



Houston MRI[®]

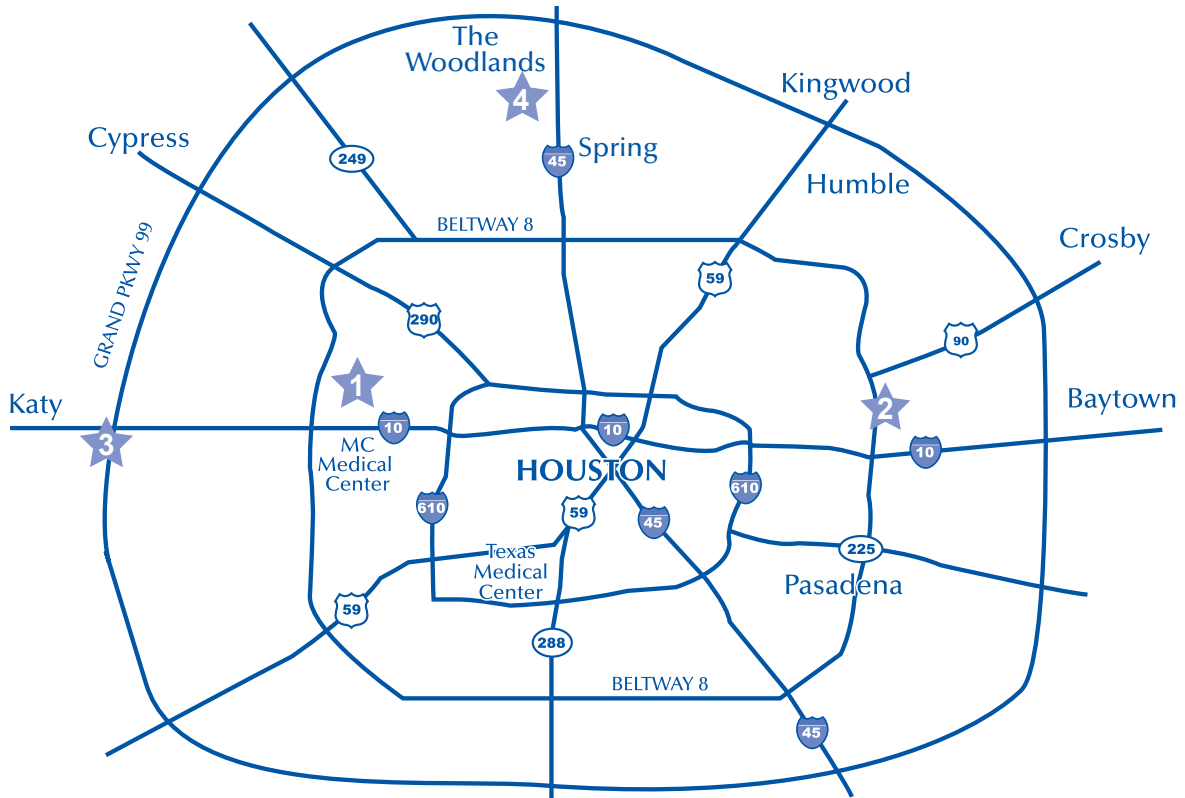
& Diagnostic Imaging



2017

Phone: 713.425.8100
 Fax Orders: 713.425.8182
 www.HoustonMRI.com

| | | | | | | | |
|--|-------------------|---|--------------------|--|----------------------|--|-------------------------|
| Order Date: | | SELECT LOCATION: <input type="checkbox"/> West Houston <input type="checkbox"/> East Houston <input type="checkbox"/> Katy <input type="checkbox"/> The Woodlands | | | | | |
| Patient's Name: | | | Phone: | | DOB: | | Sex: |
| <input type="checkbox"/> Insurance: | | ID# | | | Group# | | |
| <input type="checkbox"/> Attorney Name & Phone: | | | | <input type="checkbox"/> W/C Claim ID: | | | |
| Physician: <i>(Print)</i> | | | Specialty: | | Physician Signature: | | |
| Phone: | | Fax: | | | | | |
| REPORT REQUEST: <input type="checkbox"/> Web PACS <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX | | | | Diagnosis: | | | |
| IMAGE ACCESS: <input type="checkbox"/> Report Only <input type="checkbox"/> Web PACS <input type="checkbox"/> CD | | | | | | | |
| CPT MRI NEURO & SPINE | | CPT MRI MSK - ORTHO | | CPT MR ARTHROGRAM | | CPT MRI BODY | |
| <input type="checkbox"/> 70551 | BRAIN W/O | <input type="checkbox"/> 73221 | SHOULDER W/O R L | <input type="checkbox"/> 73222 | SHOULDER R L | <input type="checkbox"/> 72195 | PELVIS W/O |
| <input type="checkbox"/> 70553 | BRAIN W + W/O | <input type="checkbox"/> 73221 | ELBOW W/O R L | <input type="checkbox"/> 73222 | ELBOW R L | <input type="checkbox"/> 72197 | PELVIS W + W/O |
| <input type="checkbox"/> 70553 | PITUITARY W + W/O | <input type="checkbox"/> 73221 | WRIST W/O R L | <input type="checkbox"/> 73222 | WRIST R L | <input type="checkbox"/> 71550 | CHEST W/O |
| <input type="checkbox"/> 70543 | ORBITS W + W/O | <input type="checkbox"/> 73218 | HAND W/O R L | <input type="checkbox"/> 73722 | HIP R L | <input type="checkbox"/> 71550 | CHEST W + W/O |
| <input type="checkbox"/> 70553 | IAC'S W + W/O | <input type="checkbox"/> 73721 | HIP W/O R L | <input type="checkbox"/> 73722 | KNEE R L | <input type="checkbox"/> 74181 | ABDOMEN W/O |
| <input type="checkbox"/> 72141 | CERVICAL W/O | <input type="checkbox"/> 73718 | FEMUR W/O R L | <input type="checkbox"/> 73722 | ANKLE R L | <input type="checkbox"/> 74183 | ABDOMEN W + W/O |
