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 # _____

PLEASE ARRIVE 15 MIN PRIOR TO YOUR SCHEDULED APPOINTMENT TIME AND PLEASE BRING YOUR VALID 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** ☐ **Open**

Select Body Part Below:

	☐ W/ Contrast	☐ W/O Contrast	☐ W/ & W/O 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
☐ 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

	☐ W/ Contrast	☐ W/O Contrast	☐ W/ & W/O Contrast
☐ Cervical Spine			
☐ Thoracic Spine			
☐ Lumbar Spine			
☐ Chest			
☐ Head/Brain			
☐ Pelvis			
☐ ABD			
☐ Knee		☐ RT	☐ LT
☐ Ankle		☐ RT	☐ LT
☐ Hip		☐ RT	☐ LT
☐ Shoulder		☐ RT	☐ LT
☐ Hand		☐ RT	☐ LT
☐ Wrist		☐ RT	☐ LT
☐ Elbow		☐ RT	☐ LT
☐ Other		_____	

G-SCAN WEIGHT BEARING MRI

☐ Cervical Spine		
☐ Lumbar Spine		
☐ Knees	☐ RT	☐ LT
☐ Ankles	☐ RT	☐ LT
☐ Feet	☐ RT	☐ LT

O-SCAN EXTREMITIES MRI

☐ Hand	☐ RT	☐ LT
☐ Wrist	☐ RT	☐ LT
☐ Elbows	☐ RT	☐ LT
☐ Knees	☐ RT	☐ LT
☐ Ankles	☐ RT	☐ LT
☐ Feet	☐ RT	☐ LT

MYELOGRAM

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar

ARTHROGRAM

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

Special Comments:

Maps & Locations on Reverse Side

www.mricentersoftexas.com