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& Diagnostic Imaging

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Order Date:		SELECT LOCATION: <input type="checkbox"/> West Houston <input type="checkbox"/> East Houston <input type="checkbox"/> Katy <input type="checkbox"/> Sugarland <input type="checkbox"/> Woodlands					
Patient's Name:			Phone:			DOB:	Sex:
<input type="checkbox"/> Insurance:		ID#		Group#			
<input type="checkbox"/> Attorney Name & Phone:			DOI:		<input type="checkbox"/> W/C Claim ID:		
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 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"/> 73218	FOREARM 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"/> 73221	WRIST W/O R L	<input type="checkbox"/> 73722	HIP R L	<input type="checkbox"/> 71552	CHEST W + W/O
<input type="checkbox"/> 70553	IAC'S W + W/O	<input type="checkbox"/> 73218	HAND 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"/> 73721	HIP 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"/> 73718	FEMUR W/O R L	CPT MRA		<input type="checkbox"/> 74181	MRCP
<input type="checkbox"/> 72146	THORACIC W/O	<input type="checkbox"/> 73721	KNEE 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"/> 73718	TIBIA 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"/> 73721	ANKLE 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"/> 73718	FOOT W/O R L	CPT ULTRASOUND		<input type="checkbox"/> 73220	BRACHIAL PLEXUS W + W/O
CPT CT BODY		CPT CT NEURO & SPINE		<input type="checkbox"/> 76700	ABDOMEN	CPT XRAY	
<input type="checkbox"/> 74176	ABD & PEL W/O	<input type="checkbox"/> 70450	HEAD W/O	<input type="checkbox"/> 76604	CHEST	<input type="checkbox"/> 70250	SKULL 4V
<input type="checkbox"/> 74176	RENAL STONE PROTOCOL	<input type="checkbox"/> 70460	HEAD W	<input type="checkbox"/> 76705	GB/LIVER	<input type="checkbox"/> 71046	CHEST 2V
<input type="checkbox"/> 74177	ABD & PEL W	<input type="checkbox"/> 70470	HEAD W + W/O	<input type="checkbox"/> 76770	RENAL	<input type="checkbox"/> 74018	KUB
<input type="checkbox"/> 74178	ABD & PEL W + W/O	<input type="checkbox"/> 72125	CERVICAL W/O	<input type="checkbox"/> 76536	THYROID	<input type="checkbox"/> 74021	ABDOMEN
<input type="checkbox"/> 74150	ABDOMEN W/O	<input type="checkbox"/> 72128	THORACIC W/O	<input type="checkbox"/> 76870	TESTICULAR	<input type="checkbox"/> 72170	PELVIS
<input type="checkbox"/> 74160	ABDOMEN WITH	<input type="checkbox"/> 72131	LUMBAR W/O	<input type="checkbox"/> 76856	PELVIC NON OB	<input type="checkbox"/> 71100	RIBS
