="checkbox"/> Without Contrast	<input type="checkbox"/> With & Without Contrast
Select Body Part Below:				
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Knee	<input type="checkbox"/> RT	<input type="checkbox"/> LT	
<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Foot	<input type="checkbox"/> RT	<input type="checkbox"/> LT	
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Hip	<input type="checkbox"/> RT	<input type="checkbox"/> LT	
<input type="checkbox"/> Head / Brain	<input type="checkbox"/> Shoulder	<input type="checkbox"/> RT	<input type="checkbox"/> LT	
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Elbow	<input type="checkbox"/> RT	<input type="checkbox"/> LT	
<input type="checkbox"/> Pelvis	<input type="checkbox"/> Wrist	<input type="checkbox"/> RT	<input type="checkbox"/> LT	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Hand	<input type="checkbox"/> RT	<input type="checkbox"/> LT	

Special Instructions:



SAN ANTONIO LOCATION
 4400 Vance Jackson Rd,
 San Antonio, TX 78230
 Phone: (844) MRI-OF-TX Fax:
 (210) 569-7799



BULVERDE LOCATION
 32685 US-281 #140,
 Bulverde, TX 78163
 Phone: (844) MRI-OF-TX
 Fax: (210) 569-7799

Central Scheduling:
 Phone: (844) MRI-OF-TX Fax: (210) 569-7799
 (674-6389)

PLEASE ARRIVE 15 MINUTES PRIOR TO EXAM AND BRING YOUR INSURANCE CARD & PHOTO ID	
Preparation for MRI, CT or X-Ray	Preparation for CT or MRIS Scan with Contrast
<p>If you are CLAUSTROPHOBIC and think you will need special attention, please notify the scheduling department prior to your exam.</p> <p>Please wear comfortable clothing. You may be asked to change into metal free apparel for an MRI scan. You may continue to take any medications prescribed by your physician unless otherwise instructed.</p> <p>Please inform the staff of any of the following as they may prevent you from having an MRI.</p> <ul style="list-style-type: none"> • Aneurysm Clips • Pacemakers • Pregnancy • History of metal in the body • Implanted medical devices • Artificial Heart Valves <p>Maximum weight for the CT Scan table is 440 lbs. Maximum weight for the MRI Scan table is 550 lbs.</p> <p>Regular x-rays and CT Scans do not require any prep unless specified by the imaging technologist, radiologist or physician.</p>	<p>Please notify imaging staff, if you are of any allergies to x-ray dye (iodine) when scheduling exams.</p> <p>Head, Neck & Chest Scans:</p> <ul style="list-style-type: none"> • Nothing to eat or drink after midnight the evening before your scan. • Patients over the age of 50 require a recent BUN & Creatinine level within the last 90 days. • Patients with a history of Diabetes or Kidney Disease (regardless of age) require a recent BUN & Creatinine level within the last 90 days. <p>Abdomen and Pelvis (with Contrast):</p> <ul style="list-style-type: none"> • Nothing to eat or drink after midnight the evening before your scan. • Must arrive 2 hours prior to exam to drink oral contrast (Redi-Cat Barium). • Patients over the age of 50 require a recent BUN & Creatinine level within the last 90 days. • Patients with a history of Diabetes or Kidney Disease (regardless of age) require a recent BUN & Creatinine level within the last 90 days.