- ☐ ARLINGTON
- ☐ DALLAS
- ☐ DESOTO
- ☐ FORT WORTH
- ☐ MESQUITE
- ☐ MCKINNEY
- ☐ GARLAND
- ☐ Send CD with Patient

Central Scheduling: Phone: 817-226-1800 • Fax: 817-226-1802
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 ____________ 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 weigh over 300 lbs. or have any metal objects in your body.

MAGNETIC RESONANCE IMAGING (MRI)

☐ **Closed** ☐ **Open**

Select Body Part Below:

☐ W/ Contrast ☐ W/O Contrast ☐ W/ & W/O 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
☐ Pelvis		
☐ Other ____________		

X-RAY

☐ 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

☐ W/ Contrast ☐ W/O Contrast ☐ W/ & W/O Contrast

☐ Cervical Spine		
☐ Thoracic Spine		
☐ Lumbar Spine		
☐ Chest		
☐ Head/Brain		
☐ Pelvis		
☐ ABD		
☐ Knee	☐ RT	☐ LT
☐ Ankle	☐ RT	☐ LT
☐ Hip	☐ RT	☐ LT
☐ Shoulder	☐ RT	☐ LT
☐ Hand	☐ RT	☐ LT
☐ Wrist	☐ RT	☐ LT
☐ Elbow	☐ RT	☐ LT
☐ Other ____________		

ARTHROGRAM

☐ Knee	☐ RT	☐ LT
☐ Shoulder	☐ RT	☐ LT
☐ With MRI	☐ With CT	
☐ Other ____________		

Special Comments:

Maps & Locations on Reverse Side

www.mricentersoftexas.com

DFW

1. 1000 Lipscomb St.#100
Fort Worth, TX 76104
Phone: 817-529-7249
Fax: 817-529-7250
2. 1015 W Randol Mill Rd.
Arlington, TX 76012
Phone: 682-367-1760
Fax: 682-367-1770
3. 201 North I-35 East
DeSoto, TX 75115
Phone: 972-274-3175
Fax: 469-747-3165
4. 12800 Preston Rd.#120
Dallas, TX 75230
Phone: 972-934-3000
Fax: 972-934-3015
5. 2712 Interstate 30
Mesquite, TX 75150
Phone: 972-685-9820
Fax: 972-685-9821
6. 2156 N. Lake
Forest Dr. #500
McKinney, TX 75071
NOW OPEN
7. 601 Clara Barton
Blvd. #180
Garland, TX 75042
NOW OPEN

OPEN 7 DAYS A WEEK • EVENING APPOINTMENTS

287 35W 287 75 121 75 635 75 820 161 35W 77 30 360 408 287 20 45 35E

Central Scheduling

(817) 226-1800 • Fax: (214) 377-5013
referrals@mrioftx.com
lop@mrioftx.com

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

Preparation for MRI 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 MRI Scan table is 300 lbs.

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

Preparation for MRI Scan with Contrast

Please notify imaging staff, if you are aware 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.