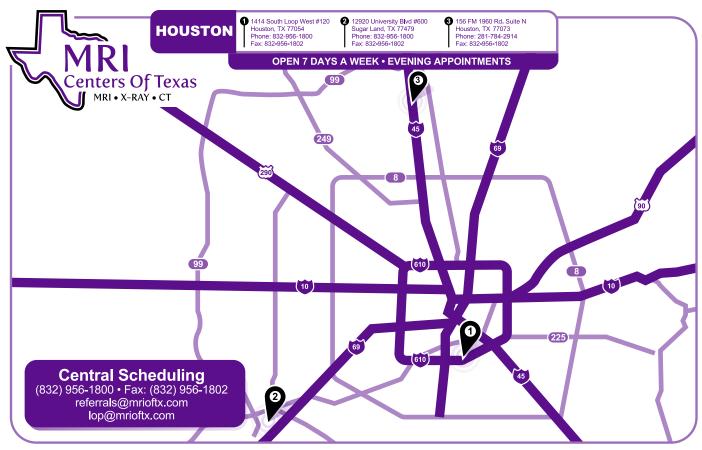


Houston (North
☐ Houston (South
Sugar Land
Send CD with Patient

Central Scheduling: Phone: (832) 956-1800 • Fax: (832) 956-1802 or email your referral to referrals@mrioftx.com

Date Trans	sportation	Yes □No	o □M	ale □Fe	male Preg	nant □Yes	□No	
Patient Name			D.O.I.		D.O.E	3.		
Address		C	ity, State & Zi	р				
Patient Phone #		Eı	mail	-				
Referring Physician/Doctor			Diagnosi	s Code(s)				
Physician's Signature	cian's Signature			Contact Name				
In making this refer	ral, the referr	ing physicia	n certifies t	hat it is n	nedically necessary.			
Office Phone #		Email						
Insurance Provider					Phone #			
Legal Representative					Phone #			
Select Body Part Below:	Select Body Part Below: □Cerv							
Select Body Part Below:  With Without With & Without Contrast Contrast  Cervical Spine  Thoracic Spine	out Control of the co	X-RAY  □Cervical Spine □Thoracic Spine □Lumbar Spine □Chest □Ribs			□With □Without □With & Without Contrast Contrast □ Cervical Spine □ Thoracic Spine □ Lumbar Spine			
□Hip □RT □ □Shoulder □RT □	□Fc iLT □ K iLT □W iLT □Hi	inee Irist ip	□RT □RT □RT □RT	oLT oLT oLT oLT	□ Chest □ Head/Brain □ Pelvis □ Knee □ Ankle	□ ABD		
□Wrist □RT □	oLT □Sł oLT □ E □P€	and noulder Ibow elvis BD/KUB ther	$\square RT$	□LT □LT □LT	□ Hip □ Shoulder □ Hand □ Wrist □ Elbow □ Other	□RT □RT □RT □RT □RT	oLT oLT oLT oLT oLT	
Special Instructions:								





### 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.