



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

Phone: 713.425.8100 • Fax Orders: 713.425.8182

Email Orders: [scheduling@houstonmri.com](mailto:scheduling@houstonmri.com)

[www.HoustonMRI.com](http://www.HoustonMRI.com)

- 2600 N. Gessner, Ste. 150, Houston, TX 77080 • (713) 425-8119
- 5630 E. Sam Houston Pkwy N., Houston, TX 77015 • (713) 425-8120
- 1336 Pin Oak Road, Katy, TX 77494 • (713) 425-8118
- 1733 Woodstead Ct., Ste. 100, The Woodlands, TX 77380 • (281) 364-8840

Please check preferred location (see map)

<b>Order Date:</b>											
<b>Patient's Name:</b>		<b>DOB:</b>	<b>Sex:</b>								
<b>Cell Phone:</b>	<b>Home Phone:</b>	<b>Last 4 Digits of SSN:</b>									
<input type="checkbox"/> <b>Insurance Carrier:</b>	<input type="checkbox"/> <b>Attorney Name &amp; Phone:</b>	<input type="checkbox"/> <b>Worker's Comp. DOI:</b> (Please attach)									
<b>ID#</b>	<b>Group#</b>	<b>Auth#</b>									
<b>Referring Physician:</b> (Print)	<b>Specialty:</b>	<b>Signature:</b>									
<b>Phone:</b>	<b>Fax:</b>	I hereby give Houston MRI & Diagnostic Imaging authorization to verify insurance, obtain pre-certification, and schedule the patient.									
<b>REPORT REQUEST:</b> <input type="checkbox"/> Web PACS <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX											
<b>IMAGE ACCESS:</b> <input type="checkbox"/> Report Only <input type="checkbox"/> Web PACS <input type="checkbox"/> CD		<b>Diagnosis:</b>									
CPT		MRI SPINE/NEURO		CPT		MRI BODY Cont.		CPT		DEXA	
	70551	BRAIN W/O		71552	CHEST W + W/O		77080	AXIAL SKELETON (SPINE & HIPS)			
	70553	BRAIN W + W/O		77058	BREAST (IMPLANTS)			BODY MASS COMPOSITION			
CPT		MRI UPPER EXTREMITY		CPT		MRI BODY Cont.		CPT		ULTRASOUND	
	70553	PITUITARY W + W/O		74181	ABDOMEN W/O			76700	ABDOMEN		
	70543	ORBITS W + W/O		74183	ABDOMEN W + W/O			76705	GALLBLADDER/LIVER		
	70553	IAC'S W + W/O		74181	MRCP			76770	RENAL/KIDNEY		
CPT		MRI LOWER EXTREMITY		CPT		MRI BODY Cont.		CPT		VASCULAR ULTRASOUND	
	72141	CERVICAL W/O									
	72156	CERVICAL W + W/O		70544	MRA BRAIN (COW)			76870	SCROTUM/TESTICULAR		
	72146	THORACIC W/O		70544	MRV BRAIN			76801	OB-COMPLETE <14 WEEKS		
	72157	THORACIC W + W/O		70547	CAROTIDS & VERTEBRALS			76805	OB-COMPLETE >14 WEEKS		
	72148	LUMBAR W/O						76856	PELVIC NON-OB		
	72158	LUMBAR W + W/O		74176	ABDOMEN & PELVIS W/O			76536	THYROID		
	73221	SHOULDER W/O    R    L		74177	ABDOMEN & PELVIS W			76830	TRANSVAGINAL		
	73221	ELBOW W/O    R    L		74178	ABDOMEN & PELVIS W + W/O				SOFT TISSUE _____		
	73221	WRIST W/O    R    L		74150	ABDOMEN W/O			76645	BREAST (UNILATERAL R / L/BILATERAL)		
	73218	HAND W/O    R    L		74170	ABDOMEN W + W/O						
CPT		MRI BODY		CPT		MRI BODY Cont.		CPT		X-RAYS (Specify procedure & number of views)	
	72195	PELVIS W/O		72193	PELVIS W						
	72197	PELVIS W + W/O		71250	CHEST W/O			93926	ARTERIAL		
	73721	HIP W/O    R    L		71260	CHEST W			93880	CAROTID DOPPLER		
	73723	HIP W + W/O    R    L		70450	HEAD W/O			93971	VENOUS		
	73718	FEMUR W/O    R    L		70470	HEAD W + W/O						
	73721	KNEE W/O    R    L		70486	SINUS W/O			1.			
	73718	TIB/FIB W/O    R    L		70490	SOFT TISSUE NECK W/O			2.			
	73721	ANKLE W/O    R    L		72125	CERVICAL W/O			3.			
	73718	FOOT W/O    R    L		72131	LUMBAR W/O			4.			
	73720	FOOT W + W/O    R    L		72128	THORACIC W/O			5.			
CPT		MRI BODY		CPT		MRI BODY Cont.		CPT		FOR CONTRAST PATIENTS	
	71550	CHEST W/O		71275	CHEST PE PROTOCOL			1.	BUN _____		
	70336	TMJ			UPPER EXT. _____			2.	CREATININE _____		
	70543	NECK (SOFT TISSUE) W + W/O			LOWER EXT. _____			3.			
					CTA _____			4.			

**PLEASE FAX BILLING INFORMATION TO EXPEDITE SCHEDULING... THANK YOU!**

