



Order Date:		LOCATION: <input type="checkbox"/> West Houston <input type="checkbox"/> East Houston <input type="checkbox"/> Katy <input type="checkbox"/> Sugar Land <input type="checkbox"/> Woodlands <input type="checkbox"/> Cypress (NEW)													
Patient's Name:				Phone:			DOB:		Sex:						
<input type="checkbox"/> Insurance:		ID#			Group#										
<input type="checkbox"/> Attorney Name & Phone:				DOI:			<input type="checkbox"/> W/C Claim ID:								
Physician: <i>(Print)</i>				Specialty:			Physician Signature:								
Phone:		Fax:													
AUTHORIZATION #:				Diagnosis / Indication:											
REPORT REQUEST: <input type="checkbox"/> Online (Doctor Portal) <input type="checkbox"/> FAX				**Please Send Clinicals with Orders to Expedite Authorization Process for MRIs & CTs**											
Houston MRI is a non-hospital based medical imaging facility. We do not perform Mammography, Nuclear Medicine or Myelograms.															
CPT	MRI NEURO & SPINE			CPT	MRI MSK - ORTHO			CPT	MRI MSK - ORTHO						
<input type="checkbox"/>	70551	BRAIN W/O		<input type="checkbox"/>	73221	SHOULDER W/O R L		<input type="checkbox"/>	73718	FOREFOOT W/O R L					
<input type="checkbox"/>	70553	BRAIN W + W/O		<input type="checkbox"/>	73221	ELBOW W/O R L		<input type="checkbox"/>	73718	MIDFOOT W/O R L					
<input type="checkbox"/>	70553	PITUITARY W + W/O		<input type="checkbox"/>	73218	FOREARM W/O R L		<input type="checkbox"/>	73718	HINDFOOT W/O R L					
<input type="checkbox"/>	70543	ORBITS W + W/O		<input type="checkbox"/>	73221	WRIST W/O R L		CPT MRI BODY		<input type="checkbox"/>	76770	RENAL			
<input type="checkbox"/>	70553	IAC'S W + W/O		<input type="checkbox"/>	73218	HAND W/O R L		<input type="checkbox"/>	72195	PELVIS W/O		<input type="checkbox"/>	76536	THYROID	
<input type="checkbox"/>	72141	CERVICAL W/O		<input type="checkbox"/>	73218	THUMB W/O R L		<input type="checkbox"/>	72197	PELVIS W + W/O		<input type="checkbox"/>	76870	TESTICULAR	
<input type="checkbox"/>	72156	CERVICAL W + W/O		<input type="checkbox"/>	73721	HIP W/O R L		<input type="checkbox"/>	71550	CHEST W/O		<input type="checkbox"/>	76856	PELVIC NON OB	
<input type="checkbox"/>	72146	THORACIC W/O		<input type="checkbox"/>	73718	FEMUR W/O R L		<input type="checkbox"/>	71552	CHEST W + W/O		<input type="checkbox"/>	76830	PELVIC W/TRANSVAGINAL	
<input type="checkbox"/>	72157	THORACIC W + W/O		<input type="checkbox"/>	73721	KNEE W/O R L		<input type="checkbox"/>	74181	ABDOMEN W/O		<input type="checkbox"/>	76801	OB <14 WKS	
