



SCHEDULING
• PHONE 214.320.1400 • FAX 214.320.1402 • Email: fax@dfwopenmri.com

New Corporate Office, 1450 Regal Row, Dallas, Texas 75247
Eastlake Medical Center Building, 10611 Garland Road, Suite 101, Dallas, Texas 75218
Market Plaza Shopping Center, 3801 West George Bush Hwy., Suite 118, Plano, Texas 75075
Near The Parks Mall, 1106 West Arbrook Blvd., Suite 104, Arlington, Texas 76015



TODAY'S DATE: _____ PATIENT NAME: _____

DOB: _____ EMAIL: _____ PHONE: _____

TRANSPORTATION NEEDED: ☐ YES ☐ NO GENDER: ☐ M ☐ F PREGNANT: ☐ YES ☐ NO DATE OF INJURY: _____

Ins. Co/Attorney Name: _____ Phone Number: _____

Referring Physician: _____ Office Phone Number: _____

Office Contact: _____ Office Fax Number: _____

Email Address: _____ Tax ID: _____

☐ STAT Call / Fax Report: _____ Diagnosis Codes(ICD IO): _____

* Recent (60 Days) labs required for patients over 55 years old receiving contrast studies *

☐ With Contrast ☐ Without Contrast ☐ With and Without Contrast ☐ With Radiologist Discretion

MAGNETIC RESONANCE IMAGING (MRI):

<input type="checkbox"/> Wide Bore 3.0T High Field	<input type="checkbox"/> Cervical	<input type="checkbox"/> Head/Brain	<input type="checkbox"/> Shoulder	RT____ LT____	<input type="checkbox"/> Elbow	RT____ LT____
<input type="checkbox"/> Open MRI 1.2T High Field	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Orbits	<input type="checkbox"/> Hand	RT____ LT____	<input type="checkbox"/> Hip	RT____ LT____
<input type="checkbox"/> Open MRI	<input type="checkbox"/> Lumbar	<input type="checkbox"/> IAC's	<input type="checkbox"/> Wrist	RT____ LT____	<input type="checkbox"/> Other	_____
	<input type="checkbox"/> Brain w/SWI	<input type="checkbox"/> Pituitary	<input type="checkbox"/> Ankle	RT____ LT____	<input type="checkbox"/> MRA	_____
	<input type="checkbox"/> Concussion Study	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Knee	RT____ LT____		
		<input type="checkbox"/> Abdomen	<input type="checkbox"/> Foot	RT____ LT____		

COMPUTERIZED TOMOGRAPHY (CT):

<input type="checkbox"/> Head/Brain	<input type="checkbox"/> Cervical	<input type="checkbox"/> Chest	<input type="checkbox"/> Conformis Protocol	RT____ LT____	Knee	<input type="checkbox"/> Extremities:
<input type="checkbox"/> Orbits	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Tornier Protocol	RT____ LT____	Shoulder	Specify: _____
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Lumbar	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Kinamed Protocol	RT____ LT____	Knee	RT____ LT____
<input type="checkbox"/> IAC's	<input type="checkbox"/> TMJ		<input type="checkbox"/> Other	_____		<input type="checkbox"/> CTA _____

ARTHROGRAM:

<input type="checkbox"/> With MRI	<input type="checkbox"/> Knee	RT____ LT____	<input type="checkbox"/> Hip	RT____ LT____
<input type="checkbox"/> With CT	<input type="checkbox"/> Shoulder	RT____ LT____	<input type="checkbox"/> Wrist	RT____ LT____
	<input type="checkbox"/> Other	_____		

X-RAY:

<input type="checkbox"/> Ankle	RT____ LT____	<input type="checkbox"/> Hip	RT____ LT____	<input type="checkbox"/> Cervical	<input type="checkbox"/> Chest
<input type="checkbox"/> Foot	RT____ LT____	<input type="checkbox"/> Hand	RT____ LT____	<input type="checkbox"/> Thoracic	<input type="checkbox"/> ABD/KUB
<input type="checkbox"/> Knee	RT____ LT____	<input type="checkbox"/> Shoulder	RT____ LT____	<input type="checkbox"/> Lumbar	<input type="checkbox"/> Other _____
<input type="checkbox"/> Wrist	RT____ LT____	<input type="checkbox"/> Elbow	RT____ LT____	<input type="checkbox"/> Pelvis	

SPECIAL COMMENTS:

In making this referral, physician certifies the procedures requested are medically necessary. Please fax or email attorney/insurance information.

