



- N. AUSTIN
- CENTRAL AUSTIN
- S. AUSTIN
- Send CD with Patient

Central Scheduling: Phone: (737) 202-4891 • Fax: (737) 202-4862
 or email your referral to referrals@mrioftx.com

Date _____		Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		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 _____				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>X-RAY</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>CT SCAN</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



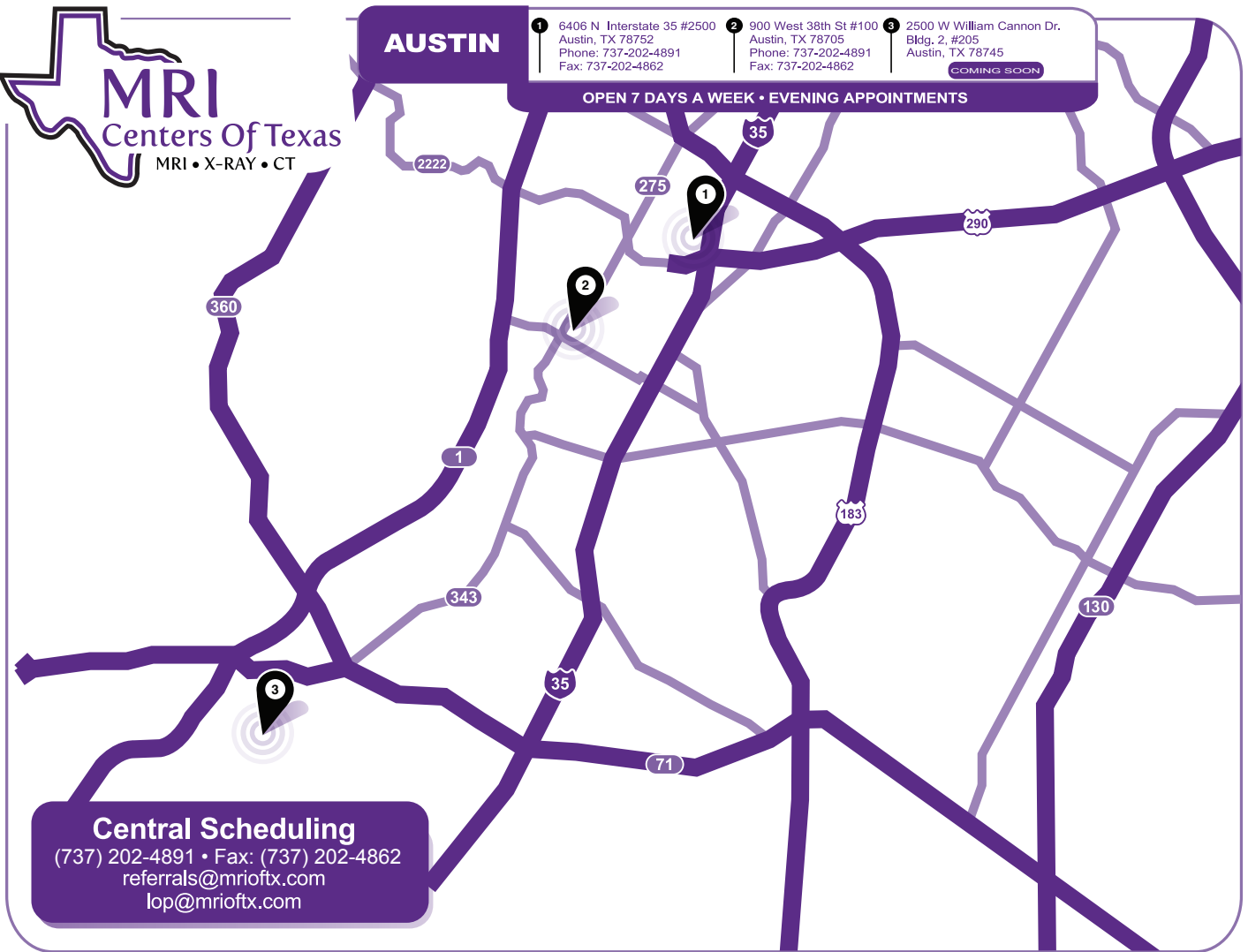
AUSTIN

1 6406 N. Interstate 35 #2500
Austin, TX 78752
Phone: 737-202-4891
Fax: 737-202-4862

2 900 West 38th St #100
Austin, TX 78705
Phone: 737-202-4891
Fax: 737-202-4862

3 2500 W William Cannon Dr.
Bldg. 2, #205
Austin, TX 78745
COMING SOON

OPEN 7 DAYS A WEEK • EVENING APPOINTMENTS



Central Scheduling

(737) 202-4891 • Fax: (737) 202-4862
referrals@mrioftx.com
lop@mrioftx.com

Central Austin Location - Inside Central Park Imaging Office, Directions

From IH35 take the **38 1/2 St. Exit**
From Mopac/Loop 1 take the **35th St. Exit**
Both 38 1/2 St. and 35th St. merge into 38th St.

CENTRAL PARK MEDICAL is located on the Northeast corner of North Lamar Blvd. and West 38th Street and adjacent to the Heart Hospital of Austin.

Parking

There is a parking garage **BEHIND** the medical building and there is a fee for parking. MRI Centers of Texas does not validate tickets. Valet Parking is also available directly in front of the hospital.

Central Park Imaging/MRI Centers of Texas is on the first floor of the Central Park Medical Building. There is a large green awning on the exterior of the building with the words **CENTRAL PARK MEDICAL**.

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.