☐ Houston (North)

☐ Houston (South)

☐ Sugar Land

☐ Send CD with Patient

Central Scheduling: Phone: (832) 956-1800 • Fax: (832)956-1802
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/Doctor ____________ 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 weight over 300 lbs. or have any metal objects in your body

MAGNETIC RESONANCE IMAGING (MRI)

Select Body Part Below:

☐With Contrast ☐Without Contrast ☐With & Without Contrast

Body Part		
☐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

Body Part		
☐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

Body Part		
☐ 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 ____________		

Special Instructions:

____

____

____

Maps & Locations on Reverse Side

www.MRICentersofTexas.com

MRI Centers Of Texas
MRI • X-RAY • CT

HOUSTON

1. 1414 South Loop West #120
Houston, TX 77054
Phone: 832-956-1800
Fax: 832-956-1802

2. 12920 University Blvd #600
Sugar Land, TX 77479
Phone: 832-956-1800
Fax: 832-956-1802

3. 156 FM 1960 Rd. Suite N
Houston, TX 77073
Phone: 281-784-2914
Fax: 832-956-1802

OPEN 7 DAYS A WEEK • EVENING APPOINTMENTS

99 249 45 69 290 8 90 610 99 10 8 10 225 69 610 45

Central Scheduling
(832) 956-1800 • Fax: (832) 956-1802
referrals@mrioftx.com
lop@mrioftx.com

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

Preparation for MRI, CT 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 CT Scan table is 440 lbs.
Maximum weight for the MRI Scan table is 550 lbs.

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

Preparation for CT or MRIS Scan with Contrast

Please notify imaging staff, if you are 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.