MRI Centers Of Texas

MRI • X-RAY • CT

☐ **EL PASO**
☐ **Send CD with Patient**

Central Scheduling: Phone: (915) 235-4751 Fax: (915) 235-4751
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/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
□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

Select Body Part Below:

□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		
□Other		

Special Instructions:

Maps & Locations on Reverse Side

www.MRICentersofTexas.com

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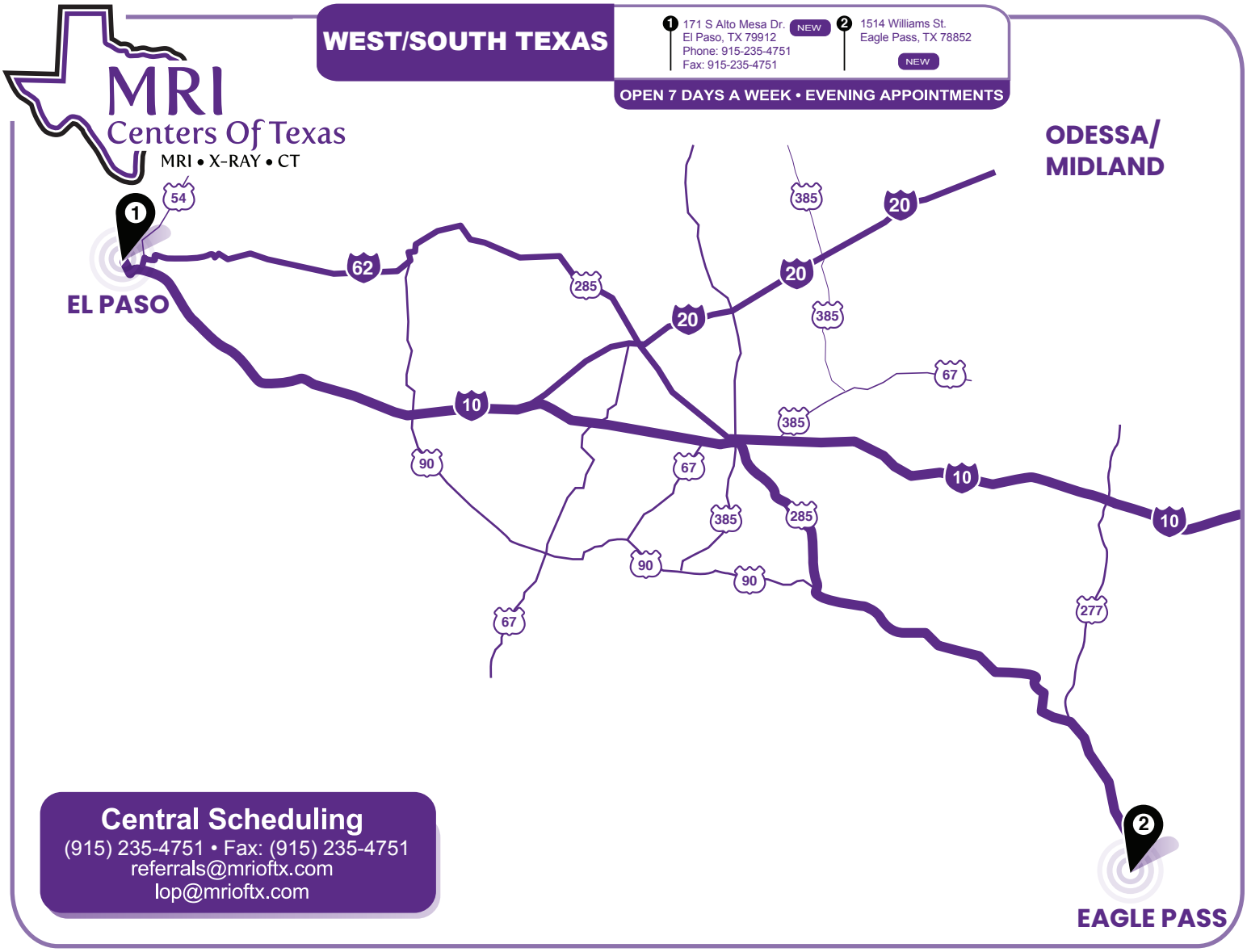
WEST/SOUTH TEXAS

1 171 S Alto Mesa Dr. NEW
El Paso, TX 79912
Phone: 915-235-4751
Fax: 915-235-4751

2 1514 Williams St.
Eagle Pass, TX 78852
NEW

OPEN 7 DAYS A WEEK • EVENING APPOINTMENTS



Central Scheduling
(915) 235-4751 • Fax: (915) 235-4751
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.

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