



Order Date:		LOCATION: <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 (NEW)																	
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	MRI MSK - ORTHO		CPT	ULTRASOUND							
<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			CPT MRI BODY		<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			CPT XRAY				
<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 4V		
CPT		CT BODY			CPT		CT NEURO & SPINE			<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			CPT MRA		<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			CPT DEXA		<input type="checkbox"/>	72052	CERVICAL SPINE 7V					
<input type="checkbox"/>	72193	PELVIS WITH			CPT CT OTHER		<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			CPT VASCULAR ULTRASOUND		<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		
OTHER PROCEDURES OR SPECIAL INSTRUCTIONS:										<input type="checkbox"/>	73522	HIP(BILATERAL)			<input type="checkbox"/>	73562	KNEE 3V R L		
DISCLAIMER: Houston MRI is not hospital affiliated nor an emergency room. Houston MRI is an Independent Diagnostic Imaging Facility. As such, our turnaround time for radiology reports is 1-2 business days after the day the exam was completed. Test results are provided by our Radiologists during normal business hours (Monday – Friday, 8:00 am-5:00 pm). Procedures completed after 5:00 pm or on Saturdays will be processed the next business day. STAT exams are read within 2 hours during normal business hours.										<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							



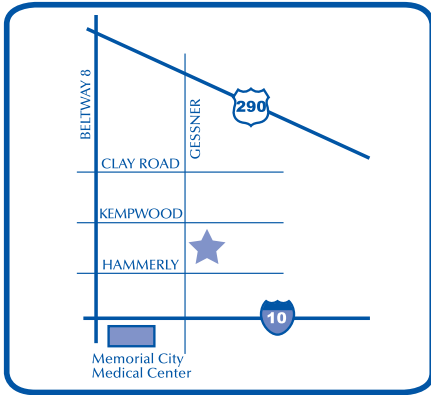
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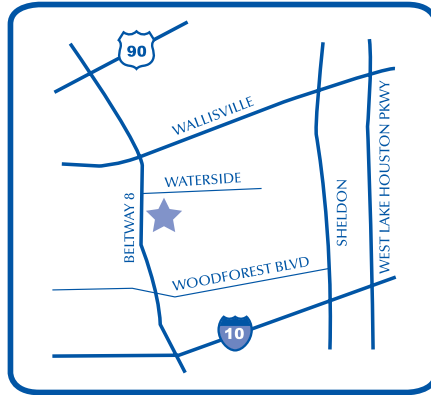
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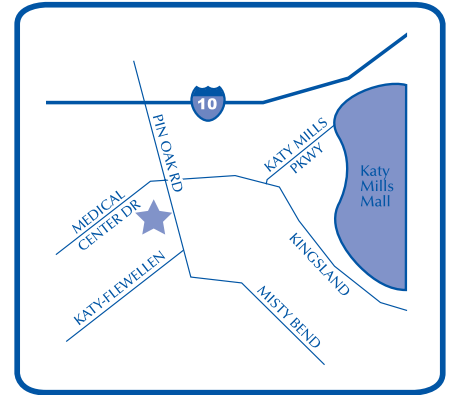
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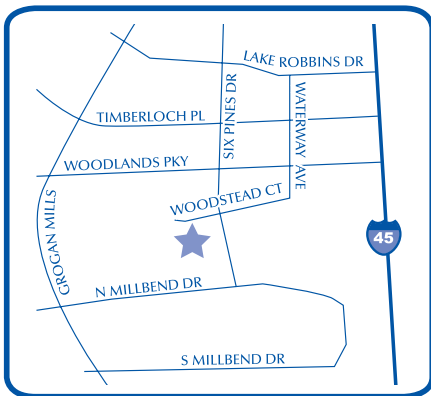
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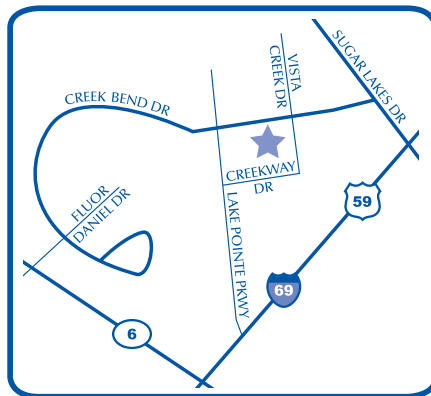
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4 **The Woodlands**
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Tel: (281) 364-8840



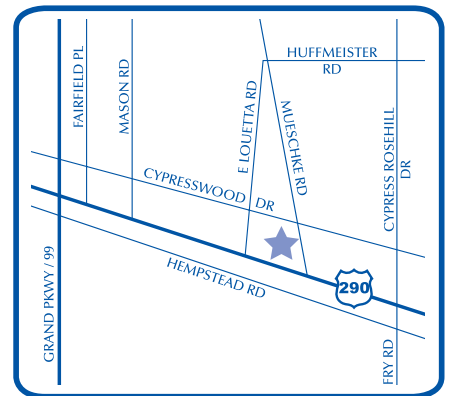
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