



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

Central Scheduling: Phone: 1-888-958-MRI1(6741) • Fax: (214) 377-5013

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)	X-RAY	CT SCAN
☐ 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 ☐ RT ☐ LT ☐ Other _____	☐ 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 _____	☐ 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	_____	

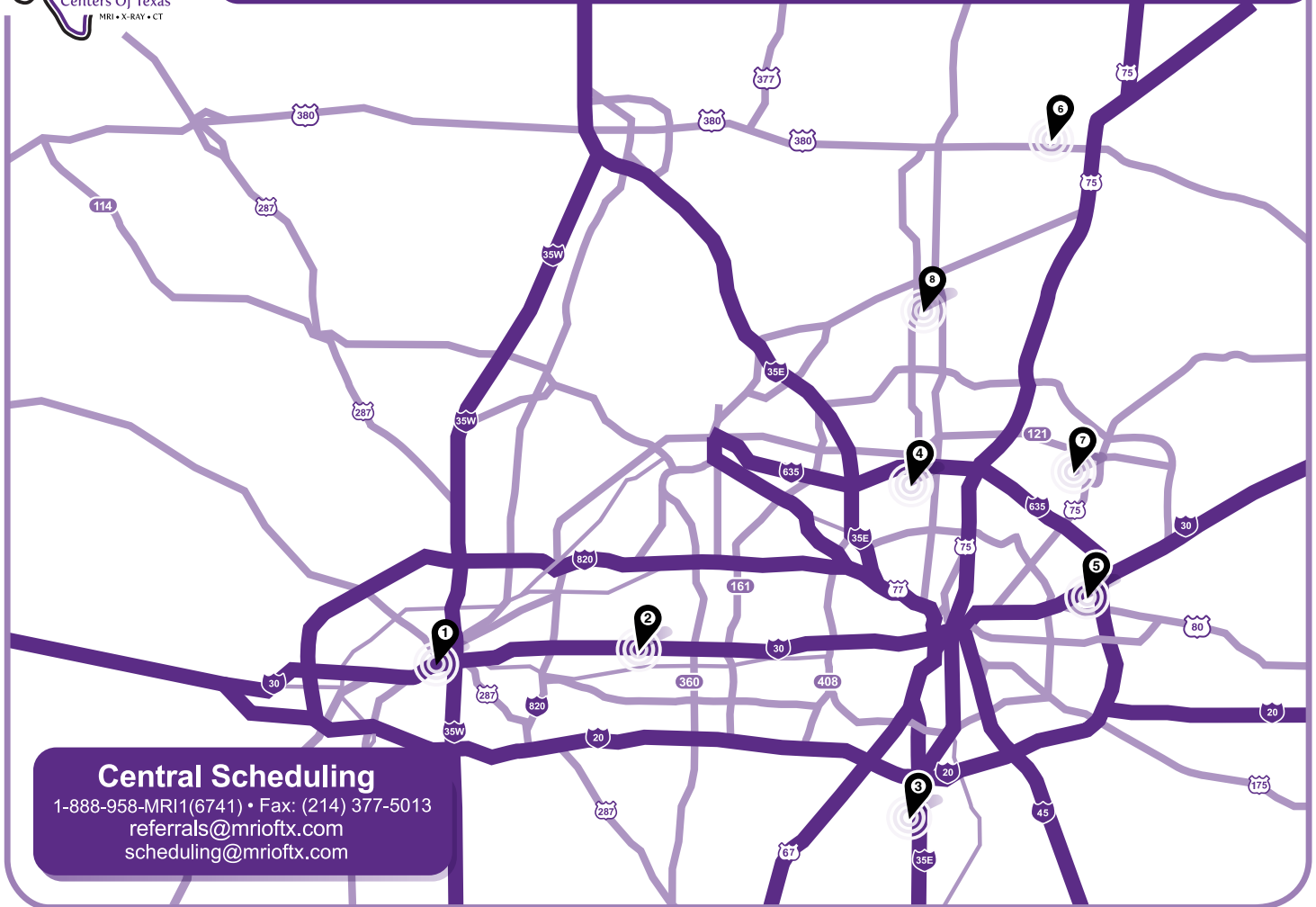
Special Comments:



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
Phone: 817-226-1800
Fax: 214-377-5013 | 7 601 Clara Barton Blvd. #180
Garland, TX 75042
Phone: 817-226-1800
Fax: 214-377-5013 | 8 6655 W. Spring Creek Pkwy. #100
Plano, TX 75024
Phone: 817-226-1800
Fax: 214-377-5013 |
|--|--|---|--|--|--|--|--|

OPEN 7 DAYS A WEEK • EVENING APPOINTMENTS



Central Scheduling

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referrals@mrioftx.com
scheduling@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.