



Central Scheduling: Phone: 1-888-958-MRI1(6741) • Fax: (214) 377-5013
or email your referral to referrals@mrioftx.com

☐ **SOUTH**
☐ **ALAMEDA**

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 500 lbs. or have any metal objects in your body.

MAGNETIC RESONANCE IMAGING (MRI)	X-RAY	CT SCAN
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 _____	☐ Cervical Spine ☐ Thoracic Spine ☐ Lumbar Spine ☐ Chest ☐ 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 _____	☐ W/ Contrast ☐ W/O Contrast ☐ W/ & W/O Contrast ☐ Cervical Spine ☐ Thoracic Spine ☐ Lumbar Spine ☐ Chest ☐ Head/Brain ☐ Pelvis ☐ ABD ☐ Knee ☐ Ankle ☐ Hip ☐ Shoulder ☐ Hand ☐ Wrist ☐ Elbow ☐ Other _____ ☐ RT ☐ RT ☐ RT ☐ RT ☐ RT ☐ RT ☐ RT ☐ LT ☐ LT ☐ LT ☐ LT ☐ LT ☐ LT ☐ LT

Special Comments:



CORPUS CHRISTI

1 Alameda- 3226 S. Alameda St.
Corpus Christi, TX 78404

NEW **2** South- 2825 Spohn Dr. S.
Corpus Christi, TX 78414

MRICentersOfTexas.com



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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 500 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.