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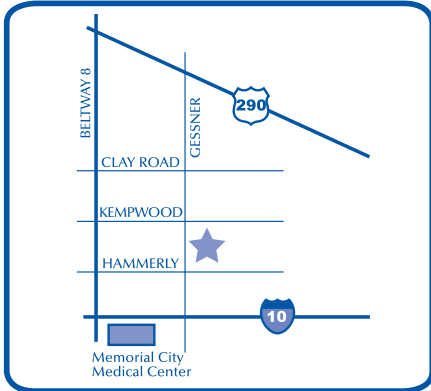
Order Date:		<input type="checkbox"/> West Houston <input type="checkbox"/> East Houston <input type="checkbox"/> Katy <input type="checkbox"/> Sugar Land <input type="checkbox"/> Woodlands <input type="checkbox"/> Cypress <input type="checkbox"/> Friendswood													
Patient's Name:					Phone:			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 the Authorization Process for MRIs & CTs**										
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		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"/>	70260	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"/>	71271	CHEST (LOW DOSE)		<input type="checkbox"/>	70481	ORBITS W		<input type="checkbox"/>	93880	CAROTID		<input type="checkbox"/>	72110	LUMBAR SPINE(F/EXT)	
<input type="checkbox"/>	71260	CHEST WITH		<input type="checkbox"/>	70482	ORBITS W + W/O		<input type="checkbox"/>	93931	ARTERIAL UPPER R L		<input type="checkbox"/>	72082	SCOLIOSIS SURVEY	
<input type="checkbox"/>	71275	CTA CHEST (PE)		<input type="checkbox"/>	70490	SOFT TISSUE NECK W/O		<input type="checkbox"/>	93926	ARTERIAL LOWER R L		<input type="checkbox"/>	72202	SI JOINTS 3V	
<input type="checkbox"/>	71275	CTA CHEST (AORTA)		<input type="checkbox"/>	70491	SOFT TISSUE NECK W		<input type="checkbox"/>	93971	VENOUS UPPER R L		<input type="checkbox"/>	73030	SHOULDER 3V R L	
<input type="checkbox"/>	74178	ENTEROGRAPHY		<input type="checkbox"/>	70486	MAXILLOFACIAL W/O		<input type="checkbox"/>	93971	VENOUS LOWER R L		<input type="checkbox"/>	73080	ELBOW 3V R L	
<input type="checkbox"/>	74160	LIVER PROTOCOL		<input type="checkbox"/>	70488	MAXILLOFACIAL W + W/O		<input type="checkbox"/>	93975	RENAL ARTERIAL DOPPLER		<input type="checkbox"/>	73110	WRIST 3V R L	
<input type="checkbox"/>	74170	RENAL MASS PROTOCOL						<input type="checkbox"/>	93978	ABDOMINAL AORTA DOPPLER		<input type="checkbox"/>	73130	HAND 3V R L	
<input type="checkbox"/>	74179	UROGRAM										<input type="checkbox"/>	73140	FINGERS 3V R L	
OTHER PROCEDURES OR SPECIAL INSTRUCTIONS:											<input type="checkbox"/>	73502	HIP 2V(UNILATERAL) R L		
											<input type="checkbox"/>	73522	HIP(BILATERAL)		
											<input type="checkbox"/>	73562	KNEE 3V R L		
DISCLAIMER: Houston MRI & Diagnostic Imaging is an Independent Diagnostic Testing Facility, not hospital affiliated or an emergency room. Radiologists provide reports Monday – Friday, 8:00 am – 5:00 pm. Exams completed outside of these hours will be assigned to Radiologists the following business day. Expected turnaround times for radiology reports are usually 1-2 business days on routine exams.											<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		



