



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																			
Patient's Name:				Phone:				DOB:		Sex:											
<input type="checkbox"/> Insurance:			ID#				Group#														
<input type="checkbox"/> Attorney Name & Phone:							DOI:														
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			CPT		ULTRASOUND				
<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"/>	76700	ABDOMEN				
<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"/>	76604	CHEST				
<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"/>	76705	GB/LIVER				
<input type="checkbox"/>	70543	ORBITS W + W/O			<input type="checkbox"/>	73221	WRIST W/O R L			<b>CPT MRI BODY</b>			<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			<b>CPT XRAY</b>						
<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				
<b>CPT</b>		<b>CT BODY</b>			<b>CPT</b>		<b>CT NEURO &amp; SPINE</b>			<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			<b>CPT MRA</b>			<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			<b>CPT DEXA</b>			<input type="checkbox"/> 72052			CERVICAL SPINE 7V					
<input type="checkbox"/>	72193	PELVIS WITH			<b>CPT CT OTHER</b>			<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			<b>CPT VASCULAR ULTRASOUND</b>			<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				
<b>OTHER PROCEDURES OR SPECIAL INSTRUCTIONS:</b>												<input type="checkbox"/> 73502			HIP 2V(UNILATERAL) R L						
												<input type="checkbox"/> 73522			HIP(BILATERAL)						
												<input type="checkbox"/> 73562			KNEE 3V R L						
<b>DISCLAIMER:</b> 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"/> 73610			ANKLE 3V R L						
												<input type="checkbox"/> 73630			FOOT 3V R L						
												<input type="checkbox"/> 73660			TOES MIN 2V R L						



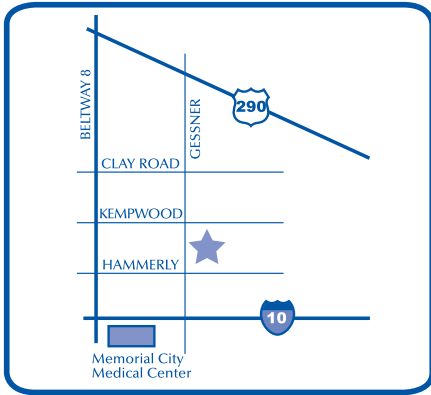
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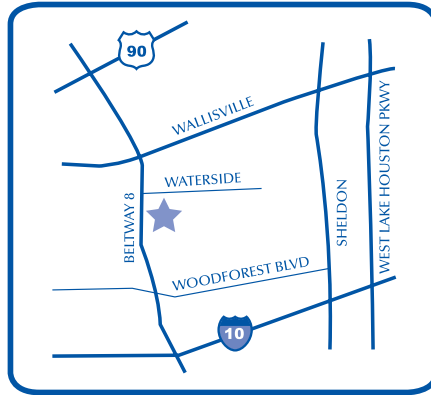
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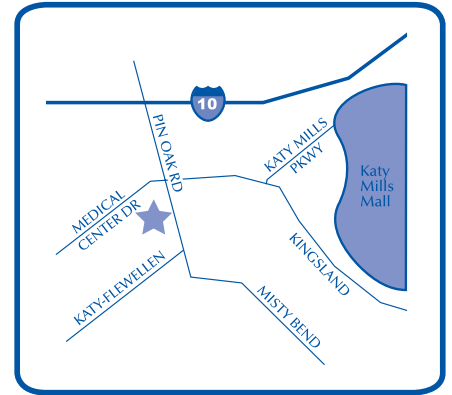
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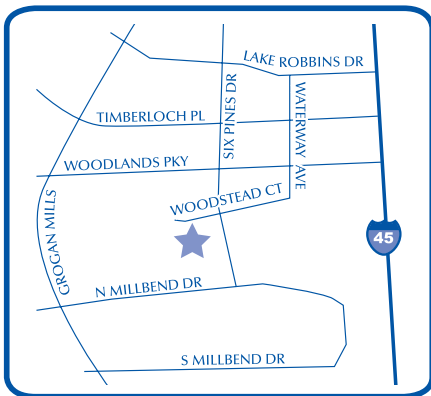
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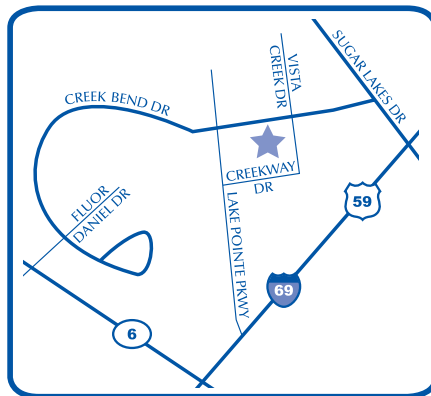
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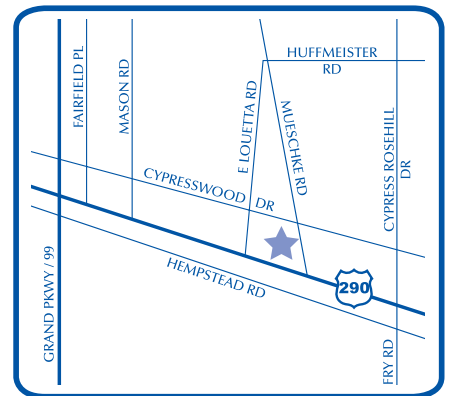
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