MRI Centers Of Texas

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

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

ARTHROGRAM

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

Special Comments:

Maps & Locations on Reverse Side

www.mricentersoftexas.com

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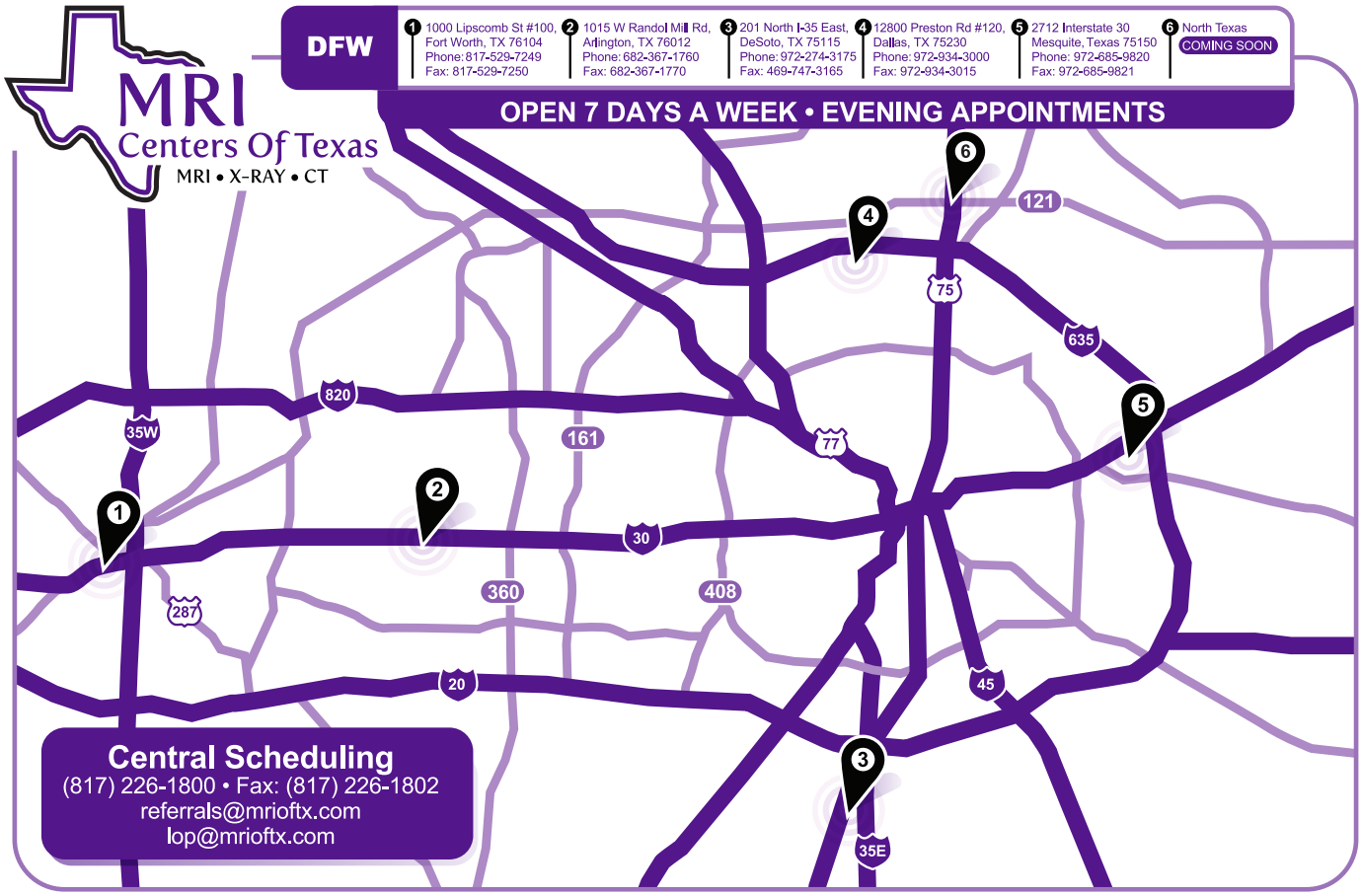

PLEASE ARRIVE 15 MINUTES PRIOR TO EXAM AND BRING YOUR PHOTO ID

Preparation for MRI or X-Ray

If you are CLAUSTROPHOBIC and think you will need special attention, please notify the scheduling department prior to your exam.

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.

Please inform the staff of any of the following as they may prevent you from having an MRI.

- **Aneurysm Clips**
- **Pacemakers**
- **Pregnancy**
- **History of metal in the body**
- **Implanted medical devices**
- **Artificial Heart Valves**

Maximum weight for the MRI Scan table is 300 lbs.

Regular x-rays do not require any prep unless specified by the imaging technologist, radiologist or physician.

Preparation for MRI Scan with Contrast

Please notify imaging staff, if you are aware of any allergies to x-ray dye (iodine) when scheduling exams.

Head, Neck & Chest Scans:

- 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.

Abdomen and Pelvis (with Contrast):

- 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.

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