



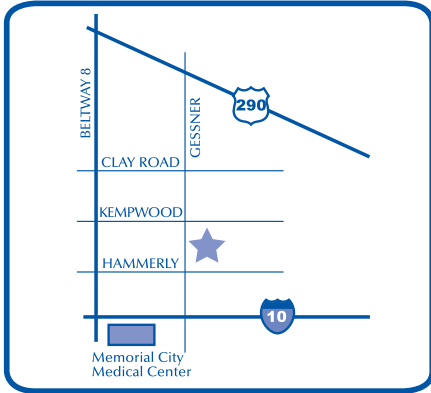
Order Date:		<input type="checkbox"/> West Houston <input type="checkbox"/> East Houston <input type="checkbox"/> Katy <input type="checkbox"/> Sugar Land <input type="checkbox"/> Woodlands <input type="checkbox"/> Cypress <input type="checkbox"/> Friendswood (Coming Soon)																
Patient's Name:					Phone:			DOB:		Sex:								
<input type="checkbox"/> Insurance:			ID#			Group#												
<input type="checkbox"/> Attorney Name & Phone:					DOI & Cause:													
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"/>	70260	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"/>	74170	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	
<b>OTHER PROCEDURES OR SPECIAL INSTRUCTIONS:</b>											<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					



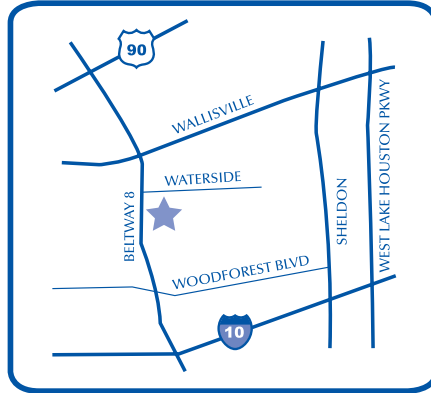
# Houston MRI<sup>®</sup> & Diagnostic Imaging

713.425.8100  
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PI Dept.: 713.425.8124  
PI Dept. Fax: 713.493.0373  
[www.HoustonMRI.com](http://www.HoustonMRI.com)

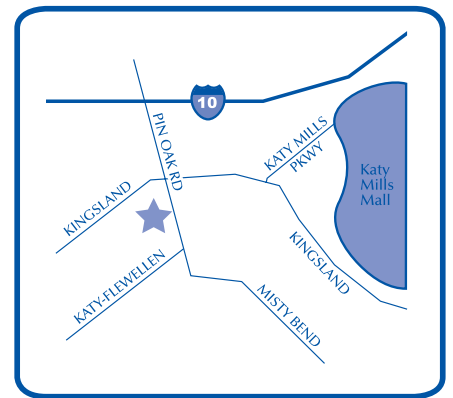
**1 West Houston**  
2600 Gessner Rd., Ste. 150  
Houston, TX 77080  
Tel: (713) 425-8119



**2 East Houston**  
5630 E. Sam Houston Pkwy N.  
Houston, TX 77015  
Tel: (713) 425-8120



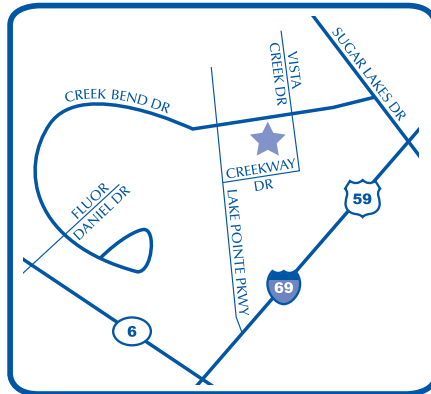
**3 Katy**  
1336 Pin Oak Road  
Katy, TX 77494  
Tel: (713) 425-8118



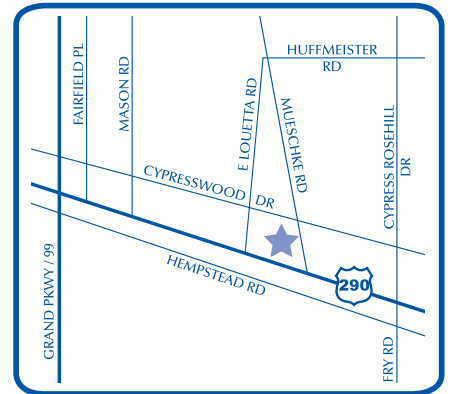
**4 The Woodlands**  
1733 Woodstead Ct., Ste. 200  
The Woodlands, TX 77380  
Tel: (281) 364-8840



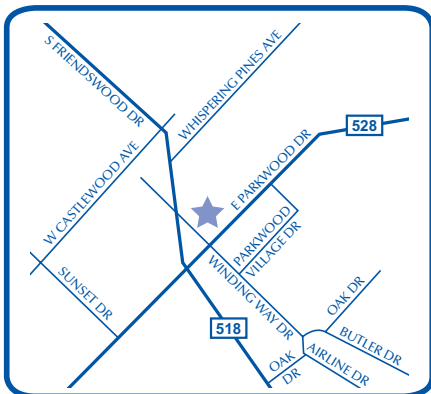
**5 Sugar Land**  
15555 Creek Bend Dr., Ste. 300  
Sugar Land, TX 77478  
Tel: (713) 425-8117



**6 Cypress**  
27126 Northwest Fwy., Ste. 200  
Cypress, TX 77433  
Tel: (713) 425-8116



**7 Friendswood (Coming Soon)**  
1505 Winding Way, Ste. 110  
Friendswood, TX 77546  
Tel: (713) 425-8115



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