



Order Date:		SELECT LOCATION: <input type="checkbox"/> West Houston <input type="checkbox"/> East Houston <input type="checkbox"/> Katy <input type="checkbox"/> Sugar Land <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	<b>CPT MRA</b>		<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	<b>CPT ULTRASOUND</b>		<input type="checkbox"/>	73220	BRACHIAL PLEXUS W + W/O			
<b>CPT CT BODY</b>		<b>CPT CT NEURO &amp; SPINE</b>		<input type="checkbox"/>		76700		ABDOMEN	<b>CPT XRAY</b>				
<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	<b>CPT CT OTHER</b>		<input type="checkbox"/>		<b>CPT VASCULAR ULTRASOUND</b>		<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"/>	74178	ENTEROGRAPHY	<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"/>	74160	LIVER PROTOCOL	<input type="checkbox"/>	70486	MAXILLOFACIAL W/O	<input type="checkbox"/>		93978	ABDOMINAL AORTA DOPPLER	<input type="checkbox"/>	73130	HAND 3V R L	
<input type="checkbox"/>	74178	RENAL MASS PROTOCOL	<input type="checkbox"/>	70488	MAXILLOFACIAL W + W/O	<input type="checkbox"/>				<input type="checkbox"/>	73140	FINGERS 3V R L	
<input type="checkbox"/>	74178	UROGRAM	<b>OTHER PROCEDURES NOT LISTED:</b>					<input type="checkbox"/>	73502	HIP 2V R L	<input type="checkbox"/>	73562	KNEE 3V R L
SPECIAL INSTRUCTIONS:										<input type="checkbox"/>	73610	ANKLE 3V R L	
										<input type="checkbox"/>	73630	FOOT 3V R L	<input type="checkbox"/>
										<b>CPT DEXA</b>			
										<input type="checkbox"/>	77080	AXIAL SKELETON	

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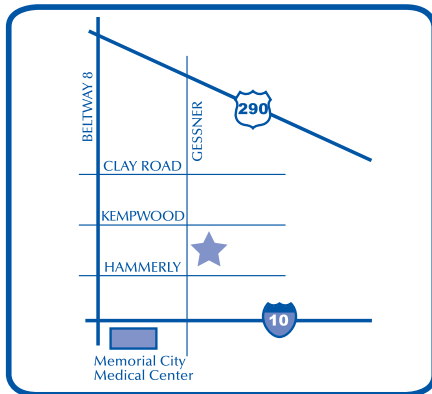
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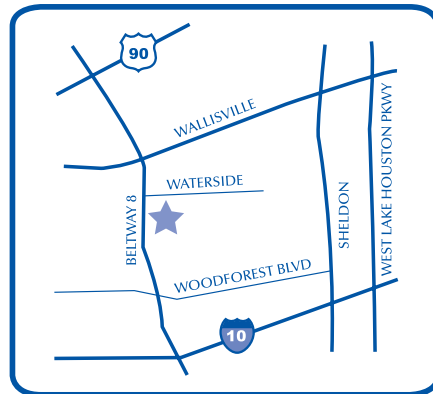
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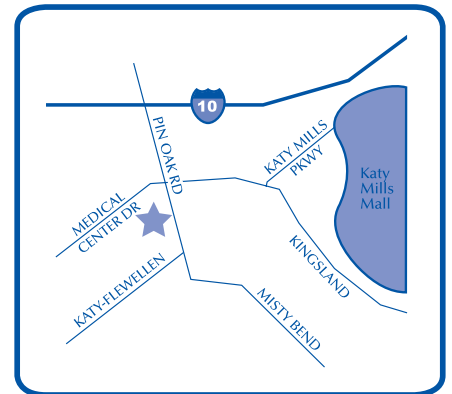
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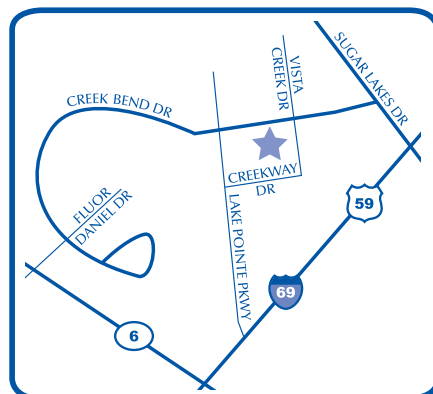
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