<input type="checkbox"/>	72148	LUMBAR W/O		<input type="checkbox"/>	73718	TIBIA W/O R L		<input type="checkbox"/>	74183	ABDOMEN W + W/O		CPT XRAY			
<input type="checkbox"/>	72158	LUMBAR W + W/O		<input type="checkbox"/>	73721	ANKLE W/O R L		<input type="checkbox"/>	74181	MRCP		<input type="checkbox"/>	70250	SKULL 4V	
CPT CT BODY		CPT CT NEURO & SPINE			<input type="checkbox"/>		70543		NECK W + W/O		<input type="checkbox"/>	71046	CHEST 2V		
<input type="checkbox"/>	74176	ABD & PEL W/O		<input type="checkbox"/>	70450	HEAD W/O		<input type="checkbox"/>	70336	TMJ		<input type="checkbox"/>	74018	KUB	
<input type="checkbox"/>	74176	RENAL STONE PROTOCOL		<input type="checkbox"/>	70460	HEAD W		<input type="checkbox"/>	73218	BRACHIAL PLEXUS W/O		<input type="checkbox"/>	74021	ABDOMEN	
<input type="checkbox"/>	74177	ABD & PEL W		<input type="checkbox"/>	70470	HEAD W + W/O		<input type="checkbox"/>	73220	BRACHIAL PLEXUS W + W/O		<input type="checkbox"/>	72170	PELVIS	
<input type="checkbox"/>	74178	ABD & PEL W + W/O		<input type="checkbox"/>	72125	CERVICAL W/O		CPT MRA		<input type="checkbox"/>	71100	RIBS(UNILATERAL) R L			
<input type="checkbox"/>	74150	ABDOMEN W/O		<input type="checkbox"/>	72128	THORACIC W/O		<input type="checkbox"/>	70544	MRA BRAIN		<input type="checkbox"/>	71110	RIBS(BILATERAL)	
<input type="checkbox"/>	74160	ABDOMEN WITH		<input type="checkbox"/>	72131	LUMBAR W/O		<input type="checkbox"/>	70544	MRV BRAIN		<input type="checkbox"/>	72050	CERVICAL SPINE 5V(OBLIQ)	
<input type="checkbox"/>	74170	ABDOMEN W + W/O		<input type="checkbox"/>	70496	CTA HEAD		<input type="checkbox"/>	70547	MRA CAROTIDS		<input type="checkbox"/>	72050	CERVICAL SPINE 5V(F/EXT)	
<input type="checkbox"/>	72192	PELVIS W/O		<input type="checkbox"/>	70498	CTA NECK		CPT DEXA		<input type="checkbox"/>	72052	CERVICAL SPINE 7V			
<input type="checkbox"/>	72193	PELVIS WITH		CPT CT OTHER		<input type="checkbox"/>	77080	AXIAL SKELETON		<input type="checkbox"/>	72070	THORACIC SPINE			
<input type="checkbox"/>	72194	PELVIS W + W/O		<input type="checkbox"/>	70486	SINUS W/O		<input type="checkbox"/>	76466	BODY MASS COMPOSITION		<input type="checkbox"/>	72100	LUMBAR SPINE 3V	
<input type="checkbox"/>	71250	CHEST W/O		<input type="checkbox"/>	70480	ORBITS W/O		CPT VASCULAR ULTRASOUND		<input type="checkbox"/>	72110	LUMBAR SPINE 5V(OBLIQ)			
<input type="checkbox"/>	71260	CHEST WITH		<input type="checkbox"/>	70481	ORBITS W		<input type="checkbox"/>	93880	CAROTID		<input type="checkbox"/>	72110	LUMBAR SPINE(F/EXT)	
