



RICHARDSON

1778 North Plano Road, Suite 300
Richardson, Texas 75081
Phone: 972-234-0004 • Fax: 972-234-0035

PLANO

2205 N. Central Expressway, Suite 185
Plano, Texas 75075
Phone: 972-312-0799 • Fax: 972-312-8187

MRI (High Field) • CT • Ultrasound • Arthrogram • Myelogram

Open MRI • CT • Ultrasound • X-Ray

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: _____

| <u>MRI</u> | | <u>CT</u> | <u>X-Ray (Plano Only)</u> |
|--|--|--|--|
| <input type="checkbox"/> MRA | <input type="checkbox"/> Foot R L | <input type="checkbox"/> Brain | <input type="checkbox"/> Foot R L |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Ankle R L | <input type="checkbox"/> Myelogram-Spine C T L (circle one) | <input type="checkbox"/> Ankle R L |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Knee R L | <input type="checkbox"/> Complete Sinuses | <input type="checkbox"/> Knee R L |
| <input type="checkbox"/> Pituitary | <input type="checkbox"/> Hip R L | <input type="checkbox"/> Limited Sinuses | <input type="checkbox"/> Hip R L |
| <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Shoulder R L | <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Shoulder R L |
| <input type="checkbox"/> IAC's | <input type="checkbox"/> Elbow R L | <input type="checkbox"/> Extremity _____ | <input type="checkbox"/> Elbow R L |
| <input type="checkbox"/> Spine C T L (circle one) | <input type="checkbox"/> Wrist R L | <input type="checkbox"/> Chest | <input type="checkbox"/> Wrist R L |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Hand R L | <input type="checkbox"/> Spine C T L (circle one) | <input type="checkbox"/> Hand R L |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Chest |
| | <input type="checkbox"/> MR Arthrogram | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Pelvis |
| | | <input type="checkbox"/> 3D Recon | <input type="checkbox"/> Spine C T L (circle one) |
| | | <input type="checkbox"/> CTA _____ | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Other _____ | |

Ultrasound

| | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Renals | <input type="checkbox"/> Testicular |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Abdomen Attn: Liver | <input type="checkbox"/> Trans-Vaginal |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Abdomen Attn: Gall Bladder | <input type="checkbox"/> OB-Complete |
| | | <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, PELVIS, 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.

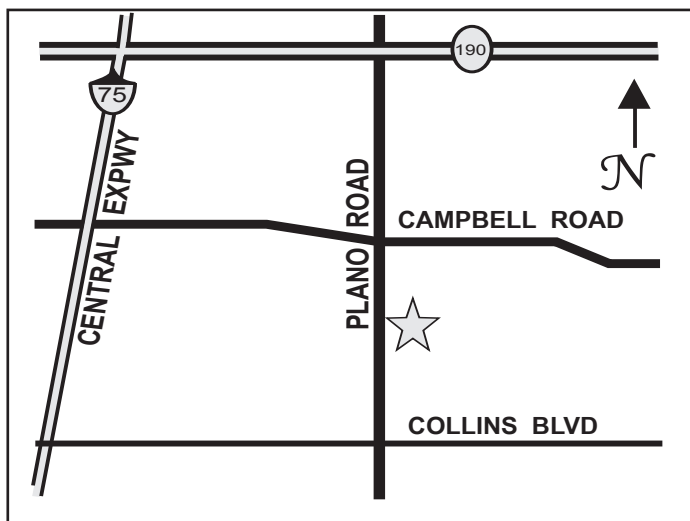
ULTRASOUND ABDOMEN SONOGRAM

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.

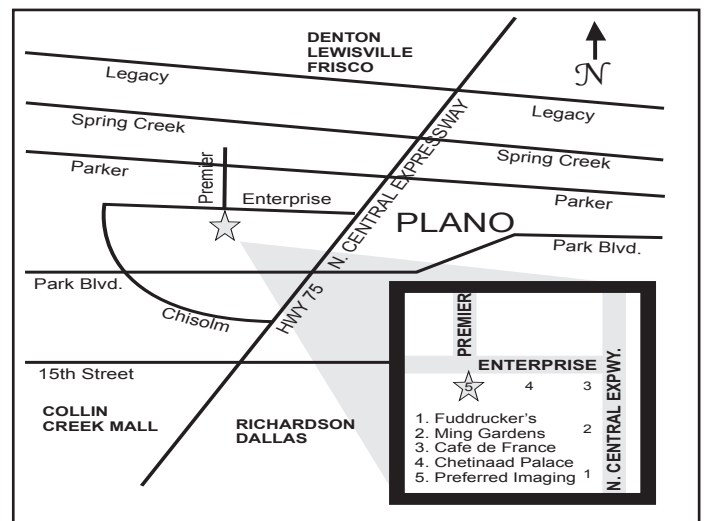
X-RAY NO PREPARATION REQUIRED



ARRIVE 15 MINUTES EARLY



Richardson



Plano