<input type="checkbox"/> 74170	ABDOMEN W + W/O	<input type="checkbox"/> 70496	CTA HEAD	<input type="checkbox"/> 76830	PELVIC W/TRANSVAGINAL	<input type="checkbox"/> 72050	CERVICAL SPINE 5V
<input type="checkbox"/> 72192	PELVIS W/O	<input type="checkbox"/> 70498	CTA NECK	<input type="checkbox"/> 76801	OB <14 WKS	<input type="checkbox"/> 72052	CERVICAL SPINE 7V
<input type="checkbox"/> 72193	PELVIS WITH	CPT CT OTHER		CPT VASCULAR ULTRASOUND		<input type="checkbox"/> 72070	THORACIC SPINE
<input type="checkbox"/> 72194	PELVIS W + W/O	<input type="checkbox"/> 70486	SINUS W/O	<input type="checkbox"/> 93880	CAROTID	<input type="checkbox"/> 72100	LUMBAR SPINE 3V
<input type="checkbox"/> 71250	CHEST W/O	<input type="checkbox"/> 70480	ORBITS W/O	<input type="checkbox"/> 93931	ARTERIAL UPPER R L	<input type="checkbox"/> 72110	LUMBAR SPINE 5V
<input type="checkbox"/> 71260	CHEST WITH	<input type="checkbox"/> 70481	ORBITS W	<input type="checkbox"/> 93926	ARTERIAL LOWER R L	<input type="checkbox"/> 72080	SCOLIOSIS SURVEY
<input type="checkbox"/> 71270	CHEST W + W/O	<input type="checkbox"/> 70482	ORBITS W + W/O	<input type="checkbox"/> 93971	VENOUS UPPER R L	<input type="checkbox"/> 73030	SHOULDER 3V R L
<input type="checkbox"/> 71275	CTA CHEST (PE)	<input type="checkbox"/> 70492	SOFT TISSUE NECK W + W/O	<input type="checkbox"/> 93971	VENOUS LOWER R L	<input type="checkbox"/> 73080	ELBOW 3V R L
<input type="checkbox"/> 71275	CTA CHEST (AORTA)	<input type="checkbox"/> 70486	MAXILLOFACIAL W/O	<input type="checkbox"/> 93975	RENAL ARTERIAL DOPPLER	<input type="checkbox"/> 73110	WRIST 3V R L
<input type="checkbox"/> 73200	UPPER EXTREMITY W/O: _____ R L	<input type="checkbox"/> 70488	MAXILLOFACIAL W + W/O	<input type="checkbox"/> 93978	ABDOMINAL AORTA DOPPLER	<input type="checkbox"/> 73130	HAND 3V R L
<input type="checkbox"/> 73700	LOWER EXTREMITY W/O: _____ R L	OTHER PROCEDURES NOT LISTED:				<input type="checkbox"/> 73140	FINGERS 3V R L
SPECIAL INSTRUCTIONS:						<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
						<input type="checkbox"/> 73660	TOES MIN 2V R L
						CPT DEXA	
						<input type="checkbox"/> 77080	AXIAL SKELETON

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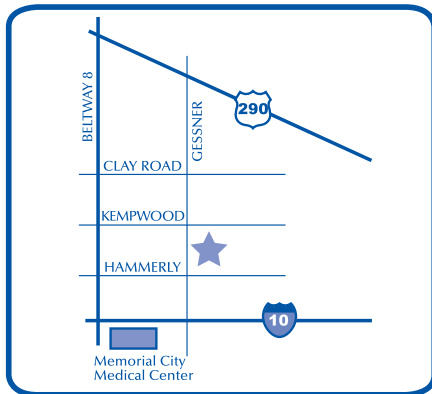
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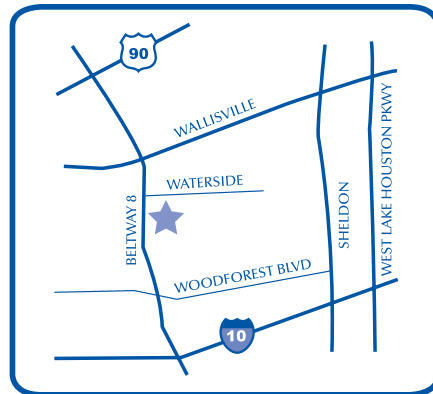
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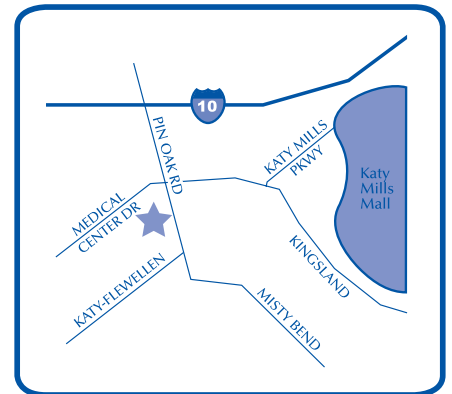
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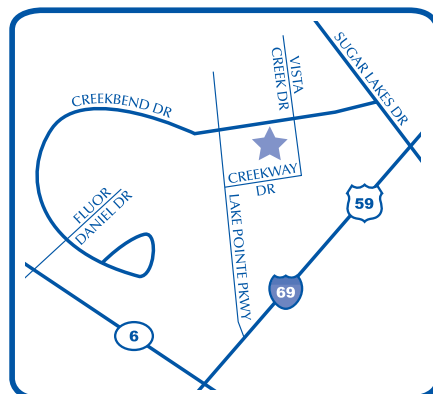
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- 4** **The Woodlands**
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