<input type="checkbox"/>	71275	CTA CHEST (PE)		<input type="checkbox"/>	70482	ORBITS W + W/O		<input type="checkbox"/>	93931	ARTERIAL UPPER R L		<input type="checkbox"/>	72083	SCOLIOSIS SURVEY	
<input type="checkbox"/>	71275	CTA CHEST (AORTA)		<input type="checkbox"/>	70490	SOFT TISSUE NECK W/O		<input type="checkbox"/>	93926	ARTERIAL LOWER R L		<input type="checkbox"/>	73030	SHOULDER 3V R L	
<input type="checkbox"/>	74178	ENTEROGRAPHY		<input type="checkbox"/>	70491	SOFT TISSUE NECK W		<input type="checkbox"/>	93971	VENOUS UPPER R L		<input type="checkbox"/>	73080	ELBOW 3V R L	
<input type="checkbox"/>	74160	LIVER PROTOCOL		<input type="checkbox"/>	70486	MAXILLOFACIAL W/O		<input type="checkbox"/>	93971	VENOUS LOWER R L		<input type="checkbox"/>	73110	WRIST 3V R L	
<input type="checkbox"/>	74178	RENAL MASS PROTOCOL		<input type="checkbox"/>	70488	MAXILLOFACIAL W + W/O		<input type="checkbox"/>	93975	RENAL ARTERIAL DOPPLER		<input type="checkbox"/>	73130	HAND 3V R L	
<input type="checkbox"/>	74178	UROGRAM		<input type="checkbox"/>	93978	ABDOMINAL AORTA DOPPLER		<input type="checkbox"/>	73140	FINGERS 3V R L		<input type="checkbox"/>	73502	HIP 2V(UNILATERAL) R L	
OTHER PROCEDURES OR SPECIAL INSTRUCTIONS:										<input type="checkbox"/>	73522	HIP(BILATERAL)			
										<input type="checkbox"/>	73562	KNEE 3V R L			
										<input type="checkbox"/>	73610	ANKLE 3V R L			
DISCLAIMER: Houston MRI is an Independent Diagnostic Imaging Facility, not hospital affiliated, nor an emergency room. Turnaround time for radiology reports is 1-2 business days. Test results are provided by our Radiologists Monday-Friday, 8:00 am - 5:00 pm. Procedures completed after 5:00 pm or on Saturday will be processed the next business day. STAT exams are read within 2 hours during normal business hours.										<input type="checkbox"/>	73630	FOOT 3V R L			
										<input type="checkbox"/>	73660	TOES MIN 2V R L			



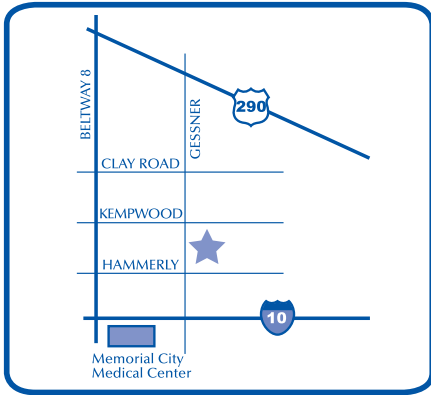
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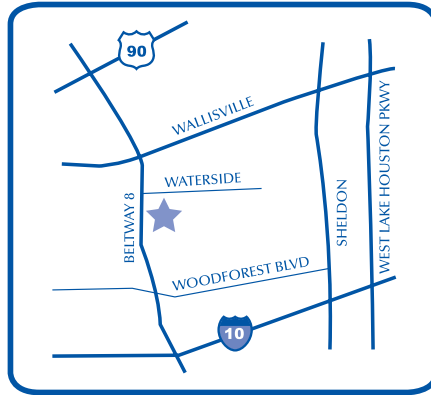
www.HoustonMRI.com

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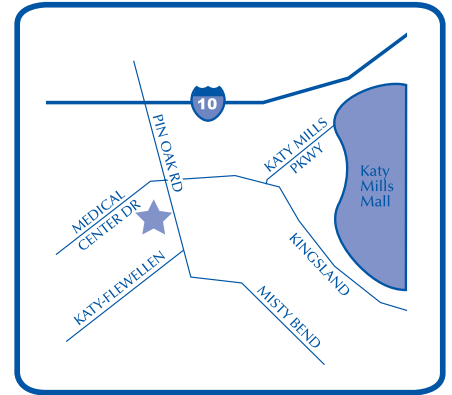
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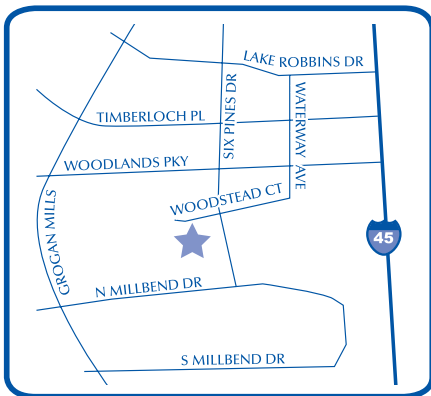
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3 **Katy**
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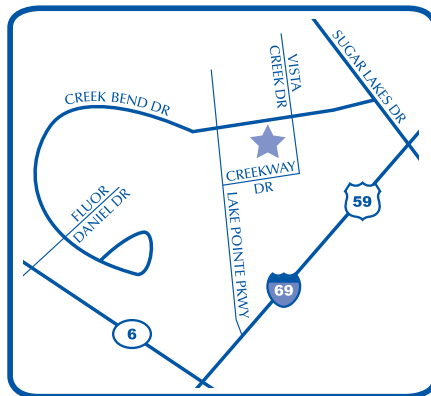
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4 **The Woodlands**
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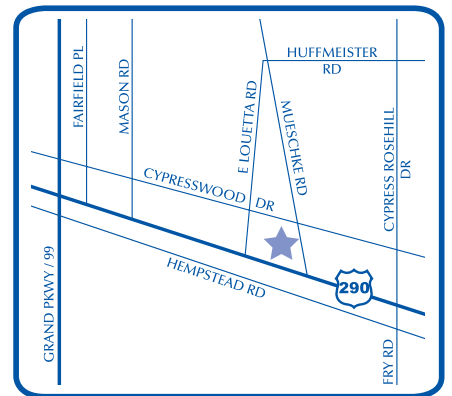
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