SCHEDULING
• PHONE 214-320-1400 • FAX 214-320-1402 • Email: fax@dfwopenmri.com

Corporate Office, 1450 Regal Row, Dallas, Texas 75247
New Garland Location, 3921 Broadway Blvd, Garland, Texas 75043
Market Plaza Shopping Center, 3801 W. PGBT Hwy., Suite 118, Plano, Texas 75057
Near The Parks Mall, 1106 W. Arbrook Blvd., Suite 104, Arlington, Texas 76015

TODAY'S DATE: _____ **PATIENT NAME:** _____

DOB: _____ **PATIENT EMAIL:** _____ **PATIENT PHONE:** _____

TRANSPORTATION NEEDED: ❑ YES ❑ NO **GENDER:** ❑ M ❑ F **IS THE PATIENT PREGNANT?** ❑ YES ❑ NO **DATE OF INJURY:** _____

Attorney/Insurance Name: _____ Attorney/Insurance Phone #: _____

Referring Physician: _____ Referring Office Phone #: _____

Referring Office Contact: _____ Referring Office Fax #: _____

Referring Office Email: _____ Referring NPI: _____

STAT REPORT? ❑ YES ❑ NO
❑ Call Report To #: _____
Cell Number#
❑ Fax Report To #: _____

Recent (60 Days) labs required for patients over 55 years old receiving contrast studies
❑ With and Without Contrast ❑ With Radiologist Discretion ❑ With Contrast ❑ Without Contrast

MAGNETIC RESONANCE IMAGING (MRI):

WIDE BORE 3.0T, WIDE BORE 1.5T, OPEN MRI 1.2T

❑ High-Field Open MRI
❑ High-Field Closed MRI

❑ Cervical	❑ Head/Brain	❑ Shoulder	RT____ LT____	❑ Elbow	RT____ LT____
❑ Thoracic	❑ Orbits	❑ Hand	RT____ LT____	❑ Hip	RT____ LT____
❑ Lumbar	❑ IAC's	❑ Wrist	RT____ LT____	❑ Other _____	
❑ SWI Brain	❑ Pituitary	❑ Ankle	RT____ LT____	❑ MRA _____	
❑ DTI Brain with NeuroQuant + Advantis	❑ Pelvis	❑ Knee	RT____ LT____		
	❑ Abdomen	❑ Foot	RT____ LT____		

COMPUTERIZED TOMOGRAPHY (CT):

❑ Head/Brain	❑ Cervical	❑ Chest	❑ Conformis Protocol	RT____ LT____	Knee	❑ Extremities:
❑ Orbits	❑ Thoracic	❑ Abdomen	❑ Tornier Protocol	RT____ LT____	Shoulder	Specify: _____
❑ Sinuses	❑ Lumbar	❑ Pelvis	❑ Kinamed Protocol	RT____ LT____	Knee	RT: ____ LT: ____
❑ IAC's	❑ TMJ		❑ Other _____			❑ CTA: _____

X-RAY:

❑ Ankle RT____ LT____	❑ Hip RT____ LT____	❑ Cervical	❑ Chest
❑ Foot RT____ LT____	❑ Hand RT____ LT____	❑ Thoracic	❑ ABD/KUB
❑ Knee RT____ LT____	❑ Shoulder RT____ LT____	❑ Lumbar	❑ Other _____
❑ Wrist RT____ LT____	❑ Elbow RT____ LT____	❑ Pelvis	

DIAGNOSIS CODES (ICD10)/SPECIAL COMMENTS:

_____

_____

_____

_____

In making this referral, the ordering physician (MD,DO,DC,NP,PA,DPM) certifies the procedures requested and listed above are medically necessary.

Referring Physician Signature: _____

DFW MRI

CONTACT INFO:

Phone: 214-320-1400
Fax: 214-320-1402
Scheduling: Fax@dfwopenmri.com
Reductions: Reductions@dfwopenmri.com
Billing: Billing@dfwopenmri.com
Record Requests: Records@dfwopenmri.com

Your Window to a Healed Tomorrow.

DFW MRI DALLAS

Corporate Office
1450 Regal Row,
Dallas, Texas 75247

DALLAS

SERVICES AVAILABLE

- Wide Bore MRI 3.0T High Field with AIR Recon DL
- SWI
- CT
- MR Weight Capacity 500 lbs.
- DTI
- MRA
- CTA
- X-ray



DFW MRI GARLAND

3921 Broadway Blvd,
Garland, Texas 75043

GARLAND

NEW LOCATION

SERVICES AVAILABLE

- Wide Bore MRI 1.5T High Field with AIR Recon DL
- SWI
- CT
- MR Weight Capacity 500 lbs.
- DTI
- MRA
- CTA
- X-ray



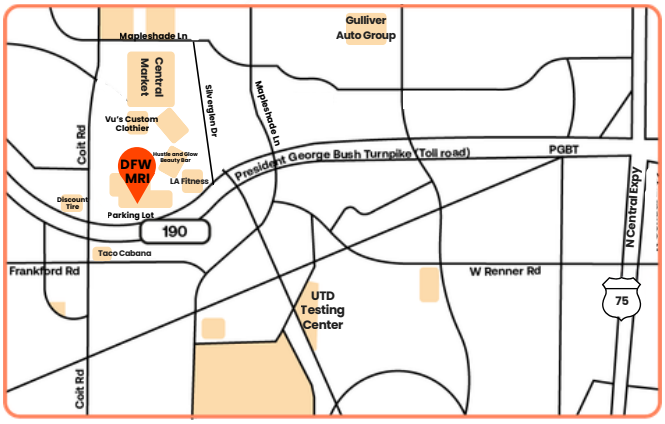
DFW MRI PLANO

Market Plaza Shopping Center
3801 W. PGBT Hwy. #118,
Plano, Texas 75075

PLANO

SERVICES AVAILABLE

- Open MRI 1.2T High Field
- No CT
- MR Weight Capacity 660 lbs.
- MRA
- X-ray



DFW MRI ARLINGTON

Near The Parks Mall
1106 W. Arbrook Blvd #104,
Arlington, Texas 76015

ARLINGTON

SERVICES AVAILABLE

- Wide Bore MRI 3.0T High Field
- SWI
- CT
- MR Weight Capacity 550 lbs.
- DTI
- MRA
- CTA
- X-ray

