



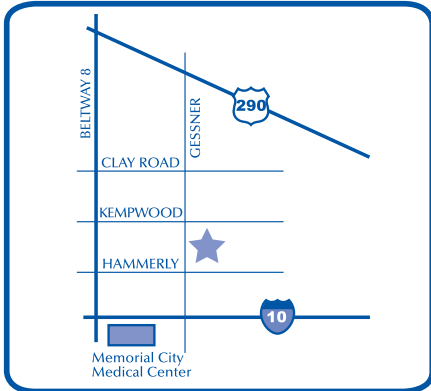
Order Date:		LOCATION: <input type="checkbox"/> West Houston <input type="checkbox"/> East Houston <input type="checkbox"/> Katy <input type="checkbox"/> Sugar Land <input type="checkbox"/> Woodlands <input type="checkbox"/> Cypress (NEW)					
Patient's Name:			Phone:		DOB:		Sex:
<input type="checkbox"/> 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
OTHER PROCEDURES NOT LISTED:						<input type="checkbox"/> 73502	HIP 2V(UNILATERAL) R L
						<input type="checkbox"/> 73522	HIP(BILATERAL)
SPECIAL INSTRUCTIONS:						<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



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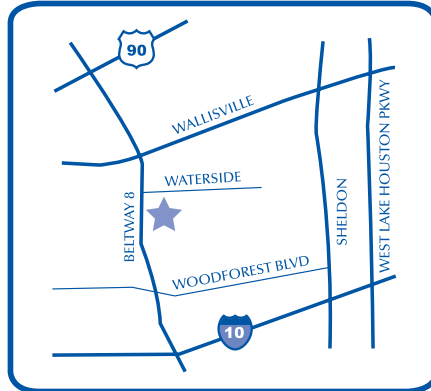
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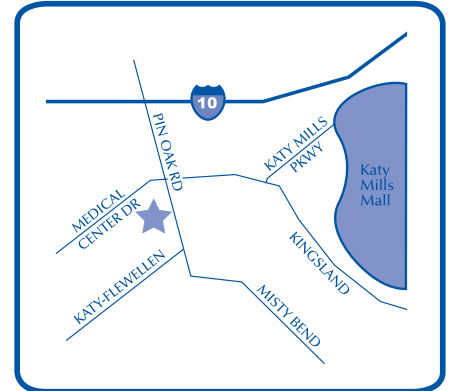
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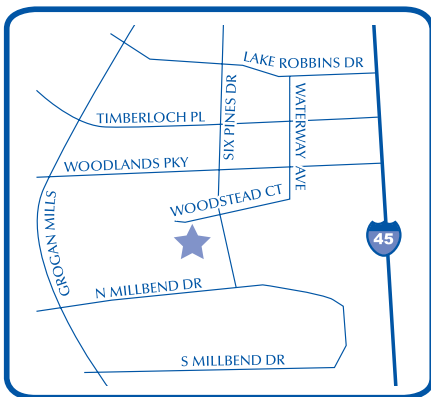
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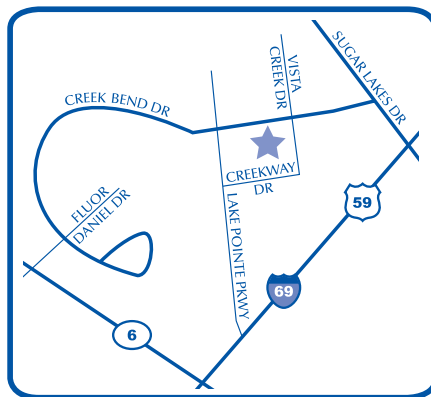
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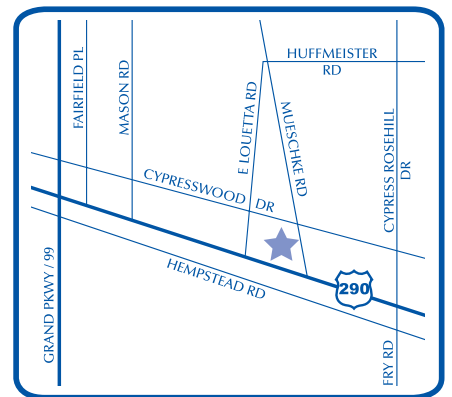
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