



- N. HOUSTON
- S. HOUSTON
- SUGAR LAND
- Send CD with Patient

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

Date _____	Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	Male <input type="checkbox"/> Female <input type="checkbox"/>	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> 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 # _____		

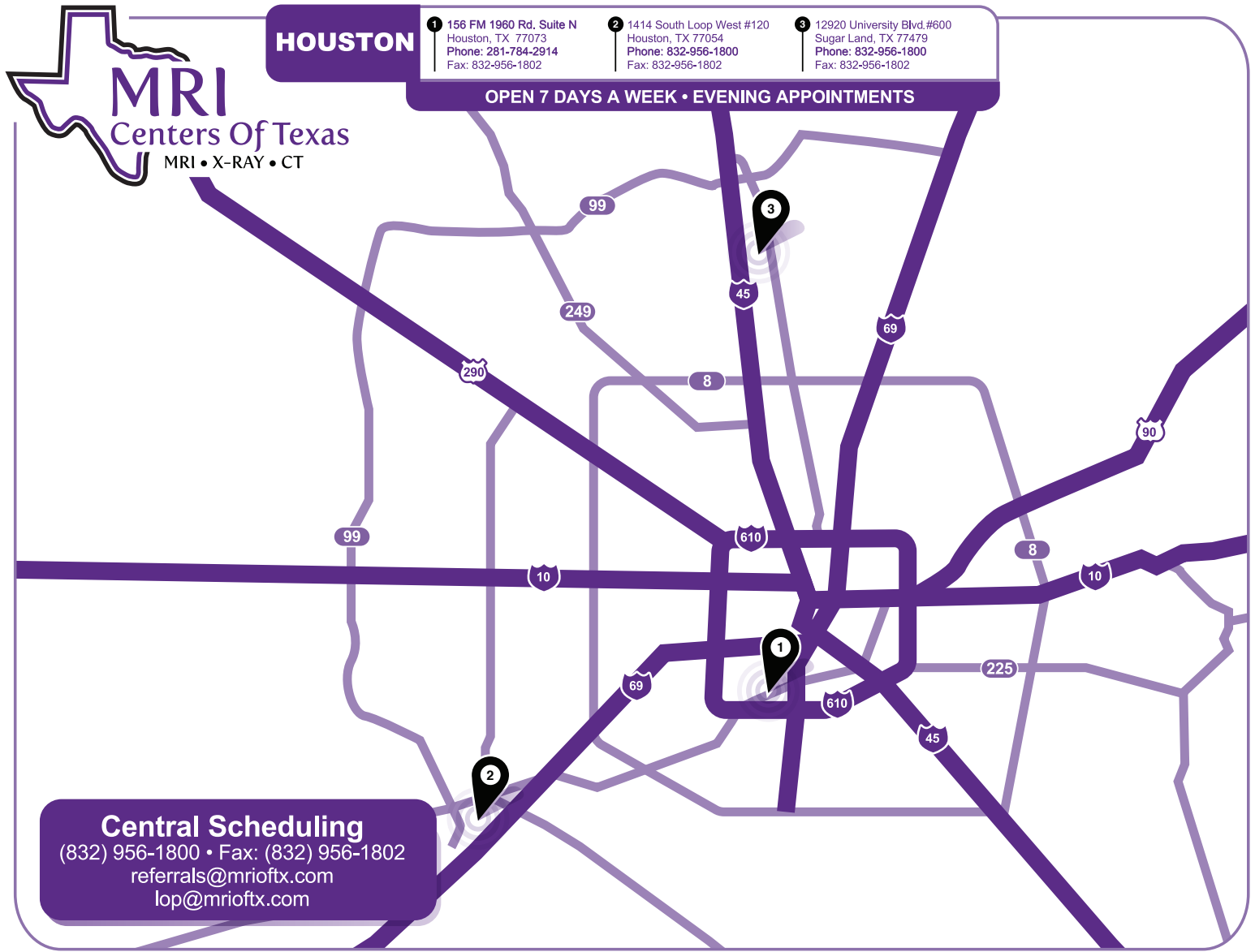
PLEASE ARRIVE 15 MIN PRIOR TO YOUR SCHEDULED APPOINTMENT TIME AND PLEASE BRING YOUR VALID IDENTIFICATION.

Weight: _____ IMPORTANT: Please let us know if you weight over 300 lbs. or have any metal objects in your body

MAGNETIC RESONANCE IMAGING (MRI)	X-RAY	CT SCAN
<p>Select Body Part Below:</p> <p><input type="checkbox"/> With Contrast <input type="checkbox"/> Without Contrast <input type="checkbox"/> With & Without Contrast</p> <p><input type="checkbox"/> Cervical Spine</p> <p><input type="checkbox"/> Thoracic Spine</p> <p><input type="checkbox"/> Lumbar Spine</p> <p><input type="checkbox"/> Head / Brain</p> <p><input type="checkbox"/> Knee <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Hip <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Shoulder <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Hand <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Wrist <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Elbow <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Abdomen</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Cervical Spine</p> <p><input type="checkbox"/> Thoracic Spine</p> <p><input type="checkbox"/> Lumbar Spine</p> <p><input type="checkbox"/> Chest</p> <p><input type="checkbox"/> Ribs</p> <p><input type="checkbox"/> Ankle <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Foot <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Knee <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Wrist <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Hip <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Hand <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Shoulder <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Elbow <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> ABD/KUB</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> With Contrast <input type="checkbox"/> Without Contrast <input type="checkbox"/> With & Without Contrast</p> <p><input type="checkbox"/> Cervical Spine</p> <p><input type="checkbox"/> Thoracic Spine</p> <p><input type="checkbox"/> Lumbar Spine</p> <p><input type="checkbox"/> Chest</p> <p><input type="checkbox"/> Head/Brain</p> <p><input type="checkbox"/> Pelvis <input type="checkbox"/> ABD</p> <p><input type="checkbox"/> Knee</p> <p><input type="checkbox"/> Ankle</p> <p><input type="checkbox"/> Hip <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Shoulder <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Hand <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Wrist <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Elbow <input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p><input type="checkbox"/> Other _____</p>

Special Instructions:	
------------------------------	--

Maps & Locations on Reverse Side



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.