



**ROWLETT**  
 8405 LAKEVIEW PARKWAY, SUITE 220  
 Rowlett, Texas 75088  
 Phone: 972-412-0211 • Fax: 972-412-0799  
 Open MRI • 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 \_\_\_\_\_

Needs Transportation   
  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	Attn: Liver
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Shoulder	R L	<input type="checkbox"/> Extremity _____		<input type="checkbox"/> Abdomen	Attn: Gallbladder
<input type="checkbox"/> IAC's	<input type="checkbox"/> Elbow	R L	<input type="checkbox"/> Chest		<input type="checkbox"/> Renals	
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Wrist	R L	<input type="checkbox"/> Spine	C T L (Circle One)	<input type="checkbox"/> Testicular	
<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Hand	R L	<input type="checkbox"/> Abdomen		<input type="checkbox"/> Trans-Vaginal	
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Other _____		<input type="checkbox"/> Pelvis		<input type="checkbox"/> Ob-Complete	
<input type="checkbox"/> Abdomen			<input type="checkbox"/> 3D Recon		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Pelvis			<input type="checkbox"/> CTA _____			
			<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.)

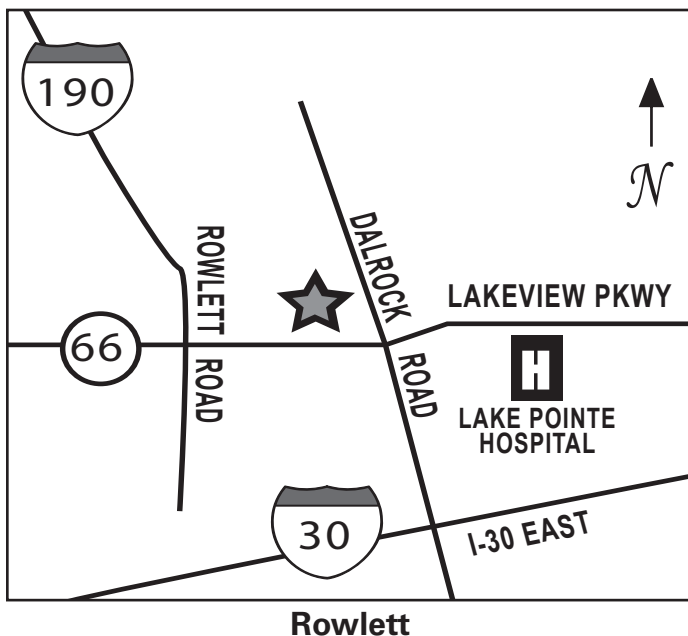
Patient must be NPO 6 hours prior to exam. Patients must arrive 45 minutes early for contrast. For patients 60 or older, we must have lab values on B.U.N./Creatinine.

### 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.



**ARRIVE 15 MINUTES EARLY**



### DRIVING DIRECTIONS

#### From Dallas/Mesquite:

Take I-30 E, exit Dalrock Rd. Go north (left) to SH66/Lakeview Parkway. Turn left at light and right into Albertson's parking lot. MRI center is on left side of shopping center.

#### From Garland:

Take Rowlett Rd. or 78 to SH66 east for approximately 5 - 7 miles. MRI center on left at Albertson's prior to Dalrock Rd. MRI center is on left side of shopping center.

#### From Richardson/Plano:

Take 190/George Bush east to Northeast Parkway to Rowlett Road. Left on Rowlett Road/SH66 for approximately 4 miles. MRI center on left at Albertson's prior to Dalrock Rd. MRI center is on left side of shopping center.