



www.preferredmri.com



Forest Park

5920 Forest Park Rd., Suite 560
 Dallas, Texas 75235
 Phone: 214-350-0708 • Fax: 214-350-0712
 MRI (High Field), CT, Ultrasound

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 _____

Deliver CD Send CD With Patient

Referring Physician Signature: _____

<u>MRI</u>			<u>CT</u>	<u>Ultrasound</u>
<input type="checkbox"/> MRA _____	<input type="checkbox"/> Foot	R L	<input type="checkbox"/> Brain	<input type="checkbox"/> Thyroid
<input type="checkbox"/> Brain	<input type="checkbox"/> Ankle	R L	<input type="checkbox"/> Limited Sinuses	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Orbits	<input type="checkbox"/> Knee	R L	<input type="checkbox"/> Complete Sinuses	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Pituitary	<input type="checkbox"/> Hip	R L	<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Shoulder	R L	<input type="checkbox"/> Extremity	Attn: Liver
<input type="checkbox"/> IAC's	<input type="checkbox"/> Elbow	R L	<input type="checkbox"/> Chest	<input type="checkbox"/> Addomen
<input type="checkbox"/> Spine	<input type="checkbox"/> Wrist	R L	<input type="checkbox"/> Spine	Attn: Gallbladder
C T L (circle one)	<input type="checkbox"/> Hand	R L	C T L (circle one)	<input type="checkbox"/> Renals
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Other _____		<input type="checkbox"/> Abdomen	<input type="checkbox"/> Testicular
<input type="checkbox"/> Pelvis	_____		<input type="checkbox"/> Pelvis	<input type="checkbox"/> Trans-Vaginal
<input type="checkbox"/> Bilateral Breast			<input type="checkbox"/> Abdomen & Pelvis	<input type="checkbox"/> OB-Complete
			<input type="checkbox"/> 3D Recon	<input type="checkbox"/> Other _____
			<input type="checkbox"/> Other _____	_____

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.

CT SCAN FOR CONTRAST EXAMS (Abdomen, Pelvic, etc.)

Patient must be NPO 6 hours prior to exam. Patients must arrive 45 minutes early for contrast. For patients 60 or older, we must have lab values on B.U.N./Creatinine.

ULTRASOUND ABDOMEN SONOGRAM

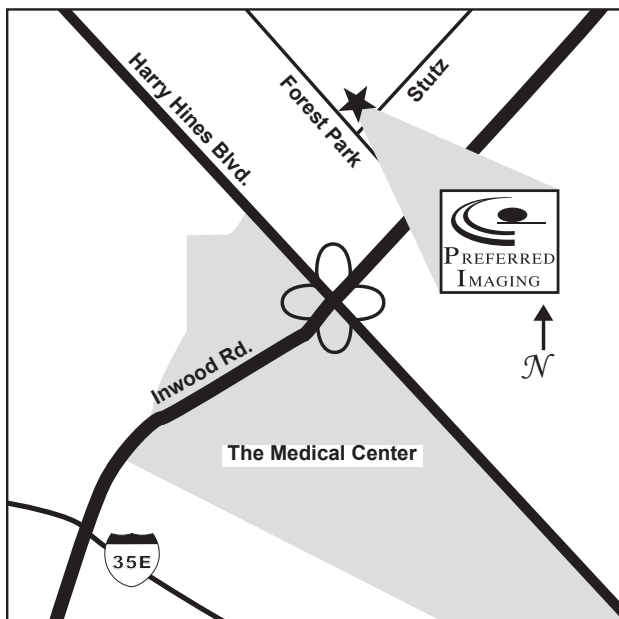
Nothing to drink after midnight the night before the exam. For all pelvic/ob sonograms, drink at least 4 glasses of water or juice one hour before the exam. Do not urinate before the exam because a full bladder is required.



PREFERRED IMAGING

www.preferredmri.com

ARRIVE 15 MINUTES EARLY



LOCATION NEAR UT SOUTHWESTERN MEDICAL CENTER

Preferred Imaging

ID#: 20-1330997

5920 Forest Park Rd., Suite 560 • Dallas, Texas 75235

Phone: 214-350-0708 • Fax: 214-350-0712

Hours: Monday - Friday 7am-7pm Saturday 8am - 5pm

Driving Directions

Free, secure underground parking

From I35 (Stemmons Freeway): Take the Inwood Road exit and go north. Travel 3/4 of a mile to Forest Park (2nd light after Harry Hines Blvd.). Take a left on Forest Park Preferred Imaging is 1 block down on the right in the red brick high rise medical building.

From North Dallas Tollway: Take Mockingbird Ln. exit and go west on Mockingbird Ln. approx. 1/2 miles to Inwood Rd. Go left on Inwood approx. 1.5 miles to Forest Park (1st intersection after Maple Ave.). Take a right on Forest Park. Preferred Imaging is 1 block down on the right in the red brick high rise medical building.

From The Medical Center: Travel North on Inwood Road to Forest Park (2nd light after Harry Hines Blvd.). Take a left on Forest Park. Preferred Imaging is 1 block down on the right in the red brick high rise medical building.