| <input type="checkbox"/> 72156 | CERVICAL W + W/O | <input type="checkbox"/> 73721 | KNEE W/O R L | CPT MRA | | <input type="checkbox"/> 74181 | MRCP |
| <input type="checkbox"/> 72146 | THORACIC W/O | <input type="checkbox"/> 73718 | TIBIA W/O R L | <input type="checkbox"/> 70544 | MRA BRAIN | <input type="checkbox"/> 70543 | NECK W + W/O |
| <input type="checkbox"/> 72157 | THORACIC W + W/O | <input type="checkbox"/> 73721 | ANKLE W/O R L | <input type="checkbox"/> 70544 | MRV BRAIN | <input type="checkbox"/> 70336 | TMJ |
| <input type="checkbox"/> 72148 | LUMBAR W/O | <input type="checkbox"/> 73718 | FOOT W/O R L | <input type="checkbox"/> 70547 | MRA CAROTIDS | <input type="checkbox"/> 73218 | BRACHIAL PLEXUS W/O |
| <input type="checkbox"/> 72158 | LUMBAR W + W/O | | | | | <input type="checkbox"/> 73220 | BRACHIAL PLEXUS W + W/O |
| CPT CT BODY | | CPT CT NEURO & SPINE | | CPT CT OTHER | | CPT XRAY | |
| <input type="checkbox"/> 74176 | ABD & PEL W/O | <input type="checkbox"/> 70450 | HEAD W/O | <input type="checkbox"/> 70486 | SINUS W/O | <input type="checkbox"/> 71020 | CHEST |
| <input type="checkbox"/> 74177 | ABD & PEL WITH | <input type="checkbox"/> 70470 | HEAD W + W/O | <input type="checkbox"/> 70480 | ORBITS W/O | <input type="checkbox"/> 74000 | KUB |
| <input type="checkbox"/> 74178 | ABD & PEL W + W/O | <input type="checkbox"/> 72125 | CERVICAL W/O | <input type="checkbox"/> 70490 | NECK W + W/O | <input type="checkbox"/> 74020 | ABDOMEN |
| <input type="checkbox"/> 74150 | ABDOMEN W/O | <input type="checkbox"/> 72128 | THORACIC W/O | <input type="checkbox"/> 73200 UPPER EXTREMITY W/O: _____ R L | | <input type="checkbox"/> 72170 | PELVIS |
| <input type="checkbox"/> 74170 | ABDOMEN W + W/O | <input type="checkbox"/> 72131 | LUMBAR W/O | | | <input type="checkbox"/> 71100 | RIBS |
| <input type="checkbox"/> 72192 | PELVIS W/O | <input type="checkbox"/> 70496 | CTA HEAD | <input type="checkbox"/> 73700 LOWER EXTREMITY W/O: _____ R L | | <input type="checkbox"/> 72050 | CERVICAL 5V |
| <input type="checkbox"/> 72193 | PELVIS WITH | <input type="checkbox"/> 70498 | CTA NECK | | | <input type="checkbox"/> 72070 | THORACIC |
