



- SAN ANTONIO
- S. SAN ANTONIO
- EAGLE PASS
- Send CD with Patient

Central Scheduling: Phone: (210) 468-2975 • Fax: (210) 569-7799  
 or email your referral to referrals@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 _____		ICD-10 Code(s) _____	
Physician's Signature (required) _____		Contact Name _____	
<b>In making this referral, the referring physician certifies that it is medically necessary.</b>			
Office Phone # _____	Fax # _____	Email _____	
Insurance Provider _____		Phone # _____	
Legal Representative _____		Phone # _____	

**ARRIVE AT OFFICE 15 MINUTES PRIOR TO YOUR EXAM TIME. PLEASE BRING YOUR INSURANCE CARD & PROPER 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

Ribs

Ankle                     RT     LT

Foot                       RT     LT

Knee                      RT     LT

Hip                         RT     LT

Hand                      RT     LT

Shoulder                RT     LT

Elbow                     RT     LT

Pelvis

Other \_\_\_\_\_

**CT SCAN**

With Contrast     Without Contrast     With & Without Contrast

Cervical Spine

Thoracic Spine

Lumbar Spine

Chest

Head / Brain

Pelvis                     ABD

Knee

Ankle

Hip                         RT     LT

Shoulder                 RT     LT

Hand                      RT     LT

Wrist                      RT     LT

Elbow                     RT     LT

Other \_\_\_\_\_

**Special Instructions:**

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**Maps & Locations on Reverse Side**



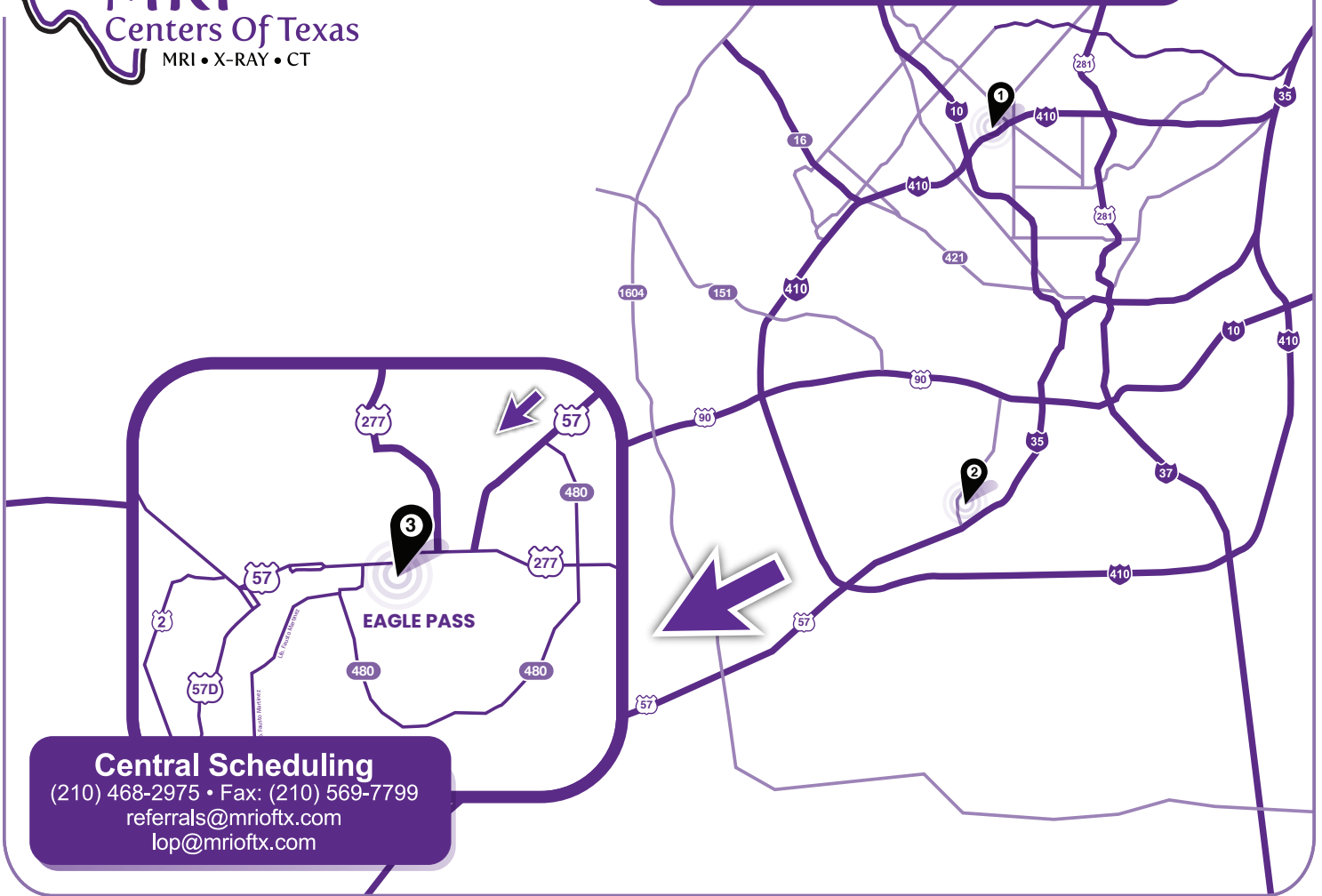
**SAN ANTONIO/  
EAGLE PASS**

1 4400 Vance Jackson Rd  
San Antonio, TX 78230  
Phone: 210-468-2975  
Fax: 210-569-7799

2 94 Briggs Ave. #100  
San Antonio, TX 78224  
Phone: 210-953-9100  
Fax: 210-569-7799

3 1514 Williams St.  
Eagle Pass, TX 78852  
**NOW OPEN**

OPEN 7 DAYS A WEEK • EVENING APPOINTMENTS



**Central Scheduling**  
(210) 468-2975 • Fax: (210) 569-7799  
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.