



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	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

SAVE TIME
ORDER ONLINE

GO TO:
www.HoustonMRI.com

CONNECT

PROVIDER PORTAL

GET REPORTS | VIEW IMAGES | ORDER EXAMS | MAKE APPOINTMENTS



Order and Schedule

Order and schedule for most types of exams. Track orders by status. Access our appointment book and select available time-slots—in real time—including weekend and evening appointments.



Search

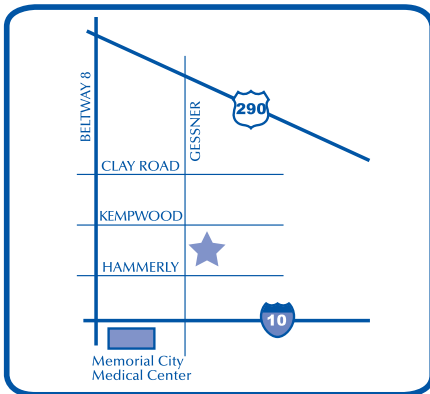
Search for your patients, or patients belonging to other providers in your practice, using common attributes. You can also search for patients outside your practice.



Reports and Images

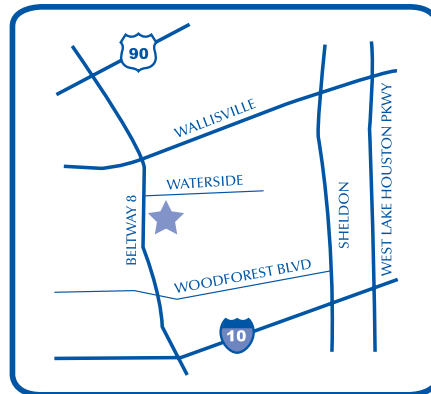
View and download reports with full access to patient images.

1 West Houston
2600 Gessner Rd., Ste. 150
Houston, TX 77080
Tel: (713) 425-8119



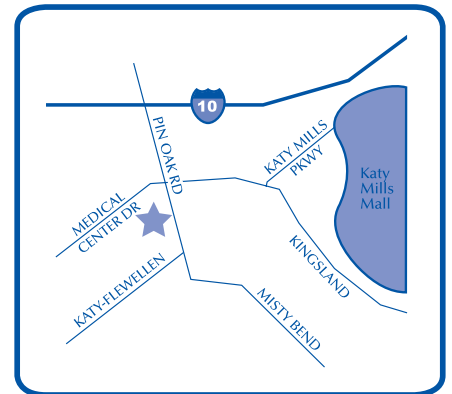
• MRI • US • XRAY

2 East Houston
5630 E. Sam Houston Pkwy N.
Houston, TX 77015
Tel: (713) 425-8120



• MRI • US • XRAY • CT • DEXA

3 Katy
1336 Pin Oak Road
Katy, TX 77494
Tel: (713) 425-8118



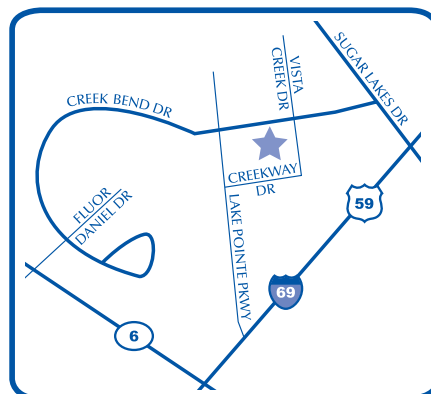
• MRI • US • XRAY • CT • DEXA

4 The Woodlands
1733 Woodstead Ct., Ste. 100
The Woodlands, TX 77380
Tel: (281) 364-8840



• MRI • US • XRAY • CT • DEXA

5 Sugar Land
15555 Creek Bend Dr., Ste. 300
Sugar Land, TX 77478
Tel: (713) 425-8117



• MRI • US • XRAY • CT • DEXA



Houston MRI®
& Diagnostic Imaging

Scheduling: 713.425.8190
www.HoustonMRI.com