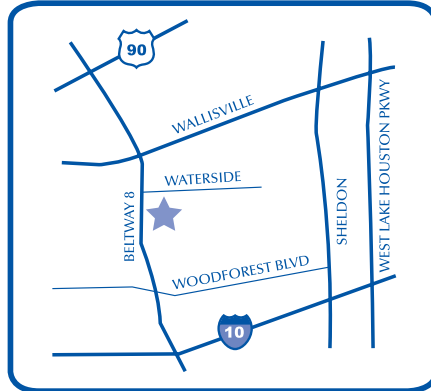
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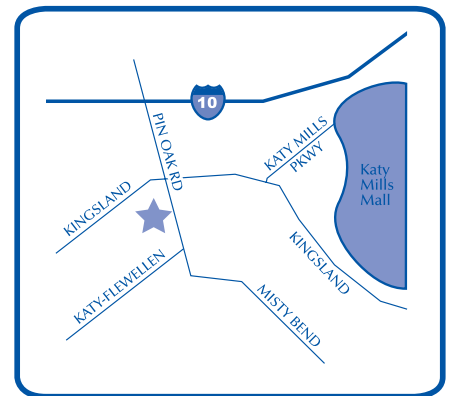
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Tel: (713) 425-8119



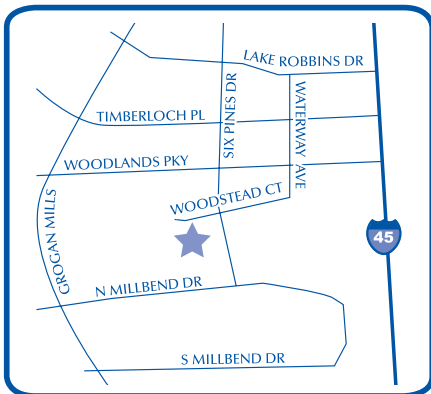
2 East Houston
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Houston, TX 77015
Tel: (713) 425-8120



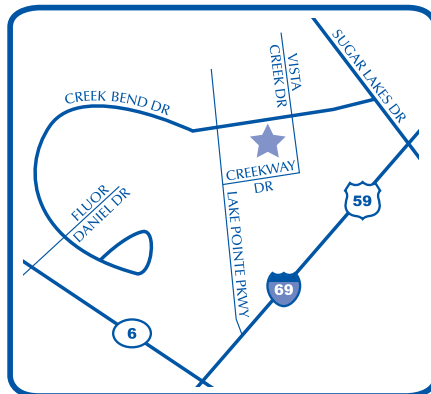
3 Katy
1336 Pin Oak Road
Katy, TX 77494
Tel: (713) 425-8118



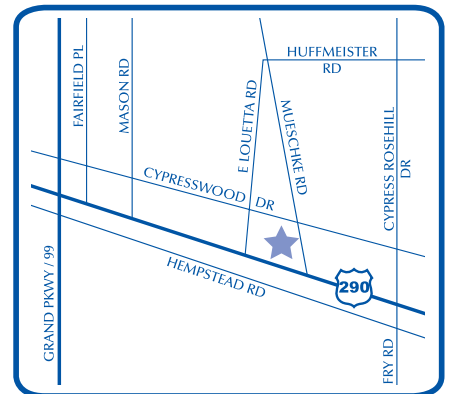
4 The Woodlands
1733 Woodstead Ct., Ste. 100
The Woodlands, TX 77380
Tel: (281) 364-8840



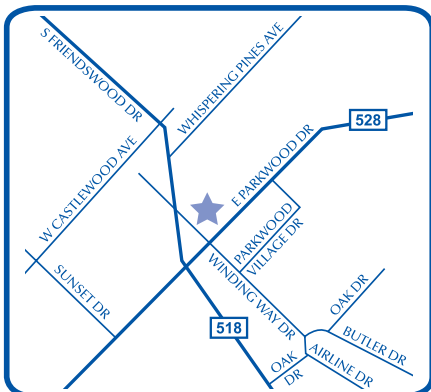
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Sugar Land, TX 77478
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