Referring Physician Signature: _____

• Phone: 214-320-1400 • Fax: 214-320-1402 • Email: fax@dfwopenmri.com • www.dfwopenmri.com



www.dfwopenmri.com

Scheduling:

- Phone: 214-320-1400
- Fax: 214-320-1402
- Email: fax@dfwopenmri.com

DFW MRI DALLAS

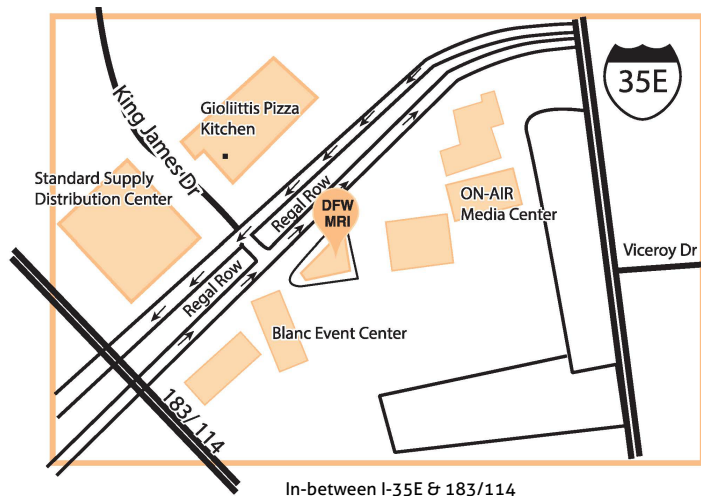
Corporate Office
1450 Regal Row
Dallas, Texas 75247



Dallas Location
Google Maps

SERVICES AVAILABLE

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



In-between I-35E & 183/114

DFW MRI GARLAND ROAD

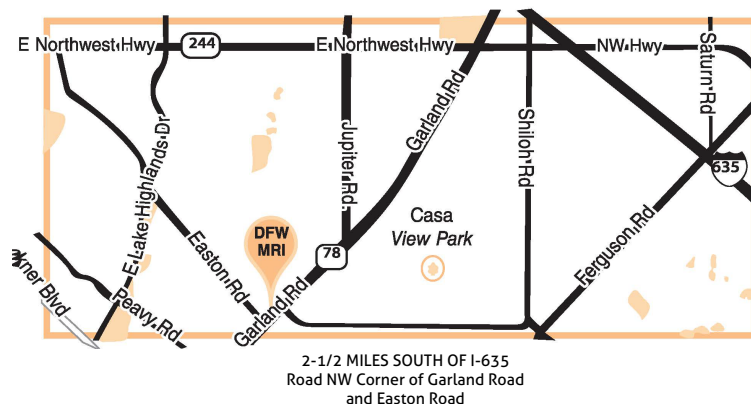
Eastlake Medical Center Building
10611 Garland Road, #101
Dallas, Texas 75218



Garland Location
Google Maps

SERVICES AVAILABLE

- Open MRI
- CT
- MR Weight Capacity 500 lbs.
- X-ray



2-1/2 MILES SOUTH OF I-635
Road NW Corner of Garland Road
and Easton Road

DFW MRI PLANO

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



Plano Location
Google Maps

SERVICES AVAILABLE

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



In Market Plaza Shopping Center

DFW MRI ARLINGTON

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



Arlington Location
Google Maps

SERVICES AVAILABLE

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

