



**CORINTH**  
 Oak Ridge Professional Plaza  
 4851 Interstate Highway 35 East, Suite C-105 Corinth, TX 76210  
 Phone: 940-270-5110 • Fax: 940-270-5115  
 • MRI (Open MRI)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Employer: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Authorization: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Pregnant:  Yes  No  
 Referring Physician (Print): \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  STAT \_\_\_\_\_  
 Needs Transportation  Deliver CD  Send CD With Patient

Referring Physician Signature: \_\_\_\_\_

**MRI**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> MRA _____        | <input type="checkbox"/> Pelvis         | <input type="checkbox"/> Left Shoulder |
| <input type="checkbox"/> Brain            | <input type="checkbox"/> Right Foot     | <input type="checkbox"/> Right Elbow   |
| <input type="checkbox"/> Orbits           | <input type="checkbox"/> Left Foot      | <input type="checkbox"/> Left Elbow    |
| <input type="checkbox"/> Pituitary        | <input type="checkbox"/> Right Ankle    | <input type="checkbox"/> Right Wrist   |
| <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Left Ankle     | <input type="checkbox"/> Left Wrist    |
| <input type="checkbox"/> IAC's            | <input type="checkbox"/> Right Knee     | <input type="checkbox"/> Right Hand    |
| <input type="checkbox"/> Cervical Spine   | <input type="checkbox"/> Left Knee      | <input type="checkbox"/> Left Hand     |
| <input type="checkbox"/> Thoracic Spine   | <input type="checkbox"/> Right Hip      | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Lumbar Spine     | <input type="checkbox"/> Left Hip       | _____                                  |
| <input type="checkbox"/> Abdomen          | <input type="checkbox"/> Right Shoulder |  |

- With Contrast   
  Without Contrast   
  With & Without Contrast   
  RAD to Determine

**All Insurance Plans Accepted**

## Locations

<u>Casa Linda Plaza:</u>	9440 Garland Rd., Suite 190 Dallas, Texas 75218 Phone: 214-388-2030 Fax: 214-388-0645 Offers: Open MRI
<u>Corinth:</u>	Oak Ridge Professional Plaza 4851 Interstate Hwy. 35 East, Suite C-105 Corinth, Texas 76210 Phone: 940-270-5110 Fax: 940-270-5115 Offers: Open MRI
<u>Forest Park:</u>	5920 Forest Park Rd., Suite 560 Dallas, Texas 75235 Phone: 214-350-0708 Fax: 214-350-0712 Offers: MRI, CT, and Ultrasound
<u>Grapevine:</u>	1600 W. Northwest Hwy., Suite 1000 Grapevine, Texas 76051 Phone: 817-416-7545 Fax: 817-416-7301 Offers: MRI, CT, Xray, Myelograms, Discograms, Arthrograms and Ultrasound
<u>Hurst:</u>	809 W. Harwood Road, Suite 100 Hurst, Texas 76054 Phone: 817-788-5502 Fax: 817-788-5775 Offers: Open MRI
<u>Medical City Dallas:</u>	7777 Forest Lane, Suite C-112 Dallas, Texas 75230 Phone: 972-566-2900 Fax: 972-566-2930 Offers: MRI, CT
<u>Plano:</u>	2205 N. Central Expressway, Suite 185 Plano, Texas 75075 Phone: 972-312-0799 Fax: 972-312-8187 Offers: Open MRI, CT, Ultrasound, and Xray
<u>Plano Parkway:</u>	5072 W. Plano Parkway, Suite 170 Plano, Texas 75093 Phone: 972-248-1924 Fax: 972-248-0333 Offers: MRI
<u>Richardson:</u>	1778 North Plano Road, Suite 300 Richardson, Texas 75081 Phone: 972-234-0004 Fax: 972-234-0035 Offers: MRI, CT, Ultrasound, Myelograms, Discograms, and Arthrograms
<u>Rowlett:</u>	8405 Lakeview Parkway, Suite 220 Rowlett, Texas 75088 Phone: 972-412-0211 Fax: 972-412-0799 Offers: Open MRI, CT, and Ultrasound

## Exam Preparation

### MRI SCAN NO PREPARATION REQUIRED

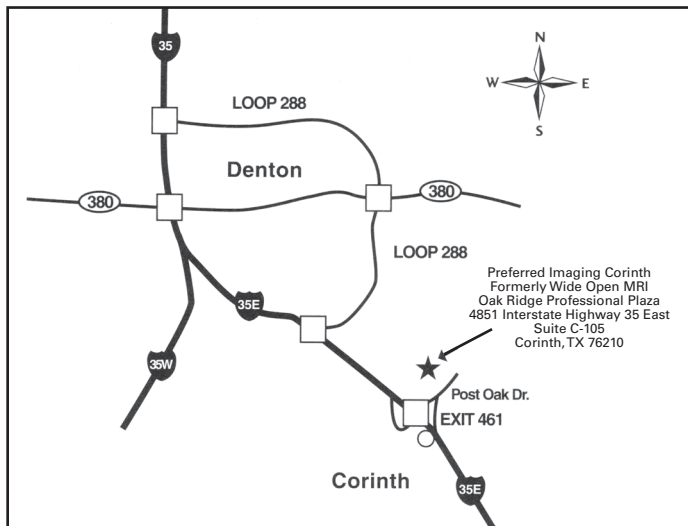
For comfort, wear loose clothing without metal buttons or closures. Patients with pacemakers, aneurysm clips in the brain, certain ear implants, implanted neuro-stimulators, metallic fragments in one or both eyes, or other surgically implanted devices should check with the imaging center prior to the exam.

### MRI SCAN-ABDOMEN

Follow directions above and patient must be NPO 6 hours prior to exam.



## ARRIVE 15 MINUTES EARLY



## Corinth

### DRIVING DIRECTIONS

#### From North Oklahoma - Gainsville, Texas:

Follow I-35 southbound to I-35 E. Take I-35 E to Exit 461 Shady Shores/Post Oak Dr. Take overpass to Preferred Imaging.

#### From East McKinney/Greenville, Texas:

Follow 380 W to Loop 288. Follow Loop 288 S to I-35 E. Follow I-35 E to Exit 461 Shady Shores/Post Oak Dr. Take overpass to Preferred Imaging.

#### From South Dallas, Texas:

Follow I-35 E north to Exit 461 Shady Shores/Post Oak Dr. Take right at 1st stop sign. Take first left into Preferred Imaging.

#### From South Fort Worth, Texas:

Follow I-35 W to I-35 E. Follow I-35 E to Exit 461 Shady Shores/Post Oak Dr. Take overpass to Preferred Imaging.

#### From West:

Follow 380 E to I-35 S. From I-35 S take I-35 E to Exit 461 Shady Shores/Post Oak Dr. Take overpass to Preferred Imaging.