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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"/>	71275	CTA CHEST (PE)			<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 (AORTA)			<input type="checkbox"/>	70490	SOFT TISSUE NECK W/O			<input type="checkbox"/>	93971	VENOUS LOWER R L			<input type="checkbox"/>	73080	ELBOW 3V R L		
<input type="checkbox"/>	73200	UPPER EXTREMITY W/O: _____ R L			<input type="checkbox"/>	70491	SOFT TISSUE NECK W			<input type="checkbox"/>	93975	RENAL ARTERIAL DOPPLER			<input type="checkbox"/>	73110	WRIST 3V R L		
<input type="checkbox"/>	73700	LOWER EXTREMITY W/O: _____ R L			<input type="checkbox"/>	70486	MAXILLOFACIAL W/O			<input type="checkbox"/>	93978	ABDOMINAL AORTA DOPPLER			<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					
												<input type="checkbox"/>	73660	TOES MIN 2V R L					
												CPT DEXA							
												<input type="checkbox"/>	77080	AXIAL SKELETON					
SPECIAL INSTRUCTIONS:																			

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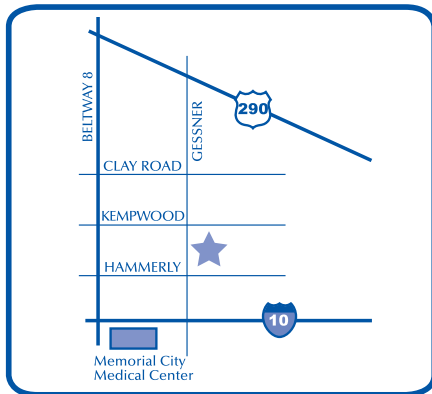
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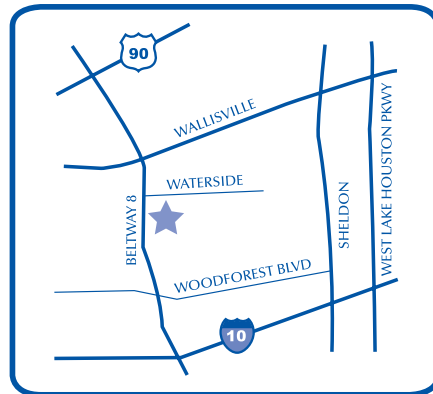
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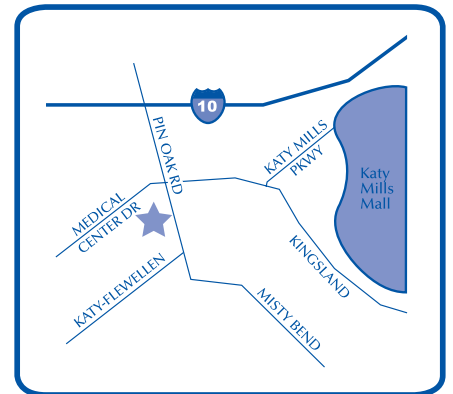
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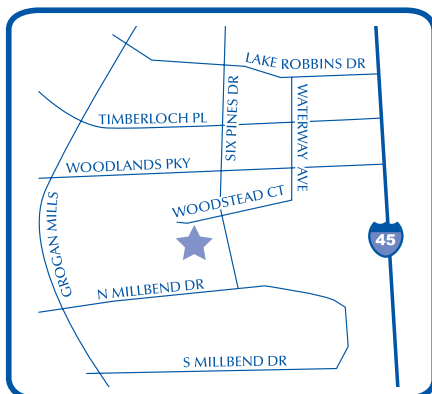
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- 3** **Katy**
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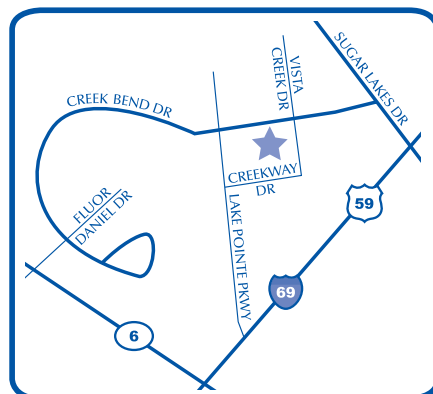
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