



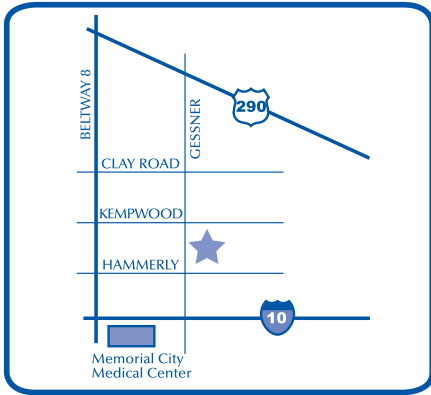
<b>Order Date:</b>		<b>LOCATION:</b> <input type="checkbox"/> West Houston <input type="checkbox"/> East Houston <input type="checkbox"/> Katy <input type="checkbox"/> Sugar Land <input type="checkbox"/> Woodlands <input type="checkbox"/> Cypress															
<b>Patient's Name:</b>				<b>Phone:</b>				<b>DOB:</b>		<b>Sex:</b>							
<input type="checkbox"/> <b>Insurance:</b>			<b>ID#</b>				<b>Group#</b>										
<input type="checkbox"/> <b>Attorney Name &amp; Phone:</b>							<b>DOI &amp; Cause:</b>										
<b>Physician:</b> <i>(Print)</i>				<b>Specialty:</b>				<b>Physician Signature:</b>									
<b>Phone:</b>			<b>Fax:</b>														
<b>AUTHORIZATION #:</b>				<b>Diagnosis / Indication:</b>													
<b>REPORT REQUEST:</b> <input type="checkbox"/> Online (Doctor Portal) <input type="checkbox"/> FAX				<b>**Please Send Clinicals with Orders to Expedite Authorization Process for MRIs &amp; CTs**</b>													
<b>Houston MRI is a non-hospital based medical imaging facility. We do not perform Mammography, Nuclear Medicine or Myelograms.</b>																	
<b>CPT</b>	<b>MRI NEURO &amp; SPINE</b>			<b>CPT</b>	<b>MRI MSK - ORTHO</b>			<b>CPT</b>	<b>MRI MSK - ORTHO</b>			<b>CPT</b>	<b>ULTRASOUND</b>				
<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 2V			
<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		<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			
												<input type="checkbox"/>	73610	ANKLE 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"/>	73630	FOOT 3V   R L			
												<input type="checkbox"/>	73660	TOES MIN 2V   R L			



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

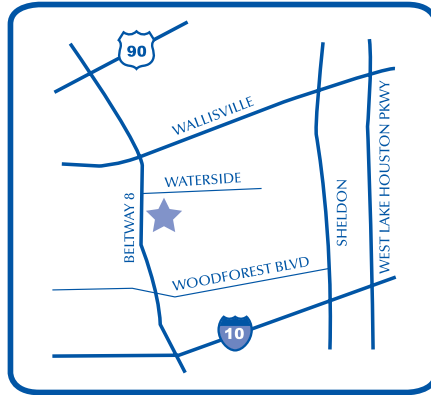
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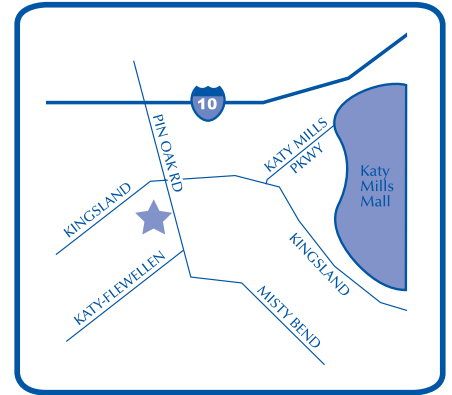
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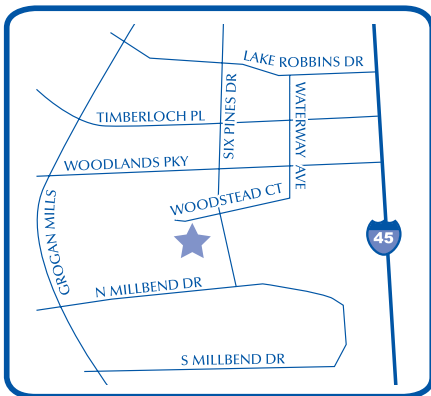
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**3** **Katy**  
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Katy, TX 77494  
Tel: (713) 425-8118



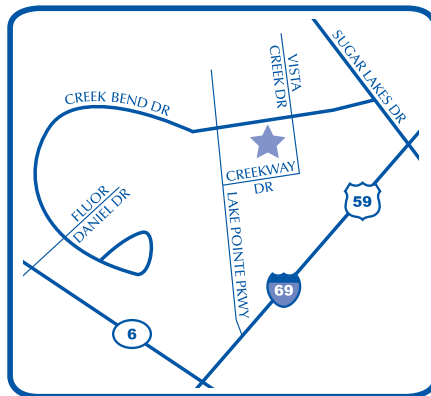
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**4** **The Woodlands**  
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The Woodlands, TX 77380  
Tel: (281) 364-8840



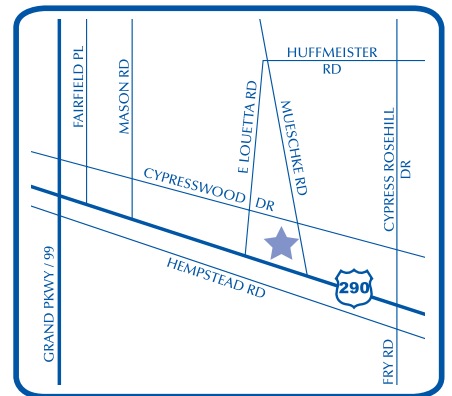
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