| CPT ULTRASOUND | | CPT ULTRASOUND | | CPT VASCULAR ULTRASOUND | | <input type="checkbox"/> 72100 LUMBAR 3V | |
| <input type="checkbox"/> 76700 | ABDOMEN | <input type="checkbox"/> 76856 | PELVIC NON OB | <input type="checkbox"/> 93880 | CAROTID | <input type="checkbox"/> 72110 | LUMBAR 5V |
| <input type="checkbox"/> 76705 | GB/LIVER | <input type="checkbox"/> 76830 | TRANSVAGINAL | <input type="checkbox"/> 93931 | ARTERIAL UPPER R L | <input type="checkbox"/> 73030 | SHOULDER 3V R L |
| <input type="checkbox"/> 76770 | RENAL | <input type="checkbox"/> 76801 | OB <14 WKS | <input type="checkbox"/> 93926 | ARTERIAL LOWER R L | <input type="checkbox"/> 73080 | ELBOW 3V R L |
| <input type="checkbox"/> 76536 | THYROID | <input type="checkbox"/> 76805 | OB >14 WKS | <input type="checkbox"/> 93971 | VENOUS UPPER R L | <input type="checkbox"/> 73110 | WRIST 3V R L |
| <input type="checkbox"/> 76870 | TESTICULAR | <input type="checkbox"/> 76641 | BREAST RT LT BILAT | <input type="checkbox"/> 93971 | VENOUS LOWER R L | <input type="checkbox"/> 73130 | HAND 3V R L |
| OTHER PROCEDURES NOT LISTED: | | | | | | <input type="checkbox"/> 73140 | FINGERS 3V R L |
| | | | | | | <input type="checkbox"/> 73502 | HIP 2V R L |
| | | | | | | <input type="checkbox"/> 73562 | KNEE 3V R L |
| | | | | | | <input type="checkbox"/> 73610 | ANKLE 3V R L |
| | | | | | | <input type="checkbox"/> 73630 | FOOT 3V R L |
| SPECIAL INSTRUCTIONS: | | | | | | CPT DEXA | |
| | | | | | | <input type="checkbox"/> 77080 | AXIAL SKELETON |
| | | | | | | <input type="checkbox"/> 76499 | BODY MASS COMP |
| PLEASE SUBMIT BILLING INFORMATION TO EXPEDITE SCHEDULING...THANK YOU! | | | | | | | |



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 2600 N. Gessner, Ste. 150
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• MRI & MRA • Ultrasound
 • X-Ray

2 East Houston
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3 Katy
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 Katy, TX 77494
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• MRI & MRA • Ultrasound • CT
 • X-Ray • MR Arthrogram

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

• MRI & MRA • MR Arthrogram
 • X-Ray • Ultrasound



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